

June 21th, 2021

The Honorable Rosa DeLauro
Chair
Labor-HHS Subcommittee
Committee on Appropriations
H-307 The Capitol
Washington, DC 20515

The Honorable Tom Cole
Ranking Member
Labor-HHS Subcommittee
Committee on Appropriations
1036 Longworth House Office Building
Washington, DC 20515

Dear Congresswoman DeLauro and Congressman Cole,

The COVID-19 pandemic has exacerbated our country's substance use disorders epidemic that continues to gravely impact families and communities. Nationally, overdose deaths increased in almost every state during the first months of 2020 with Louisiana and South Carolina topping the list with overdose deaths increasing by 62 and 65 percent respectively. States historically hard-hit by the opioid epidemic continued to be battered by overdose deaths in 2020 – Tennessee, Kentucky, West Virginia and Florida all experienced increases by more than 50%.¹

We are Recovery Community Organizations (RCO) and recovery community leaders writing to ask you to include a 10% Recovery Support Set-Aside in the Federal Substance Abuse Prevention and Treatment Block Grant (SABG) for FY2022. On May 28, 2021, President Joe Biden delivered his FY 2022 budget proposal to Congress that includes a life-saving recommendation² for a dedicated new funding stream to support RCOs as part of a \$1.65 billion funding increase to the SABG program by requiring States and Territories to make an investment in community-based recovery strategies.

For decades, through the SABG program states and territories have been required to invest over \$350 million in dedicated primary prevention strategies, and the SABG and State-Opioid Response (SOR) pass through federal grant programs combined with Medicaid provides tens of billions annually for clinical addiction treatment services.

However, the urgency of the substance use disorder crisis in America requires bold new upstream and downstream investments that will leverage and exponentially scale the impact of recent addiction treatment expansion initiatives underway that Congress has supported in recent years.

Although funds spent on substance use disorder treatment in SABG and SOR are “eligible” to be spent on non-clinical recovery-oriented supports, each state, through the Single State Authority (SSA) determines how these funds will be used. Moreover, definitions of treatment and recovery support and allocation of expenditures on each vary widely among states as documented in the December 2020 GAO Report to Congress.³ The lack of a substantial dedicated funding stream has resulted in a woefully underfunded recovery component of the continuum leaving just 150 local communities with an RCO when compared to the over 15,000 specialty addiction treatment programs or the over 5,000 prevention coalitions nationwide.

¹ <https://www.commonwealthfund.org/blog/2021/spike-drug-overdose-deaths-during-covid-19-pandemic-and-policy-options-move-forward>

² <https://www.samhsa.gov/sites/default/files/samhsa-fy-2022-cj.pdf>

³ <https://www.gao.gov/assets/gao-21-58.pdf>

To dramatically reverse this troubling trend, it is imperative that our substance use disorder crisis response evolve from an acute short-term individual-focused treatment response to a broader community recovery response where states and non-governmental organizations work in partnership to provide the full continuum of care. Funding must go to organizations that have same day capacity to deliver care

In late 2016, an entire chapter was dedicated in the United States Surgeon General's seminal report: *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs and Health*⁴, focused on recovery and similar to other chronic conditions asserts that it takes five years of sustained substance problem resolution before individuals reach the point of recovery stability where their risk factors for a recurrence drops back to the that of the general population.

The kinds of activities that RCOs engage in to foster hope, connection and purpose across our diverse communities is vital. The specific activities of these organizations include:

- The development of local recovery community support institutions (i.e. recovery community centers, recovery homes, recovery schools, recovery industries, recovery ministries).
- Develop strategies and provide educational campaigns, trainings, and events to reduce addiction/recovery-related stigma and discrimination at the local level.
- Provide linkages to addiction treatment and recovery resources, and support system navigation needs.
- Provide accessible peer recovery support services that are diverse and inclusive of all pathways to recovery delivered in person or using technology.
- Collaborate and coordinate with local private and non-profit clinical health care providers and the faith community, in addition to city, county, state, and federal public health and criminal justice response efforts.

Please show your support for the millions of Americans in and seeking recovery by including a 10% Recovery Support Set-Aside in the SABG program for FY2022. The undersigned deeply appreciate your focus on this critically important matter. Please help us deliver this legacy of strong, stable funding to Recovery Community Organizations to save lives immediately and to dramatically scale recovery capital in communities.

Respectfully submitted,

⁴ <https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>