

Testimony before the House Committee on Energy and Commerce
Subcommittee on Health Hearing

*Responding to America's Overdose Crisis:
An Examination of Legislation to Build Upon the SUPPORT Act*

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Good morning. Thank you, Chairman Guthrie, Ranking Member Eshoo, and members of the Energy and Commerce Subcommittee on Health for inviting me to testify. My name is Tom Coderre, and I am the Acting Deputy Assistant Secretary for Mental Health and Substance Use at the Substance Abuse and Mental Health Services Administration (SAMHSA). I am pleased to be here alongside my colleagues from the from Centers for Medicare & Medicaid Services, the Health Resources and Services Administration, and the Centers for Disease Control and Prevention to discuss the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) Act's impact on addressing substance misuse and SAMHSA's progress implementing its provisions. SAMHSA works alongside ONDCP in support of the National Drug Control Strategy as we have implemented these programs.

SAMHSA is the agency within the Department of Health and Human Services (HHS) whose mission is to lead public health and service delivery efforts that promote mental health, prevent substance use, 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, achieve wellbeing, and thrive.

Drug overdoses continue to pose an enormous challenge to our country. While prescription opioid-involved overdoses have declined, the prevalence of synthetic and illicitly manufactured opioids have led to significant increases in overdose deaths.¹ Over the past few years, we have seen the overdose epidemic evolve. We have seen that illicitly manufactured drugs like fentanyl, and drugs contaminated by them, are far more deadly than other opioids or stimulants alone. Substance misuse represents an unprecedented national crisis among people of all ages and backgrounds. 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.² Moreover, findings from SAMHSA's analysis of 2021 data from drug-related emergency department visits show that opioid-related emergency department visits rose throughout 2021.³ Though the statistics are discouraging, ample opportunities exist to address the crisis through continued partnership between Congress and the Administration to expand and improve access to substance use disorder prevention, treatment and recovery services.

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. (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>

³ 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>

Comprehensive Overdose Prevention Strategy

At the outset of the Biden Administration, HHS released a comprehensive Overdose Prevention Strategy (Strategy). The Strategy prioritizes four key areas: primary prevention, harm reduction, evidence-based treatment, and recovery support. This Strategy is an important step forward in HHS's approach to addressing the evolving overdose crisis. The activities included within each of the four objectives represent a comprehensive set of efforts aimed at reducing morbidity and mortality related to substance misuse and substance use disorders (SUDs). HHS is pursuing each of these core objectives and closely tracks the implementation of the Strategy's activities over time to assess progress. As new data and evidence on prevention, screening, diagnosis, treatment, and recovery emerge, HHS builds upon the strategy and innovates – examples include expanding access to fentanyl test strips and removing barriers to providers offering medications for opioid use disorder (MOUD). We continue to work on best practices for these activities in collaboration with partners across the federal government and with state, local, tribal, and territorial counterparts. HHS is steadfast in its commitment to overcoming the overdose crisis and continues to explore ways to bolster efforts to tackle this issue.

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 Act⁴ as well as significant reauthorizations of key SAMHSA programs and behavioral health investments included in the Consolidated Appropriations Act, 2023.⁵

SAMHSA's substance use prevention, treatment and recovery programs reach across the lifespan and across the substance use continuum, with the goal of reaching people wherever they are to reduce the harmful impacts of substance misuse on their lives, on their families, and in their communities. The 2018 SUPPORT for Patients and Communities Act included authorization and reauthorization of a variety of SAMHSA programs, which I am excited to talk to you about today. I will highlight these critical programs in my testimony, while also detailing SAMHSA's larger SUD-related grants.

Though I sit before authorizers today, I want to highlight the sustained investment that HHS submitted earlier this year with the annual release of the President's Budget request. The fiscal year (FY) 2024 President's Budget proposal addressed the full continuum of integrated care and services needed to help prevent substance use, expand quality treatment, and sustain recovery from SUDs, all while emphasizing HHS' commitment to helping historically under-resourced populations. Timely reauthorization of programs that address SUD would ensure that critical resources continue to flow to states, territories, and tribes to address the opioid crisis in their communities.

⁴ P.L. 117-159

⁵ P.L. 117-328

Substance Use Prevention, Treatment and Recovery Services Block Grant

SAMHSA deeply appreciates Congress appropriating an unprecedented \$2 billion for the Block Grants for Substance Use Prevention, Treatment, and Recovery Services for FY 2023. The Substance Use Prevention, Treatment, and Recovery Services Block Grant program (SUPTRS BG) is the largest grant that SAMHSA administers. It is a formula grant which funds 60 eligible states, territories and freely associated states, the District of Columbia, and the Red Lake Band of Chippewa Indians (referred to collectively as states). SUPTRS grantees plan, implement, and evaluate substance use disorder (SUD) prevention, treatment, and recovery support services based on the specific needs of their state systems and populations. 95 percent of SUPTRS BG funding is distributed to states through a formula that allocates funds based on specified economic and demographic factors and provisions that limit fluctuations in allotments as the total SUPTRS BG appropriation changes from year to year.

In our most recent FY2024 Budget Request, SAMHSA has proposed several updates to reflect the evolving nature of the substance use services issue. First, in recognition of the importance of reducing stigma for individuals with substance use disorder, the Budget Request proposes updating SAMHSA's name to 'Substance use And Mental health Services Administration' and similarly substituting 'Use' for 'Abuse' in the official names for our Center for Substance Abuse Treatment and Center for Substance Abuse Prevention. Likewise, SAMHSA proposes that the SUPTRS BG include a 10 percent set-aside for recovery services, which would ensure that states significantly expand the upstream and downstream continuum of care. Additionally, critical advances in the treatment of HIV/AIDS over the last decade have dramatically reduced the percentage of patients who develop full acquired immunodeficiency syndrome (AIDS). Accordingly, the Budget Request proposes using Human Immunodeficiency Virus (HIV) cases as opposed to AIDS cases to calculate the HIV-set aside. This simple solution would align the authorizing legislation with the state of 21st Century public health and allow states to utilize more block grant funding to prevent HIV transmission and provide services for people with HIV.

SUPPORT Act

The SUPPORT for Patients and Communities Act of 2018⁶ was a crucial step in addressing the nation's overdose epidemic. It strengthened the behavioral health workforce through increasing addiction medicine education; standardized the delivery of addiction medicine; expanded access to evidence-based care; and enhanced coverage of addiction medicine in a way that facilitates the delivery of coordinated and comprehensive treatment. I thank the Committee members who worked to pass this transformative law, and I am grateful for your efforts to reauthorize and enhance this law to better address the evolving overdose crisis. I will highlight the importance of several SAMHSA-related components of the SUPPORT Act and offer some insight into their impact on SAMHSA's ability to carry out its mission.

Substance Use 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

⁶ P.L. 115-271

substance use and its attendant harms including opioid misuse. Primary prevention programs make an important contribution to responding to the overdose crisis. The spike in overdose deaths the country is experiencing demonstrates the need to focus on reaching vulnerable populations with intensive prevention programs that not only help people reduce substance use but can also become a gateway to other behavioral health services.

SAMHSA's prevention programs largely reach young people early in life with primary prevention services. Primary prevention has the greatest return on investment in reducing the lifelong negative impacts of alcohol and substance misuse on individuals, families, and communities. Over 85 percent of SAMHSA's prevention resources are dedicated to youth-focused primary prevention services, which aim to lay the foundation for lifelong healthy decisions for the approximately 74 million young people under 18 in the U.S.⁷

First Responder Training for Opioid Overdose-Related Drugs (FR-CARA)

SAMHSA's First Responders 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.

The county of Kenosha, WI, has utilized FR-CARA funding to support the Kenosha Opioid Task Force where community partners can discuss and assess the magnitude of the substance use related problem within their community. Stake holders include local law enforcement and the sheriff's department, Kenosha FIRE and EMS, Hope Council, Kenosha Public Health, local MOUD clinics, the DEA, medical examiner's office, and Kenosha County Behavioral Health. Funding has also been utilized for the Prevention Team to become certified "Narcan train the trainers" and have been providing Narcan training and distribution. To date, 204 Narcan kits have been distributed, included to newly released inmates from the Kenosha County Detention Center.

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. FR-CARA grantees have distributed more than 339,964 naloxone kits with grant funds and administered naloxone 157,361 times. By the end of 2022, FR-CARA grantees had also conducted 41,150 trainings and trained 188,076 individuals on how to respond to overdose-related incidents. This program is up for reauthorization in September of this year.

Evidence-based Treatment for Substance Use Disorders

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

⁷ U.S. Census Bureau quickfacts: United States. (n.d.). Retrieved February 15, 2023, from <https://www.census.gov/quickfacts/fact/table/US/PST045222>

improving public health outcomes, they also enhance public safety outcomes. The following are examples of SAMHSA efforts and programs created or expanded by the SUPPORT Act that support evidence-based treatment.

Pregnant and Postpartum Women Program (PPW)

The PPW program uses a family-centered approach to provide comprehensive 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 for pregnant and postpartum women for treatment of substance use disorders through programs in which women reside in PPW-funded facilities, minor children of resident women reside with their parent in such facilities, family members are designated by women to receive services, and facilities providing PPW services are in locations that are accessible to low-income women. These services include outreach, SUD assessment, public health harm reduction services, tobacco cessation therapies, FDA-approved medication for SUD, and recovery support services, as well as case management for families. Services available to children through the PPW program include screening and developmental diagnostic assessments addressing social, emotional, cognitive, and physical wellbeing; and interventions related to mental, emotional, and behavioral wellness.

The PPW pilot program (PPW-PLT) also supports family-based services for pregnant and postpartum women with primary substance use disorders but allows for community-based activity and the participation of women not residing in a treatment facility. This program has proved successful in reaching more of this crucial population, without requiring that they have secured residence at a treatment facility. SAMHSA appreciates Congress' commitment to this program in eliminating the sunset of this important pilot program in the Consolidated Appropriations Act, 2023, making it permanent.

One PPW grantee, The University of Texas at El Paso's Por Mi Familia Program, provides comprehensive substance use disorder treatment and support services to pregnant and postpartum Latina and Native American women, their children, and families who live in high-risk United States/Mexican Border communities. A unique component of the Por Mi Familia program is the engagement of the fathers/father figures of the children of clients enrolled in the program. The Por Mi Familia program has exceeded annual goals for serving children and fathers/father figures of women enrolled in treatment. Por Mi Familia's unique approach, services targeted to rural populations, and collaboration with local domestic violence support programs have all contributed to their success. To date, the program has served 164 mothers, 78 children, and 26 fathers.

In FY 2022, SAMHSA funded 47 PPW residential treatment grants and nine PPW-PLT outpatient grants, serving 2,283 women. Program accomplishments were achieved despite challenges PPW grantees have experienced coming out of the COVID-19 pandemic and workforce

shortages. To overcome some of these challenges, SAMHSA has held quarterly learning communities during which external experts and grantees share successful strategies and best practices for mutual problem solving. Based on client intake assessments and six-month follow-up reassessments, the recipients of PPW services saw improvements across all National Outcome Measures (NOMS) data, including increased school and work attendance, significant increases in those reporting abstinence from drugs or alcohol in the past month, and for residential participants a 54% increase in participating women finding a safe, permanent place to live. PPW is up for reauthorization in September 2023.

Comprehensive Opioid Recovery Centers (CORC)

The CORC program provides grants to nonprofit SUD treatment organizations to operate comprehensive centers which provide a full spectrum of treatment and RSS for opioid use disorders. Grantees are required to provide outreach and the full continuum of treatment services, including MOUD treatment; counseling; treatment for mental disorders; testing for infectious diseases, residential treatment, and intensive outpatient services; recovery housing; peer recovery support services; job training, job placement assistance, and continuing education; and family support services such as childcare, family counseling, and parenting interventions. These wrap-around services are critical to providing optimal support for individuals in recovery. I thank Chairman Guthrie for authoring the legislation to create this program.

With an appropriation of \$6,000,000, SAMHSA funded five CORC grants in FY 2022. CORC grantees utilized funding to expand access to comprehensive services in a variety of ways, including improving the system of comprehensive MOUD care at the county level; improving access to overdose reversal medications and providing follow up with clients who have experienced overdose reversals; removing barriers to accessing MOUD in residential treatment; engaging vulnerable populations, such as individuals who are homeless, American Indian and Alaska Native individuals members, lesbian, gay, bisexual, transgender, queer, intersex, and/or questioning individuals (LGBTQI+), people in correctional settings and those on probation; and increasing access to services for those in underserved areas.

For example, Centerstone of Indiana provides outreach across the state to various stakeholders to educate individuals, community members, and criminal justice setting workers on the benefits of MOUD and harm reduction. Centerstone developed a training to reduce stigma and provided education on MOUD, which was provided to a total of 604 providers and community partners. They worked with the Monroe jail in Bloomington to place a Narcan dispensing machine in the lobby for people being released or for any jail visitors to access. A program in nearby Jackson County jail was created to establish a pilot project using extended-release buprenorphine with currently women currently enrolled. Another success is that the grantee has established an overdose review panel in Monroe County. In rural Scott County, CORC funding has been used to expand recovery housing for women by creating 8 new recovery beds. The program has enrolled 272 individuals, surpassing targeted goals.

Participants across CORC-funded programs reported substantial progress in all National Outcome Measures. Most notably, respondents reported a 100% increase in 30-day abstinence from drugs or alcohol and a 147% increase in school and work attendance in the last 30 days.

Supporting Recovery

SAMHSA has a long history of advancing recovery supports, dating back to the first Recovery Community Support Programs initiated by SAMHSA in 1998. 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. Supporting recovery is a key pillar of the HHS Overdose Prevention Strategy. That is why, during Recovery Month in the fall of 2021, SAMHSA established 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. In addition, this Office led SAMHSA's work compiling best practices and standards for peer support recovery services and sustained recovery services.

Building Communities of Recovery (BCOR)

Peer services play a vital role in assisting individuals in achieving recovery from SUDs. Recovery Community Organizations (RCOs) are central to the delivery of those services. In FY 2017, SAMHSA launched the BCOR grant program. This program mobilizes resources within, and outside of the recovery community to increase the prevalence and quality of long-term recovery support from SUD. These grants are intended to support the development, enhancement, expansion, and delivery of recovery support services (RSS) as well as the promotion of and education about recovery. They are administered and implemented by individuals with lived experience who are in recovery from SUD and co-occurring disorders (COD) and reflect the needs and population of the community being served.

One example BCOR grantee is Strength In Peers in Harrisonburg, Virginia. Strength in Peers seeks to help build a community of recovery that people trust and will turn to when they need connections to community services and resources. Strength in Peers provides four peer-led support groups and workshops: SMART Recovery, Mission: Recovery, Anger Management, and Action Planning for Prevention and Recovery (APPR) workshops. Of the 45 enrolled participants, 70.6% developed an individualized case plan with goals, action steps and referrals to behavioral health services and other community services. This project has specific outreach to racial and ethnic minority populations, which account for 46 percent of participants. The project has enrolled 45 individuals and has a 6-month plan compliance rate of 91%.

The BCOR program relies heavily on the peer support of others in recovery. Investing in peer recovery services bolsters a strong community of shared life experiences and a wealth of practical knowledge among program participants. On-time reauthorization of and sustained funding for this program will further enhance coverage and integration of recovery support services in order to promote access to and use of these services. With sustained investment in

this program, SAMHSA is responding directly to concerns from the recovery community that more focus and funding is needed to provide the full range of recovery services.

Treatment, Recovery and Workforce Support (TRWS)

The TRWS program, established by the SUPPORT Act, aims to implement evidence-based programming to support individuals in SUD treatment and recovery to live independently and participate in the workforce. Eligible entities are those that provide treatment or recovery services for individuals with SUDs and partner with one or more local or state stakeholders. Stakeholders may include local employers, community organizations, the local workforce development board, local and state governments, and Indian tribes or tribal organizations. These grantees work to support individuals in recovery, especially as they work to reestablish independent living arrangements and participation in the workforce. Grant recipients also conduct outreach activities informing employers of substance use resources that are available to employees. Grant funds have been used to hire case managers, care coordinators, peer recovery specialists and other professionals to provide services that support treatment and recovery for clients. As a result of innovative implementation strategies, the TRWS grant assists clients with sustaining recovery while attaining viable employment.

An example in practice is Westcare, Inc., a TRWS grantee in Tampa, Florida, that coordinates statewide employment and training activities funded under Department of Labor's (DOL) Support to Communities grant. Westcare expands collaboration between companies it works with to increase employment opportunities for people on their recovery journey. They work collaboratively to identify gaps in the workforce and coordinate employment and training activities that support statewide initiatives as identified by the Florida Department of Economic Development's 2018-2023 Strategic Plan. Westcare has a 3-month follow up rate of 81.8%, above the average reported program-wide figure for TRWS in the National Outcomes Measures.

In FY 2022, SAMHSA funded 20 TRWS grants. The TRWS program has demonstrated significant progress in several National Outcome Measures, including reductions in alcohol and other substance use, criminal justice involvement, and increases in employment and/or school attendance. In FY 2022, the program served 1,623 clients. Based on intake and follow-up assessments of those clients, participants reported a 240% increase in school and work attendance in the past 30 days, and a 42% increase in a safe, permanent residence in the community. This program is up for reauthorization at the end of 2023.

Trauma-informed Care

The SUPPORT Act also represented a huge step forward in integrating trauma-informed care throughout the Department's public health activities. It mandated SAMHSA lead an interagency task force comprised of twenty agencies in the development of a National Strategy for Trauma-informed Care and submit an operating plan outlines its implementation. In FY 2022, SAMHSA developed an operating plan to implement a National Strategy for Trauma-informed Care that establishes recommendations for children/families who have experienced trauma and federal

agencies' coordinated response and publish best practices of trauma-informed care. The Task Force submitted this plan to Congress detailing its implementation.

The Task Force has begun implementing the plan, but the SUPPORT Act sunsets this program in September 2023. SAMHSA anticipates the Interagency Task Force's effort will result in the cataloging of over 1,200 different resources. These resources will provide much needed information to equip providers with trauma-informed evidenced based approaches and help to mitigate risks of further traumatizing the most vulnerable children and families. Based on SAMHSA's experience with the National Child Traumatic Stress Network (NCTSN) website and prior stakeholder engagement, it is estimated that, within the first three years, the compiled website will have over 1 million visitors and that the resources provided will enhance the care of over 2 million children and their families. If reauthorized, the Task Force will also develop a research agenda, create shared understanding of how to measure trauma-informed care, and further enhance federal coordination.

National Childhood Traumatic Stress Initiative

The NCTSN is a SAMHSA-funded national network of grantees who develop and promote effective community practices for children and adolescents exposed to a wide array of traumatic events. A component of this work has been the development of resources and delivery of training and consultation to support the development of trauma-informed child-serving systems. Network members work together within and across diverse settings, including a wide variety of governmental and non-governmental organizations, and continue to be a principal source of child trauma information and training for the nation. The program raises the standard of care and improves access to evidence-based services for children experiencing trauma across the nation. The SUPPORT Act increased the authorized funding level for NCTSN and expanded the network's ability to integrate into schools and educational settings.

For example, Dartmouth Hitchcock Medical Center in New Hampshire is using its NCTSI grant to focus on children and youth with intellectual and developmental disabilities (IDD) who are affected by trauma. Children with IDD are at higher risk of experiencing traumatic events such as violent crime, physical and sexual abuse, and peer victimization. Unfortunately, trauma and PTSD are more complicated to assess and treat when IDD is present, and clinicians are often not adequately prepared to diagnose and treat these children. Some providers refuse to serve children with moderate to severe IDD due to their lack of training and experience, which may in some cases violate legal protections for these children, and trauma-informed practices are often not integrated into behavior care plans. Dartmouth Hitchcock Medical Center is working to fix this by increasing the knowledge and skills of multidisciplinary providers to identify, engage, screen, and treat this population. Their goal was to train 400 professionals over the course of the five-year grant, but in just over a year, they have already trained over 1,000 professionals across a variety of sectors. They are also integrating trauma and PTSD screening and assessment processes in IDD and medical settings, ultimately improving outcomes for children with IDD across New Hampshire.

In FY 2022, SAMHSA supported 157 NCTSN grants. In FY 2022, NCTSN grantee sites provided trauma-informed training to over 326,177 people. Since its inception, the NCTSN has provided training on best practices and other aspects of child trauma to over 2 million participants throughout the country. The NCTSI Learning Center now has over 496,000 registered users accessing this evidence-based child trauma resource. Data collected in FY 2022 demonstrate that the current NCTSN grantees provided screening to over 84,767 individuals and evidence-based treatment to 42,109 children, adolescents, and family members, which includes 7,500 children and adolescents. In addition, thousands more youth and families have benefited indirectly from the training and consultation provided by NCTSN grantees to organizations that deliver evidence-based trauma interventions to various communities throughout the country.

Conclusion

On behalf of my colleagues at SAMHSA, I thank you for your attention to the nation's behavioral health needs. I look forward to working together to strengthen the important programs in the SUPPORT Act and collaborating to further address the overdose crisis. I would be pleased to answer any questions that you may have.