"Mental Health and Substance Use Disorders: Responding to the Growing Crisis"

Written Testimony to:

The Senate Committee on Health, Education, Labor, and Pensions (HELP)

The Honorable Patty Murray, Chair

The Honorable Richard Burr, Ranking Member

430 Dirksen Senate Office Building

Submitted By:

Sara Goldsby, Director

South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS)

Tuesday, February 1, 2022

Virtual via Cisco WebEx

Chair Murray, Ranking Member Burr, and members of the Committee, my name is Sara Goldsby, and I am the Director of the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS). I also serve as the President of the National Association of State Alcohol and Drug Abuse Directors (NASADAD). NASADAD represents State agency directors across the country that manage their respective State alcohol and drug prevention, treatment, and recovery systems.

It is an honor to testify before you today regarding the ways in which the federal government, States, communities, and families have been working together to address substance use disorders. I appreciate the opportunity to share perspectives.

We continue to see the devastating impact of substance use disorders across the country. The number of overdose deaths is staggering. In 2020, 93,331 individuals died from drug overdoses in the United States, the highest number ever recorded in a 12-month period and a 30% increase from 2019. Approximately 75% of overdose deaths involved synthetic opioids and illegally manufactured fentanyl (Centers for Disease Control and Prevention (CDC), 2021). In my home State of South Carolina, overdose deaths have increased by 60% over the past five years.

Overall, almost one-third (30.3%) of individuals admitted to treatment in our country's publicly funded addiction system cited heroin or prescription opioids as their primary substance of use (TEDS/SAMHSA, 2019). We also know substance use disorders impact different States, counties, and communities in many different ways. In South Carolina, for example, we are seeing a rise in admissions to treatment for alcohol use disorder. In particular, approximately 42% of treatment admissions reported a primary substance of alcohol or alcohol with a secondary drug (TEDS/SAMHSA, 2019).

There is no doubt that the COVID-19 pandemic contributed to increases in problems related to substance use disorders. For example, the National Institute on Drug Abuse (NIDA) cited research that found increases in the number of positive urine drug tests ordered by health care providers and legal systems (NIDA, 2022). The reports analyzing the drug screen results indicated an increase in fentanyl, cocaine, heroin, and methamphetamine compared to previous years (NIDA, 2022).

While the pandemic presented challenges to service delivery, we all worked together to adjust. States and providers developed innovative approaches to prevention, treatment, and recovery programming. Federal agencies and Congress worked to provide States and providers important flexibilities through program guidance and communication. In addition, Congress and the Administration worked to provide critical funding for prevention, treatment, and recovery along with life-saving overdose reversal medication. I had the privilege of testifying before this Committee in April of 2021 to share some of this work.

There is no doubt that the pandemic continues to present challenges. We have a great deal of work ahead of us.

Please know that the support from this Committee, the House, the Senate, and the Administration has been vital. Thank you.

As I observe the work moving forward in the field, I continue to be amazed and inspired by the incredible commitment, courage, and resolve I see on a daily basis. I am particularly grateful for our front-line providers. Even though they are exhausted and stretched thin, they continue to serve; they continue to help; they continue to save lives; and they continue to improve lives. We should all find a moment to thank and recognize our providers any chance we get.

I will review a number of recommendations for the Committee's consideration at the end of my remarks. All of these observations are critical. At the same time, it is my hope that extra energy is directed at addressing the many challenges related to our nation's substance use disorder workforce.

Critical Role of the State Alcohol and Drug Agency: I would like to step back and describe the role of each State's alcohol and drug agency. These agencies oversee and implement the publicly funded prevention, treatment, and recovery service system.

Planning: All State alcohol and drug agencies develop a comprehensive plan for service delivery and capture data describing the services provided. Our agency does this in a number of ways. Each year, we require a strategic plan to address alcohol and other drug issues from each county alcohol and drug authority. These plans are required to follow the strategic prevention (or planning) framework and must consider the most updated data available for a needs assessment.

As we understand each county's unique needs, capacity, and strategies to address substance use issues, we then create a State plan for service delivery supported by federal and State funds available through our office. Additionally, we support the State Epidemiological Outcomes Workgroup (SEOW), composed of statisticians, epidemiologists, and data holders across State agencies. The SEOW's annual reports on prevalence and burden of substance use in our State inform priorities for planning and are shared with stakeholders Statewide. Finally, we co-lead the State's Opioid Emergency Response Team that develops and manages the emergency plan to address the opioid epidemic across sectors in the State.

Working to support providers to ensure quality and delivery of evidence-based practices: An important focus of State alcohol and drug agency directors across the country is the promotion of effective, high-quality services. In South Carolina, we expect our providers to implement evidence-based screening tools and to use American Society of Addiction Medicine (ASAM) placement criteria to ensure patients are placed in the appropriate level of care. All of our contracted treatment providers are required to maintain either accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF) or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

We also conduct real-time compliance checks year-round with ongoing reviews of the clinical charts of all our contracted treatment providers. This is to ensure compliance with best practices and Medicaid standards. We require our providers to use evidence-based services across the continuum – including prevention services – and support community programs that use the strategic prevention framework process.

We ensure our contractors' use of evidence-based data from trusted sources and informed practices that we approve. We support our providers year-round with training and technical assistance as requested and as we deem appropriate.

Coordinating with other State agencies on programs and services across prevention, treatment and recovery: State alcohol and drug agencies work collaboratively across State governments to ensure that addiction issues are addressed with a coordinated, cross-agency approach. For example, the State alcohol and drug agencies work with State departments of mental health, criminal justice, child welfare, education, and more. Because alcohol and drug issues cross every sector and impact citizens Statewide, we partner closely with the other public health and social service agencies in South Carolina. We engage in daily communication with the S.C. Department of Health and Environmental Control (SCDHEC) for situational updates, data sharing, and on a number of joint projects, including HIV education and early intervention services, as well as overdose prevention programming for law enforcement officers and firefighters.

We also employ liaison staff that bridge our agency with others. Our Certified Peer Support Specialists are employed by DAODAS but are stationed at the S.C. Department of Corrections (SCDC) as they conduct peer trainings for inmates and coordinate inmates' access to treatment and services upon their re-entry to the community. The liaison who works between our agency and the S.C. Department of Social Services (SCDSS) helps develop policy and programming for children and families in the social services system who are affected by alcohol and other drugs. This bridge has helped align best practices and good policy across two large public systems.

Our liaison at the S.C. Department of Mental Health (SCDMH) is responsible for coordinating training for co-occurring mental and substance use disorders across the State's community mental health centers and our county alcohol and drug authorities. This work is helping our State achieve a "no wrong door" approach to serving citizens experiencing both mental health and substance use issues. Furthermore, we have a formal partnership for projects to address veterans with our State Department of Veterans' Affairs (SCDVA). Additionally, we have a contract with the S.C. Department of Probation, Parole, and Pardon Services (SCDPPPS) to train their officers on substance use disorders and evidence-based screening. Finally, I am in contact most days with the Major over Narcotics at the S.C. Law Enforcement Division as we share information on trends, trafficking, and State policy.

Communicating with, and acquiring input from, providers and local communities and stakeholders: State alcohol and drug agencies play a critical role in supporting the substance use disorder provider community. Our staff are in regular and routine contact with staff at provider organizations. Leadership at DAODAS meets monthly with all of the directors of the county alcohol and drug authorities during their monthly association meeting. The managers of DAODAS' Divisions of Treatment & Recovery Services and Prevention & Intervention Services meet quarterly with the local Treatment Directors and Prevention Coordinators, respectively, for training and global communication, but they also connect one-on-one for assistance and support as needed.

Our State Opioid Treatment Authority (SOTA) meets quarterly with the directors of the State's opioid treatment programs (OTPs) to discuss services and policy related to methadone services. Additionally, these directors and their program coordinators are routinely in touch with the SOTA for one-on-one assistance as needed.

Our Finance & Operations team meets quarterly with the treatment providers' finance managers, and they make time twice a year for one-on-one calls to answer questions regarding bookkeeping, reimbursement, and other financial operations issues.

Our Recovery Services coordinator is in close contact with the leaders of the recovery community organizations (RCOs) around the State, offering support and technical assistance as they establish programs and grow. Before the COVID-19 pandemic, our staff often traveled to provider sites for visits and in-person program reviews.

In South Carolina, we consider our agency and our providers to be a system with mission-driven connectivity that cannot be broken.

State alcohol and drug agencies appreciate action taken by Congress to address substance use disorders in general, and the opioid crisis: NASADAD is appreciative of this Committee, along with Congress and the Administration in general, for the work done to address substance use disorders in general, and the opioid crisis in particular. In addition, we appreciate passage of the Comprehensive Addiction and Recovery Act (CARA), 21st Century Cures Act, and the SUPPORT Act.

We highlight a few of the many programs below:

Substance Abuse Prevention and Treatment (SAPT) Block Grant (21st Century Cures, Section 8002): The SAPT Block Grant is NASADAD's number one programmatic priority. This program is the cornerstone of States' substance use disorder prevention, treatment, and recovery systems. The SAPT Block Grant serves approximately 2 million people annually.

Federal statute requires State alcohol and drug agencies to allocate at least 20% of SAPT Block Grant funds toward primary substance use prevention. This "prevention set-aside" is a core component of each State's prevention system. In particular, SAPT Block Grant funds make up more than 60% of primary prevention funds managed by State alcohol and drug agencies. In 14 States, the prevention set-aside represents 75% or more of the State agency's substance use prevention budget. In six States, the prevention set-aside represents 100% of the State's primary prevention funding.

We sincerely appreciate recent action by Congress to allocate historic investments in the SAPT Block Grant. These investments were made in the FY 2021 omnibus appropriations bill (P.L. 116-260) and subsequently in the American Rescue Plan (P.L. 117-2). Prior to these significant investments, the SAPT Block Grant remained essentially level-funded for a number of years. In particular, from 2011 to 2021, SAPT Block Grant funding did not keep up with health care inflation, resulting in a 24% decrease in purchasing power.

Account for the State Response to the Opioid Crisis (21st Century Cures, Section 1003): We sincerely appreciate the creation of an account for the State opioid response to the opioid crisis (Section 1003). This $1 billion fund for FY 2017 and FY 2018 helped State alcohol and drug agencies to significantly enhance treatment, prevention, and recovery services along with overdose reversal activities. This funding, initially known as the State Targeted Response to the Opioid Crisis Grants (STR), now known as the State Opioid Response Grants (SOR), provided a substantial level of support for innovative and lifesaving programs in States across the country. The Substance-Use Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act re-affirmed the importance of grants to States to address the opioid crisis through Section 7181.

Priority substance abuse treatment needs of regional and national significance within SAMHSA's Center for Substance Abuse Treatment (CSAT) (21st Century Cures, Section 7004): CSAT works closely with State alcohol and drug agencies to help expand access to treatment for and recovery from substance use disorders. CSAT focuses on work to improve the quality of substance use treatment services through its Addiction Technology Transfer Center (ATTC). NASADAD recognizes Dr. Ingvild Olsen, Acting Director of CSAT, for her leadership of the Center. Further, we wish to recognize the Division of State and Community Assistance (DSCA) for their support of NASADAD's members in working to implement State-based awards including the Substance Abuse Prevention and Treatment (SAPT) Block Grant. In addition, the Division of Pharmacologic Therapies (DPT) is a key component of SAMHSA that works with State Opioid Treatment Authorities (SOTAs) and State agency directors to ensure effective programming related to medications for substance use disorders, including those moving forward within our nation's opioid treatment programs (OTPs).

Priority substance abuse prevention needs of regional and national significance within SAMHSA's Center for Substance Abuse Prevention (CSAP) (21st Century Cures, Section 7005): As noted by SAMHSA, CSAP provides national leadership in the development of programs, policies, and services to prevent the onset of illegal drug use, prescription drug misuse, and underage alcohol use and tobacco use. CSAP also works to help promote evidence-based practices through structures like the Prevention Technology Transfer Centers (PTTC). We applaud Dr. Jeff Coady, Acting Director of CSAP, for his

direction. In addition, we recognize CSAP's Division of Primary Prevention (DPP) for their work with States.

A NASADAD priority program within CSAP is the Strategic Prevention Framework – Partnerships for Success (SPF-PFS) initiative. This program allows State alcohol and drug agencies to utilize cross-agency collaboration to address prevention priorities through a data-driven process. State alcohol and drug agencies partner with anti-drug coalitions to implement this important work at the local level. At the national level, NASADAD partners the Community Anti-Drug Coalitions of America (CADCA) to help foster these relationships and promote best practices in prevention.

Evidence-based prescription opioid and heroin treatment and interventions demonstration grants (CARA, Section 301): The evidence-based opioid and heroin treatment and interventions demonstration grant was authorized in CARA to help State alcohol and drug agencies increase access to Food and Drug Administration-approved medications for opioid use disorders in order to ensure clinically appropriate care. The authorization requires SAMHSA to fund only those applications that specifically support recovery services as a critical component of the program involved.

Improving Treatment for Pregnant and Postpartum Women (CARA, Section 501 and SUPPORT Act, Section 7062): CARA reauthorized the Residential Treatment for Pregnant and Postpartum Women program to help support comprehensive, family-centered treatment services – where women and their children can receive the help they need together in a residential setting. CARA also created a pilot program to afford State alcohol and drug agencies flexibility in providing new and innovative family-centered substance use disorder services in non-residential settings. The SUPPORT Act reauthorized both programs from 2019 – 2023 and increased the funding level from an authorization of $16.9 million to $29.9 million.

Community Coalition Enhancement Grants (CARA, Section 103): This section authorized the Office of National Drug Control Policy (ONDCP), that coordinates with Centers for Disease Control and Prevention (CDC), to make grants to community anti-drug coalitions to implement community-wide strategies to address their local opioid and methamphetamine problem. States work with community anti-drug coalitions daily to engage in key primary prevention efforts at the local level.

Building Communities of Recovery (CARA, Section 302): The BCOR initiative authorized SAMHSA to award grants to recovery community organizations (RCOs) to develop, expand and enhance recovery services. RCOs across the country are doing an excellent job of helping persons in recovery regain positive and productive relationships with their families, employers, and communities. NASADAD is a strong partner of Faces and Voices of Recovery (FAVOR) and its Association of Recovery Community Organizations (ARCO) as efforts are made to expand access to recovery support services in the publicly funded system.

Medicare Coverage of Certain Services Furnished by Opioid Treatment Programs (Section 2005, SUPPORT Act): This section amended the Social Security Act to expand Medicare coverage to include treatment services provided by SAMHSA-certified opioid treatment programs (OTPs). The covered services include medication assisted treatment (MAT), counseling, drug testing, and individual and group therapy.

Plans of Safe Care (SUPPORT Act, Section 406): This provision amended the Child Abuse Prevention and Treatment Act (CAPTA) to make grants to help State child welfare agencies, State alcohol and drug agencies and others facilitate collaboration in developing, updating and implementing plans of safe care. Plans of safe care are tools that inventory and direct services and supports to ensure the safety and well-being of an infant impacted by substance use disorders, withdrawal, or fetal alcohol spectrum disorders,

including services for the infant and their family/caregiver. The grant funds may also be used to support developing agency-to-agency memoranda of understanding (MOU), training, developing and updating technology to improve data collection, and more.

Recommendations for consideration

Promote and ensure a strong SAMHSA that serves as the lead federal agency across the federal government on substance use disorder service delivery: We support maintaining investments in SAMHSA as the lead agency within HHS focused on substance use disorders. The nation benefits from a strong SAMHSA given the agency's longstanding leadership in the field. A strong SAMHSA includes a vibrant role for each of its centers – the Center for Substance Abuse Treatment (CSAT), Center for Substance Abuse Prevention (CSAP), Center for Mental Health Services (CMHS), and Center for Behavioral Health Statistics and Quality (CBHSQ).

NASADAD expresses our support for Dr. Miriam E. Delphin-Rittmon, Assistant Secretary for Mental Health and Substance Use and leader of SAMHSA, as she guides the agency and works across HHS to promote a unified federal approach to substance use disorders. We strongly believe SAMHSA should be the default home of substance use disorder discretionary grants and programming related to prevention, treatment, and recovery. This requires financial resources but also the human resources needed to provide this leadership.

Ensure that federal policy and resources related to substance use disorders are routed through the State alcohol and drug agency: State alcohol and drug agencies play a critical role in overseeing and implementing a coordinated prevention, treatment, and recovery service-delivery system. These agencies develop annual Statewide plans to ensure an efficient and comprehensive system across the continuum. Further, State alcohol and drug agencies promote effective systems through oversight and accountability. Finally, NASADAD members promote and ensure quality through standards of care, technical assistance to providers, and other tools. As a result, NASADAD prefers federal funding, programs, and policies designed to address substance use prevention, treatment, and recovery flow through the State alcohol and drug agency. This approach allows federal initiatives to enhance and improve State systems and promotes an effective and efficient approach to service delivery. Federal policies and programs that do not flow through or at least coordinate with the State agency run the risk of creating parallel or even duplicative publicly funded systems and approaches.

Continued investment in the Substance Abuse Prevention and Treatment (SAPT) Block Grant while maintaining maximum flexibility: NASADAD's top programmatic discretionary grant program priority is the Substance Abuse Prevention and Treatment (SAPT) Block Grant. We sincerely appreciate the work of this Committee on this important program. In addition, we appreciate recent historic financial investments made by Congress in the SAPT Block Grant. In the context of reauthorization, NASADAD prefers to maintain as much flexibility as possible in the use of SAPT Block Grant funds consistent with the nature of, and benefits related to, the block grant mechanism. The flexibility afforded in the SAPT Block Grant allows States the opportunity to target resources based on the conditions on the ground as opposed to pre-ordained spending requirements.

Promote sustained and predictable funds through three- to five-year discretionary grants: In addition to adequate resources, State alcohol and drug agencies note that sustained and predictable resources are absolutely critical. They allow States to partner with sub-State entities, providers, and others to plan activities in a systematic manner. One- and two-year programs, with only a short-term commitment, can create an environment of uncertainty related to the future of a critical initiative that provides lifesaving services. It can be difficult, if not impossible, to successfully plan and operate programs with an eye on continuity of services if providers are not confident that resources will be

available to serve their patients. NASADAD strongly supports the National Governors Association's (NGA) call to extend the duration of federal grants beyond the typical one- or two-year funding cycle to either a three- or five-year cycle.

Ensure new federal initiatives and funding complement and enhance the current system: NASADAD appreciates the many federal legislative efforts to address substance use disorders that were found in the Comprehensive Addiction and Recovery Act (CARA), 21st Century Cures Act, and the SUPPORT Act. In the process, the Association has been partnering with Congress, the Administration, and non-governmental organizations to implement many of these initiatives. This includes work related to program management and implementation, data collection/reporting, and engagement in the many day-to-day activities that ensure programs are managed effectively and efficiently. As a result, we recommend policies that complement or enhance the work that has already been done in order to leverage our collective response in an efficient and effective manner.

Continue to work to address the opioid crisis but also elevate efforts to address all substance use disorders, including those linked to alcohol and other substances: The opioid crisis is one of the worst public health tragedies in our nation's history. The sheer volume of death linked to this epidemic is difficult to grasp. We also know this country faces distinct challenges related to all substances – whether it is prescription drug misuse, heroin, alcohol, marijuana, methamphetamine, cocaine or others. According to SAMHSA's National Survey on Drug Use and Health (NSDUH), alcohol remains a distinct problem in the country, with 28.3 million Americans battling an alcohol use disorder. As we look at those receiving publicly funded treatment, 31% of all admissions to treatment had a primary alcohol use disorder; 30% had a primary heroin or other opiate problem; and 11% had primary marijuana use disorder. State directors in certain States are also observing increases in problems related to methamphetamine and cocaine. As a result, NASADAD promotes policies and grant programs that are flexible yet also address the specific needs associated with the current opioid crisis. The flexibility included in the SAPT Block Grant also affords States the opportunity to target resources to address all substances.

Provide SAMHSA the authority and resources to help address the nation's substance use disorder workforce crisis: State alcohol and drug agency directors across the country are observing distinct workforce challenges. Quite simply, my colleagues note difficulties finding enough people to support prevention, treatment, and recovery programming. We understand the issue is complex. We also know there are many steps that need to be taken to build up our workforce to meet the variety of needs related to substance use disorders. These steps include initiatives around recruitment, access to all levels of education, training, retention, salaries, and continuing education. There are strategies that can help – loan repayment; scholarships; and early outreach in schools promoting a career that helps address substance use prevention, treatment and recovery. We recommend action to give SAMHSA the full statutory authority to help address our challenges related to the substance use disorder workforce. This includes action clarifying that SAPT Block Grant funds may be used to help States address workforce needs. Further, we support a specific proposal in CARA 3.0 – Section 211 – that would authorize a grant in SAMHSA's CSAP to State alcohol and drug agencies in order to bolster our nation's substance use prevention workforce needs as we are not aware of any federal programs that currently address this.

Ensure that initiatives designed to implement 988 and crisis services improvement to specifically include programs and strategies to address substance use disorders: In 2020, the National Suicide Hotline Designation Act of 2020 was signed into law. The Act incorporated 988 as the new National Suicide Prevention Line (NSPL) and Veterans Crisis Line (VCL). We wish to express our appreciation for working to draft and approve this important piece of legislation to help reduce the number of suicides and improve our response to people experiencing a crisis. Since this time, SAMHSA has been actively working with stakeholders to prepare for the July 2022 launch of 988. This work includes the release of funds designed to help strengthen and expand existing Lifeline operations and telephone infrastructure

along with funds to build up staffing across States' local crisis call centers. SAMHSA is partnering with States, providers, people with lived experience, and others to hold convenings in an effort to prepare for 988. These efforts include the complex task of strengthening our nation's service-delivery system for crisis services. We understand the launch of 988 is the beginning of a long journey that promises to help improve our approach to helping people experiencing a crisis. As we move forward, we ask that Congress and others elevate and specifically reference substance use disorders as a core focus of work related to crisis response. We believe this approach is needed given the many distinct and unique considerations that accompany service delivery for people with substance use disorders.

Maintain Recent Flexibilities to Ensure Access to Substance Use Disorder Services: The regulatory changes seeking to ensure continued substance use disorder service delivery during the COVID-19 pandemic should be maintained at least one year after the federal government determines the United States is no longer operating under a public health emergency. At this point, these policies should be further evaluated. These actions include the flexibilities regarding take-home doses of methadone for certain patients; the ability to initiate buprenorphine treatment for opioid use disorders without a face-to-face appointment; reasonable flexibilities related to HIPAA rules in order to allow service providers to utilize a variety of communication tools for service delivery; and others.

State alcohol and drug agencies play a critical role in the prevention, treatment, and recovery of substance use disorders and I look forward to working with the Committee on ways the federal government, States, communities, and families can work together to address this very important issue.

Thank you again for the opportunity to testify today and share my perspective. I look forward to any questions you may have.