

***“Examining Our COVID-19 Response: Using Lessons Learned to Address Mental Health and Substance Use Disorders”***

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:

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(DAODAS)

Wednesday, April 28, 2021

Virtual Presentation

Chair Murray, Ranking Member Burr, and members of the Committee, my name is Sara Goldsby, and I am Director of the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS). I also serve as Vice Chair of the Public Policy Committee of the National Association of State Alcohol and Drug Abuse Directors, or NASADAD.

I truly appreciate the opportunity to testify before you today to discuss the impact of the COVID-19 pandemic on substance use in South Carolina, the State's actions to mitigate the impact, and the tremendous help we have received from Congress, the White House, and federal agencies like the Substance Abuse and Mental Health Services Administration (SAMHSA).

## Role of the State Alcohol and Drug Agency

**Critical Role of the State Alcohol and Drug Agency:** Each State's alcohol and drug agency plays a critical role in overseeing and implementing 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 abuse 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.

Managing the Substance Abuse Prevention and Treatment (SAPT) Block Grant: State alcohol and drug agencies manage the Substance Abuse Prevention and Treatment (SAPT) Block Grant, which is administered by SAMHSA. The SAPT Block Grant serves as the cornerstone of the publicly funded service delivery system and helps support the delivery of prevention, treatment, and recovery services. The SAPT Block Grant serves as an efficient mechanism through which federal resources can be invested into substance use disorder services. State alcohol and drug agencies use SAPT Block Grant funds in a flexible manner to address all substance use disorders, utilizing State-level data and trends to inform their allocation decisions.

Ensuring Quality: 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 accredited 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 of 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: 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 abuse 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.

Unique Relationship with Providers: 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 abuse 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.

### Trends in SUD before the COVID-19 Pandemic

**Snapshot of Substance Use Problems in South Carolina:** Prior to the onset of the COVID-19 pandemic, the top problems related to substance use in South Carolina revolved around alcohol, cannabis, opioid/stimulants, and tobacco. Overall, in 2019, there were over 474,000 substance use disorder/dependence-related hospitalization discharges across the State, with alcohol misuse being the chief reported substance (S.C. Office of Revenue and Fiscal Affairs, 2019). As shown in the figure below, among primary/secondary substance use disorder/dependence hospitalization rates (per 100,000), alcohol misuse was substantially more reported (1,013.6 per 100,000) at approximately five times the rate of the next substance (cocaine at 236.7 per 100,000). Tobacco misuse has historically been reported in South Carolina almost exclusively as a secondary diagnosis for hospitalization in association with one of the substances in the figure below at a rate of approximately 80% (or higher in certain years).

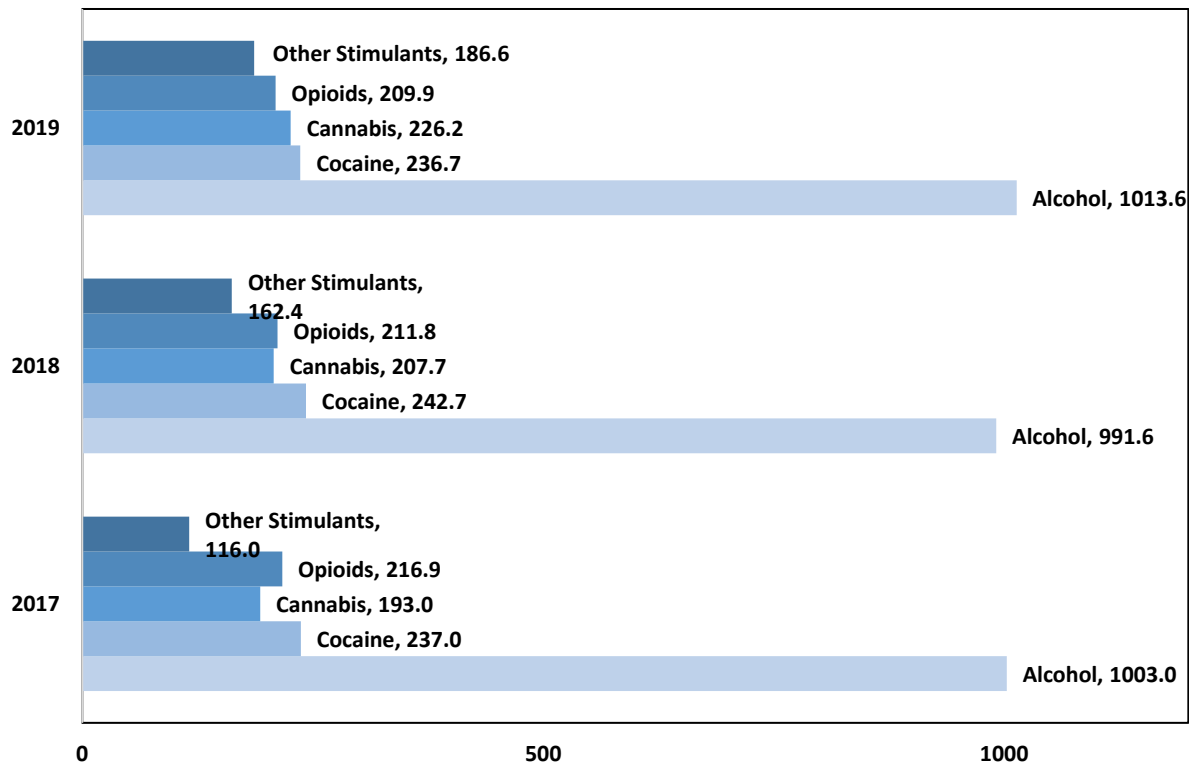


Figure. Abuse/Dependence-related substance use hospitalization rates per 100,000 in South Carolina, 2017-2019

In terms of alcohol consumption, the level of self-reported heavy drinking among South Carolina adults in the CDC’s Behavioral Risk Factor Surveillance System (BRFSS) was on par with the national average (6.5%), while reporting slightly lower levels of binge drinking compared to the national average (15.1% vs.16.2%).

There is also a high burden of tobacco use in the State. South Carolina adults who reported as a current smoker in the BRFSS were higher than the national average (18.0% vs. 16.1%). However, South Carolina adults who reported e-cigarette use were slightly lower than the national average (4.1% vs. 4.6%). E-cigarette use is becoming a problem among youth, in that the percentage who self-reported as lifetime vaping use in 2018 was up to 24.7% (S.C. Communities That Care Survey, 2018).

Regarding prescription and illicit drug use in the State, the year-over-year increase in all drug mortality slowed over the past two years as total drug overdose deaths increased 3% from 1,103 in 2018 to 1,131 in 2019 ([justplains.com/data](http://justplains.com/data)), a slower pace than the 10% increase the previous year and the 14% increase prior to that. In recent years, there has been a particularly sharp increase in year-over-year deaths involving fentanyl (17% increase from 460 in 2018 to 537 in 2019) and psychostimulants (40% increase from 242 in 2018 to 338 in 2019). In 2019, 10,809 substance use disorder/dependence-related hospitalizations occurred due to opioid use. Of those, 49.4% were females and 50.6% were males. Of those hospitalized, 82% were White, 16% Black, and 2% belonged to another race, with similar trends being seen for previous years.

In State Fiscal Year (SFY) 2019, over 30,600 South Carolinians were seen at a county alcohol and drug abuse authority for a substance use disorder (SUD). Over half (54.3%) of the patients at intake were diagnosed with an alcohol use disorder (AUD), while approximate one-third of patients were diagnosed with an opioid use disorder (OUD). Of all patients discharged during SFY 2019, 60% were male and 62% were White, and 33% were Black. The main referral source of patients was the criminal justice system (40% of total referrals), and approximately 10% of patients reported either active or prior injection use at intake. Overall, while there are more patients seen by county authorities in urban settings, there has been a continued uptick of patients being seen in more rural settings as access to care – as well as need for treatment – continues to increase in those areas.

### Impact of COVID-19 on SUD in South Carolina

**Increases in Alcohol and Other Drug Use:** For many South Carolinians, the COVID-19 pandemic is associated with significant levels of psychological distress linked to anxiety, fear, stress, isolation, and economic loss. Because people typically drink or use substances to alleviate negative feelings – or simply to feel “good” – we did see these factors exacerbate alcohol and other drug issues during 2020.

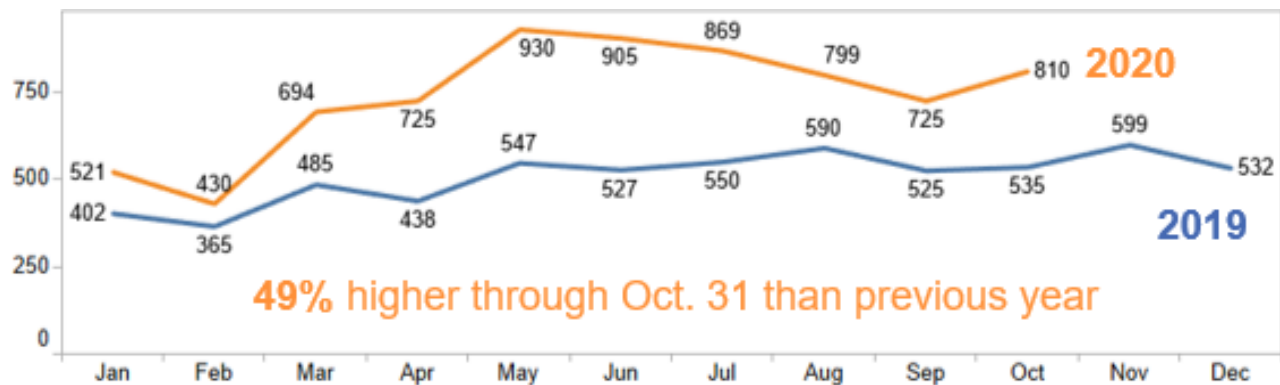
Although the increase in substance-related problems is difficult to quantify, the volume of calls to our agency’s main telephone line (which is the point of connection from SAMHSA’s National Helpline) increased 25%-35% with day-to-day variation from April through June 2020. Almost all calls were from family members or friends seeking services for someone in need of treatment for a substance use disorder.

Direct service providers and recovery community organizations (RCOs) reported an increasing number of stable patients and persons in recovery returning to substance use. One RCO began promoting the message that if someone made it through 2020 without returning to use, it should count as two years in recovery. This served as validation to their members that staying sober amidst COVID-19 stressors was especially challenging.

The S.C. Department of Revenue (SCDR), which oversees licensing of the State’s alcohol wholesalers and retailers, provided figures to *The Charleston Post and Courier* indicating a 27% uptick in sales for the period of March 15 – June 30, 2020 when compared to the same timeframe in 2019.

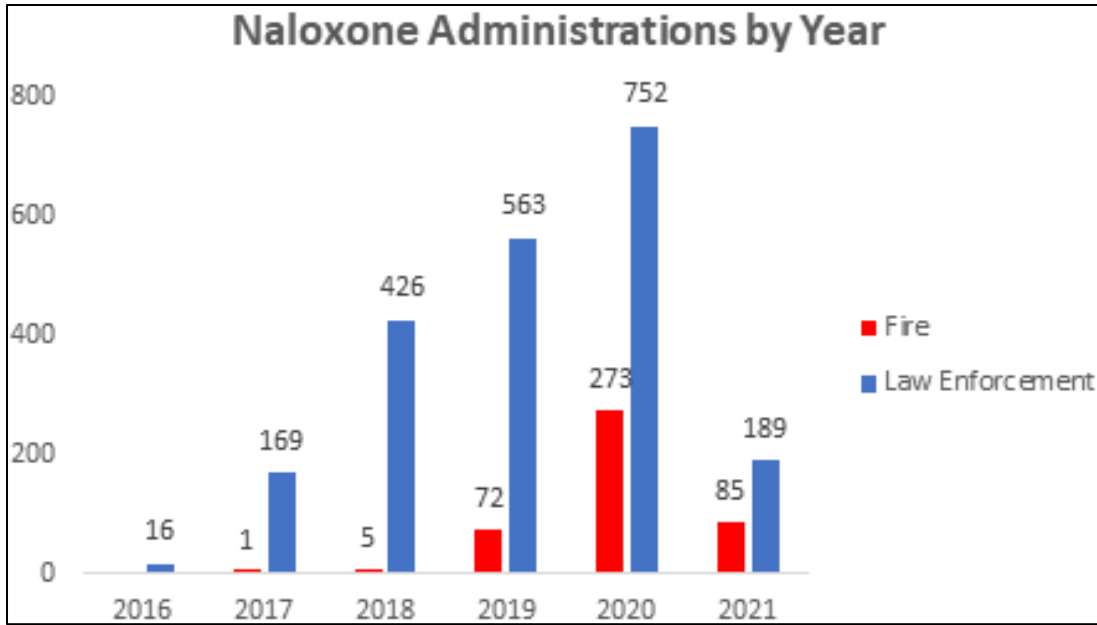
In April 2020, we began seeing memes in social media and on the internet that set norms around and supported non-traditional behaviors and culture related to drinking during the COVID-19 pandemic. Memes depicting children’s toys and dolls that were drinking, images and recipes for “quarantinis,” memes supporting the acceptance of drinking earlier in the day, etc., led us to conclude that an increase in drinking was occurring. This trend also led us to believe that people who may not have otherwise experienced problematic drinking or an alcohol use disorder could be vulnerable to such issues. We surmised early on in the pandemic that we would probably see increased use of all substances that could result in long-term impacts and more individuals developing use disorders.

**Increase in Overdoses:** Like many States, 2020 hit South Carolina hard. As shown in the trend graph below, suspected opioid overdoses with EMS response were already slightly higher than 2019 at the start of the year, but that gap widened in March, during the COVID-19 pandemic, and May was the highest month in the State’s history. While the climb flattened later in the year, overdose incidents have remained elevated. Suspected opioid overdoses reported by EMS were around 40%-50% higher in South Carolina in 2020 than in 2019. Overdose incidents continue to remain elevated into 2021, with suspected opioid overdoses in March 2021 estimated as 17% higher than in March 2020.



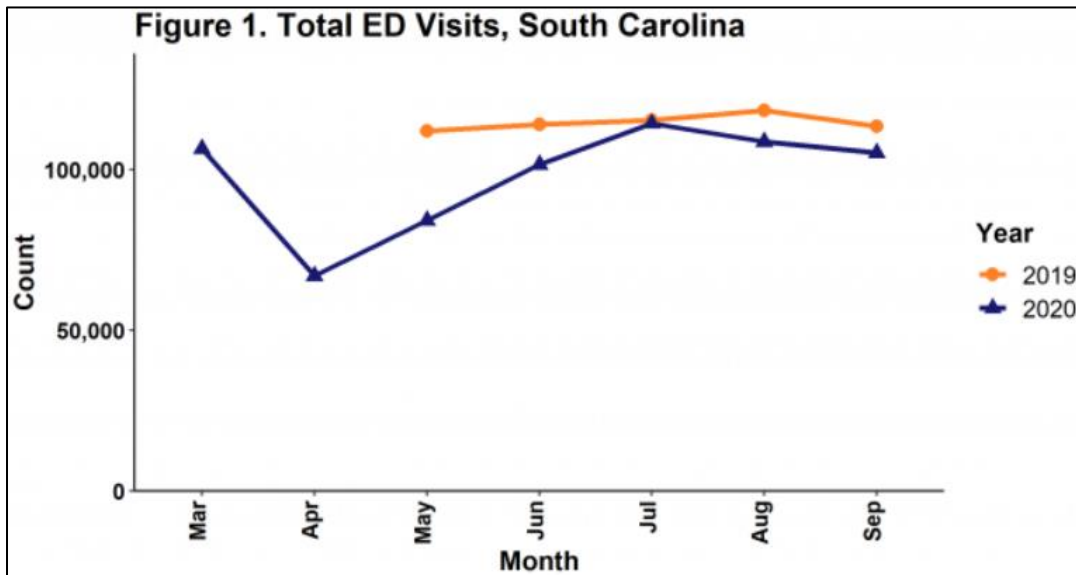
Source: S.C. Department of Health and Environmental Control, Bureau of EMS and Trauma

The Law Enforcement Officer Naloxone (LEON) and firefighters’ Reducing Opioid Loss of Life (ROLL) programs had a record year. There were 752 law enforcement and 273 fire department Narcan® administrations reported, a 34% and 279% increase respectively in those programs over 2019. Naloxone administrations for these programs for Q1 2021 were 53% higher than Q1 2020 (100% higher in ROLL and 37% higher in LEON). Much of the increase in firefighter Narcan® administrations has been due to increased training and participation in this newer program.

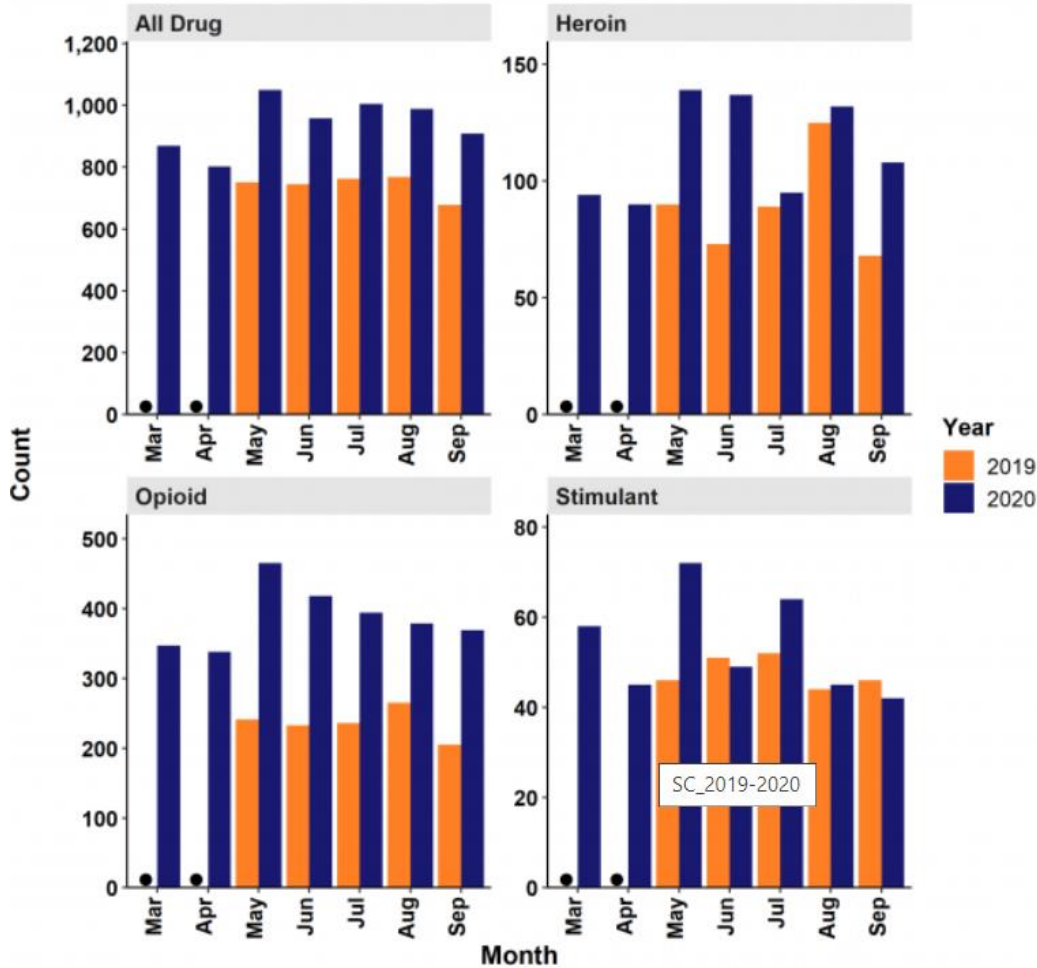


Source: S.C. Department of Health and Environmental Control, Bureau of EMS and Trauma

Although total emergency department (ED) visits dipped in April and May of 2020, for drug overdoses, the total number and rate of ED visits spiked during this time period and remained elevated through September, the last month of publicly available data. These increased ED visits were driven primarily by opioids.



**Figure 2. Total ED Visits for Overdoses, by Drug Category, South Carolina**



**Increase in Overdose Deaths:** Provisional mortality data from the CDC for South Carolina predicts 1,625 drug overdose deaths for the 12-month period ending in September 2020, a 45.3% increase over the 12-month period ending in September 2019. This is well above the national average increase of 28.8% percent and is the fifth-highest reported increase for this time period, behind the District of Columbia, Louisiana, Kentucky, and West Virginia.

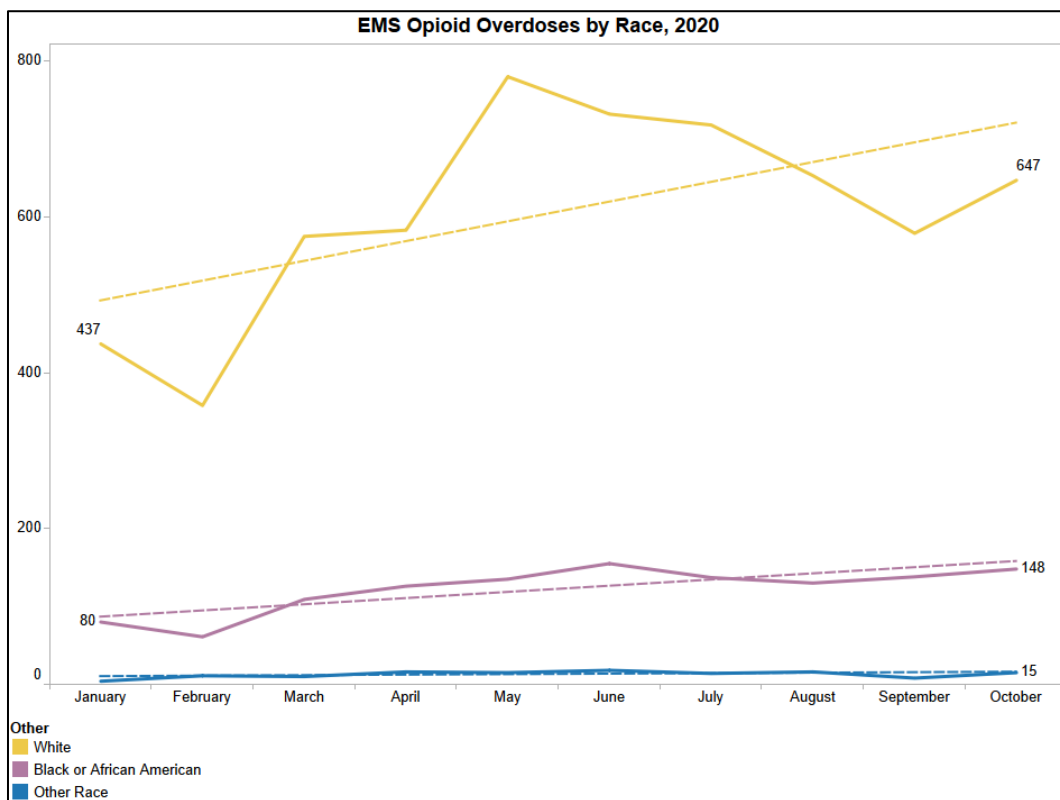
Illicitly made synthetic opioids, which can include fentanyl, are largely responsible for this increase, with 62.4% of those predicted overdose deaths estimated to involve synthetic opioids. Preliminary data also suggests that deaths involving psychostimulants outpaced deaths involving prescription drugs in 2020. Final overdose fatality data for 2020 will be reported in the fall of this year.

We are still working on challenges related to real-time data and information that describes the types of substances present or related to mortality. Resources for toxicology testing vary by county in South Carolina, leading to delays and inconsistency in reporting. The State is working toward more participation in syndromic surveillance and building capacity to report substance-specific data. It is also more difficult to parse out specific types of drugs from some data sources like EMS response to overdoses.



During the pandemic, our public safety partners informed us of an increased number of seizures of illicit drugs being delivered by the U.S. Postal Service and parcel services. We saw new illicitly manufactured benzodiazepines being produced and trafficked in larger volumes in our State and bordering States. Finally, we are seeing an increase in other (non-opioid) prescribed substances, such as ketamine and gabapentinoids, associated with overdose and in the drug screens of patients receiving services, and in toxicology reports on overdose decedents. We believe that in time and with more data we may discover the impact of these substances during the pandemic.

**Demographic Trends of Interest:** We generally find disproportionate EMS response to opioid overdoses among individuals who are Whites, male, and aged 25-44. Black individuals have experienced increased opioid overdoses since the pandemic, although at a slower rate than Whites. However, the burden of opioid overdoses among Black individuals varies by county.



\*\*data through Oct. 31, 2020.

We also saw an impact not just in our urban areas, but in our rural communities. The counties with the highest number of total incidents were some of the more populated areas, but we saw a high burden for the rate of overdoses and percentage increase over the previous year in some of our more rural counties.

**Impact to Service Delivery Related to COVID:** Service provider organizations adapted quickly to ensure social distancing precautions could be taken while maintaining service availability. However, the ways in which they and their referral partners adapted did diminish some capacity to treat and reduced expected revenue for the year. Some direct effects and adaptations included:

- Referrals from partner organizations greatly diminished during the pandemic, including school-based referrals, (despite schools being open for in-person education), hospital referrals, and drug court referrals.
- Providers ceased or limited walk-in clinical assessments for services. To ensure distancing measures could be taken, they moved to appointment-only intake.
- Providers limited routine urine drug screens, which restricted knowledge of patient relapse.
- Despite use of telehealth, many patients in remote rural locations did not have adequate cellular or internet service access and were unable to join services virtually.
- In-person group psychotherapy dynamics and benefits were lost without group services.
- Inpatient care providers limited bedded services to allow for safe distancing and quarantine.

## Addressing COVID-19: Actions by the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS)

### **Prevention:**

“Pause” Campaign: DAODAS created and placed television and social media messaging that encouraged parents to take advantage of the fact that life had effectively “paused” to have conversations with their children about the dangers of prescription drugs during the month of May 2020. The campaign encouraged citizens to visit the agency’s website for more information on conversation starters for age-appropriate talks with their children (kindergarten – college age). To view the spot on YouTube, visit [https://www.youtube.com/watch?v=\\_IwQcEOAOnA](https://www.youtube.com/watch?v=_IwQcEOAOnA)

Alcohol Meme Campaign: Memes seeking to humorize increased alcohol consumption during quarantine began appearing on social media channels during the spring and early summer of 2020. In response to the “normalization” of alcohol use as a way of coping with the stress and “life curveballs” that were thrown at people during the pandemic, DAODAS worked with our advertising partner to create memes that were promoted on social media (Facebook, Instagram, and Twitter). By developing our own memes that played off the prevalent “pro-drinking” messages and turning the conversation instead to the dangers of drinking too much, too often, or at atypical times of day, we hoped that South Carolinians would take a moment to make sure they were not unintentionally harming themselves or others with altered drinking habits. The messages included a link to the Alcohol Use Disorders Identification Test (AUDIT) on the DAODAS website, a brief 10-question self-test that anyone can use to assess their own drinking behavior and obtain a recommendation as to whether they should seek assistance with changing that behavior. In addition to appearing on DAODAS social media pages, many local service providers and coalitions shared the content on their pages as well to boost the reach of the campaign. The campaign ran from June 15 through July 5, 2020.

“1, 2, Breathe” Narcan® Campaign: DAODAS recognized the negative impact of social isolation by monitoring the trends related to the increases in overdoses and Narcan® administration by first responders and EMS throughout 2020. In collaboration with its advertising partner, DAODAS developed the “1, 2 Breathe” campaign to demonstrate the

effectiveness, availability, and accessibility of Narcan®. Campaign materials developed and utilized at the State and local levels included banner ads, outdoor billboards, posters, print ads, brochures, social media content, fact sheets, palm cards, and television spots. Materials were utilized throughout the fall and winter at the local level, as well as at the State level. During the month of December, the television spot was aired on network television, social media channels (Snapchat, Instagram, and Facebook), and streaming services such as Sling TV, Discovery Network apps, Tubi, and AT&T/Direct TV Now.

Drive-Thru Events: Taking into account safety measures for staff and the public related to COVID-19, local agencies held drive-thru events to distribute information (fact sheets, brochures, palm cards, etc.) on a variety of substances (alcohol, tobacco/vaping, marijuana, prescription drugs, etc.). Many of these events also included distribution of Narcan®, as well as Deterra® packets for safe disposal of medications.

Food Pick-Up/Delivery Programs: Agencies worked to provide prevention information on a variety of substances (alcohol, tobacco/vaping, marijuana, prescription drugs, etc.) and Deterra® packets for safe disposal of medication to youth, families, and older adults via fact sheets, brochures, etc., through school lunch pick-up programs, food distribution programs for families, and Meals on Wheels delivery programs for the elderly.

Education Programs: Prevention staff adapted evidence-based programs, such as Strengthening Families, Botvin's Life Skills, and others, to deliver them virtually as schools made the transition to online learning in the spring of 2020. This type of delivery has continued for some areas through the fall of 2020 and spring of 2021. Several different types of online platforms have been used to connect with students and families based on the platforms used by the schools and faith communities that are helping to coordinate the services.

### **Treatment:**

During the first week of March 2020, when we knew distancing measures would be taken, we worked closely with the Governor's COVID-19 Emergency Response Team and local partners to support access to and adaptation of treatment services with distancing precautions. For example, we:

- Facilitated a bi-weekly call for members of the State's Opioid Emergency Response Team to share situational updates as changes related to COVID-19 occurred in the illicit drug supply, healthcare practices, treatment and recovery operations, and prevention and intervention programs. Focusing on these priority areas proved helpful for awareness and for exchanging tips and guidance across sectors.
- Worked directly with State's opioid treatment programs (OTPs) providing methadone services to ensure that their emergency plans were operationalized. With approval of the DEA, we authorized 14-day and 28-day take-home doses of methadone for all of the nearly 7,000 patients in the State who were stable in treatment.
- Issued press releases and social media messaging regarding the availability of treatment services. Messages included information on where and how to access free assessments, and the locations of recovery services like mutual aid groups that had transitioned to online platforms.

- Supported telehealth service delivery with reimbursement from grant funding for crisis management, individual psychotherapy, peer support, case management, and other services delivered virtually or telephonically. We worked with our State Medicaid agency to educate them on the need to allow Medicaid reimbursement for the same services. We worked with our State Board of Medical Examiners for the approval of prescribers to initiate some medication-assisted treatment services via telehealth. With some of our State funds, we subsidized the broadband costs for smaller and rural provider organizations to guarantee their ability to connect to the State’s telehealth network. We also allocated State funds for providers to purchase cellular phones, minutes, and data plans for use by patients in need of access. Positive results have been seen with telehealth services, including:
  - Retention of patients despite changes with office/clinic location closures.
  - Increased engagement of existing patients due to the elimination of typical challenges with transportation and childcare.
  - Clinical staff report that they are still able to see patients’ social context and environment with virtual services at home.
  - Patients have reported high satisfaction with the tele-services and a desire to have it as an option along with in-person services moving forward.
- Partnered with the S.C. Department of Mental Health (SCDMH) to establish the SC HOPES Support Line – a toll-free line with 24/7 connection for callers to access licensed mental health and addictions counselors by phone. Services include access to Spanish language and hearing-impaired services. The SC HOPES program is intended for any South Carolinian experiencing a mental health or addiction concern – particularly as those issues relate to the isolation, uncertainty, and other strains brought on by the circumstances of COVID-19. Due to the quick action of the U.S. Department of Health and Human Services (HHS) – SAMHSA, in particular – we had the funds to market the SC HOPES line Statewide via television, social media, and billboards.

**Recovery:**

As job losses were suffered into April and May of 2020, we recognized a need to provide short-term rental assistance for some individuals living in our federal SAPT Block Grant-supported recovery housing. With approval from SAMHSA, we were able to redirect some State Opioid Response (SOR) Grant funds to ensure housing continuity for those individuals at risk of eviction.

**Overdose Reversal:**

Given concerns that the isolation associated with COVID-19 could increase rates of overdose, we worked with our State’s Department of Health and Environmental Control (SCDHEC), the S.C. Law Enforcement Division, and the Atlanta/Carolinas High Intensity Drug Trafficking Area (HIDTA) staff to develop an Overdose Surveillance and Rapid Response Team. This State-level overdose surveillance and collaboration is designed to lead to local mobilization with a data-to-action communication framework.

As the team identifies geographical hot-spot areas, the members collectively determine how to respond, supporting targeted local strategies to prevent overdose death:

- Weekly data monitoring for suspected overdoses.
- Data-sharing agreement and action protocol across core multiagency group.
- Rapid alert and engagement of local officials and stakeholders.
- Synchronizing targeted response and resource deployment across sectors.

We have not definitively correlated these rapid-response efforts to reduction in overdose morbidity and mortality, particularly during the COVID-19 pandemic when activity has been heightened and the drug environment has been changing. However, these efforts may have had some impact. From a retrospective review of data and the action log, overdose incidents ranged anywhere from 20%-50% lower in the month following outreach from the rapid response team.

As soon as we knew isolation measures would be taken, we also facilitated vast naloxone distribution, anticipating that people would be at higher risk of overdose and needing to have naloxone stocked at home. We worked with the State's opioid treatment programs (OTPs) to have naloxone dispensed to patients receiving take-home methadone. We also shipped between 6,500 and 7,000 boxes of Narcan<sup>®</sup> to our community distributors, including recovery community organizations (RCOs) that engaged in distribution in a number of ways, such as contact-free pick-up and home drop-off of the overdose antidote.

## Addressing COVID-19: Actions by the Federal Government

**Investing in the Substance Abuse Prevention and Treatment (SAPT) Block Grant:** During the pandemic, Congress has made significant investments in the Substance Abuse Prevention and Treatment (SAPT) Block Grant to help ensure that individuals at risk for or struggling with addiction get the support that they need. We are grateful for the \$1.65 billion in supplemental funding for the SAPT Block Grant in the December 2020 COVID-19 relief package. In addition to funding, this legislation afforded SAMHSA the ability to offer States flexibility in certain allowable uses of funds, timelines, and reporting requirements.

We are also appreciative of the \$1.5 billion in supplemental funding for the SAPT Block Grant included in the American Rescue Plan of March 2021. The American Rescue Plan's supplemental funding for the SAPT Block Grant allows State alcohol and drug agencies until September 30, 2025, to expend these resources. This additional time to spend the funds is beneficial for a number of reasons:

- *Assists States with planning:* The role of State alcohol and drug agencies includes working to ensure an effective, efficient, and coordinated system of care across substance use disorder prevention, treatment, and recovery. One-time funding, while helpful, can create a fiscal cliff and generate uncertainty regarding future budgets. A multi-year investment helps States plan with consistency.
- *Promotes reliable support for providers:* State alcohol and drug agencies are supporting providers of prevention, treatment, and recovery programs and services. It is critical that providers remain assured that resources will be provided beyond a one-time allotment to allow them to hire staff or expand programs with confidence that resources will be maintained.

- *Maximizes efficiency by leveraging the current infrastructure:* The SAPT Block Grant represents an effective and efficient portal through which to direct resources for substance use disorder programs and services. States and providers are already well familiar with the protocols connected to this funding mechanism. This includes the application, data reporting requirements, and more.
- *Affords States flexibility to address local needs:* The SAPT Block Grant allows State alcohol and drug agencies to address their own unique needs related to prevention, treatment, and recovery. This flexibility is important given that each State faces different challenges.

**Virtual Initiation of Medication-Assisted Treatment (MAT):** Medication-assisted treatment (MAT) is the gold standard for the treatment of opioid use disorder. During the pandemic, the DEA, in coordination with SAMHSA, authorized practitioners to admit and treat new patients with an opioid use disorder (OUD) during the public health emergency. Specifically, on March 31, 2020, the DEA announced that during the COVID-19 public health emergency, practitioners may prescribe controlled substances – including buprenorphine, a medication used to treat OUDs – to patients using telemedicine without first conducting an in-person evaluation.

**Expanded Methadone Take-Homes:** Due to stay-at-home orders and social distancing requirements across the United States, individuals with an opioid use disorder faced increased barriers to accessing MAT at the beginning of the pandemic. On March 16, 2020, SAMHSA released guidance offering flexibility to States so that all stable patients in an opioid treatment program (OTP) could receive 28 days of take-home doses of the patient’s medication. Additionally, the State may request up to 14 days of take-home medication for those patients who are newer or less stable but whom the OTP believes can safely handle this level of take-home medication.

**Ability to Purchase Personal Protective Equipment (PPE) for Substance Use Disorder Providers:** While many patients and providers have increasingly utilized telehealth services during the pandemic, in-person services are still critical. Face-to-face interactions may be unavoidable, or may be preferred by patient. On May 7, 2020, SAMHSA announced that because of the nature of standard SUD service delivery, the agency’s discretionary grant funds may be used to purchase personal protective equipment (PPE). This has helped ensure the safety and wellbeing of frontline SUD providers.

## Recommendations

I offer the following recommendations for the Committee’s consideration.

**Route Federal Resources for Substance Use Disorder Services Through the State Alcohol and Drug Agency:** It is crucial that federal grants for substance use disorder service delivery are routed through the State alcohol and drug agency to ensure a coordinated, efficient, high-quality substance use disorder service delivery system. State alcohol and drug agencies play a critical role in overseeing and implementing a coordinated prevention, treatment, and recovery service delivery system. As indicated earlier, 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.

NASADAD members promote and ensure quality through standards of care, technical assistance to providers, and other tools. As a result, NASADAD strongly recommends that 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, duplicative, or even contradictory publicly funded systems and approaches.

**Gradually Transition Over Time from Opioid-Specific Resources to Investing Funds in the SAPT Block Grant:** While we are incredibly grateful for opioid-specific grants to State alcohol and drug agencies, such as the State Targeted Response (STR) and State Opioid Response (SOR) grants, States would benefit from more flexibility to address all substances of concern. As a result, we recommend a gradual transition that would allocate a portion of SOR dollars to the SAPT Block Grant starting in FY 2022. In addition, we hope Congress resists adding additional substances to SOR's allowable use of funds. Adding alcohol, for example, to the list of allowable use of funds under SOR would have the effect of creating two separate Block Grants designed to address substance use disorders. This approach is inefficient and does not promote a coordinated approach to resource delivery.

**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 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 referenced earlier 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.

**Invest in technology and broadband to make telehealth substance use disorder services more accessible:** We hope Congress considers investments in the tools that allow telehealth services to move forward. These tools include hardware, software, and broadband capabilities. As referenced earlier in my testimony, many families in rural and underserved communities simply do not have access to these tools and therefore they do not have access to lifesaving telehealth services.

**Continue Support for Workforce Development Including Prevention Workforce Proposal in CARA 3.0:** We appreciate the variety of workforce programs supporting recruitment, retention and development of substance use professionals. We appreciate, for example, the Minority Fellowship Program (MFP) managed by SAMHSA.

We also draw attention to Section 211 of S. 987, The Comprehensive Addiction and Recovery Act (CARA) 3.0. Section 211 of this proposal would create a grant program within SAMHSA that would address a large unmet need: supporting our nation's primary prevention workforce. In particular, the grant program would help State alcohol and drug agencies (1) support recruitment, professional development, and training to ensure diversity, equity, and inclusion in the substance use disorder prevention workforce, (2) enhance or establish initiatives related to credentialing or other certification processes for prevention, (3) partner with elementary schools,

middle schools, high schools, or institutions of higher education to generate interest in careers in substance use disorder prevention, and more. We applaud Senators Whitehouse, Portman, Capito, Klobuchar, Shaheen, and Cantwell for their work to introduce CARA 3.0 given this provision and others related to substance use disorders.

**Bolster the Role of the Substance Abuse and Mental Health Services Administration (SAMHSA):** 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. SAMHSA should be the default home of substance use disorder discretionary grants and related programming. NASADAD appreciates the role the Assistant Secretary for Mental Health and Substance Use plays in coordinating work across HHS to promote a unified federal approach to substance use disorders. We are particularly grateful for the leadership of the current Acting Assistant Secretary, Tom Coderre. In addition, we applaud President Biden's choice to nominate Dr. Miriam Delphin-Rittmon, State director in Connecticut, as the next leader of SAMHSA. We strongly support Dr. Delphin-Rittmon as the next Assistant Secretary for Mental Health and Substance Use and hope this Committee will take action to consider her nomination as soon as possible.

**Maintain a Strong White House Office of National Drug Control Policy (ONDCP):** ONDCP plays an important role in coordinating drug policy across the federal government. ONDCP's annual National Drug Control Strategy represents an important tool to set priorities, coordinate policy across all parts of the federal government, and evaluate the implementation of the Strategy. NASADAD believes that federal investments should be made to ensure ONDCP is adequately staffed to fulfill its mission. We are appreciative of the leadership of Regina LaBelle, current Acting Director of ONDCP.