February 16, 2018

The Honorable Roy Blunt  
The Honorable Patty Murray  
United States Senate  
United States Senate  
Washington, DC 20510  
Washington, DC 20510

The Honorable Tom Cole  
The Honorable Rosa DeLauro  
US House of Representatives  
US House of Representatives  
Washington, DC 20515  
Washington, DC 20515

Dear Chairmen Blunt and Cole and Ranking Members Murray and DeLauro:

The undersigned national addiction and mental health treatment, prevention and recovery organizations are writing today to thank you for the commitment to significant new funding to fight the nation’s opioid crisis in last week’s budget deal. As you know all too well, the opioid epidemic continues to sweep through communities large and small, with devastating effects on those struggling with addiction and their families. Opioids were involved in more than 42,000 deaths in 2016, and the crisis shows no sign of abating.

Congress has made important progress toward turning the tide of the epidemic with recent investments in the Comprehensive Addiction and Recovery Act, the 21st Century Cures Act, and the Excellence in Mental Health and Addiction Act. These programs have provided a crucial infusion of funding into a long-overburdened addiction care system. Meanwhile, states continue to rely on traditional sources of funding such as the Substance Abuse Prevention and Treatment Block Grant and other activities funded through the Center for Substance Abuse Prevention and Center for Substance Abuse Treatment at SAMHSA.

As you consider how to allocate the $6 billion committed in the two-year budget agreement to combat opioid use disorders, we respectfully urge you to prioritize the following high-impact substance use disorder programs and to ensure such additional funding support only the delivery of nationally-recognized, research-validated, and evidence-based practices and programs, such as patient placement criteria and treatment program standards that align with the ASAM Criteria as well as such other practices and programs to be identified by SAMHSA’s National Mental Health and Substance Use Policy Laboratory:

- **Substance Abuse Prevention and Treatment Block Grant:** The SAPT block grant represents nearly a third of public funds expended for prevention and treatment of substance use disorders and contributes to a public health system that treats approximately 2 million individuals per year. Funds support critical treatment, prevention and recovery services for the uninsured and those without access to substance use disorder coverage. We appreciate the President’s proposal to add $13 million to the block grant in 2019; yet, this sum is insufficient to make up for years of
stagnant funding in the face of a growing addiction crisis. We urge Congress to provide an increase to the SAPT block grant during the remainder of FY 2018 and in FY 2019.

- **Opioid State Targeted Response Grants:** Enacted in the 21st Century Cures Act, these grants aim to address the opioid crisis by increasing access to treatment (particularly medication-assisted treatment), reducing unmet treatment need, and reducing opioid overdose-related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder. If Congress takes no action, these grants will end in 2018, stripping resources away from states when they are most needed for continued activities. We urge Congress to continue funding for the STR grants in FY 2019.

- **Excellence in Mental Health and Addiction Treatment Act:** This 8-state, 2-year demonstration program established federal criteria for Certified Community Behavioral Health Clinics (CCBHCs), which provide comprehensive outpatient addiction and mental health services with an emphasis on the provision of 24-hour crisis care, medication-assisted treatment (MAT) and other evidence-based practices, and care coordination. CCBHCs began operations in mid-2017, and early results show they have increased hiring of addiction-specialty staff, increased patient caseloads, launched or expanded MAT programs, trained community partners in naloxone administration, and integrated substance use care with mental health services. Unfortunately, 11 states that applied to participate in these system transformations could not be selected under the 8-state limit; meanwhile, current participants need additional years to carry them through the federal evaluation period. Bipartisan legislation (S. 1905/H.R. 3931) has been introduced to expand this important program. We urge Congress to provide funding for additional years and additional states.

- **Center for Substance Abuse Prevention and Center for Substance Abuse Treatment, SAMHSA:** These divisions of the Substance Abuse Prevention and Treatment Administration (SAMHSA) support regional and national programs to improve the adoption of evidence-based addiction care; bolster prevention activities; and ensure the availability of recovery supports. Like the SAPT block grant, these programs have seen level funding for years, despite the sharp growth in need for services across states. We urge Congress to provide increases to programs within the Center for Substance Abuse Treatment and the Center for Substance Abuse Prevention.

There has never been a more important time for Congress and our communities to join together to combat the opioid epidemic and increase Americans’ access to care. We pledge to work by your side to continue the fight, and hope that you will adopt these recommendations as you consider how the newly-allocated funding will be spent. Thank you for your time and attention to these important issues.

Sincerely,

American College of Emergency Physicians  
American College of Obstetricians and Gynecologists  
American College of Osteopathic Emergency Physicians  
American Foundation for Suicide Prevention/SPAN USA
American Psychiatric Association
American Society of Addiction Medicine
California Consortium of Addiction Programs & Professionals
Depression and Bipolar Support Alliance
Eating Disorders Coalition
Faces and Voices of Recovery (FAVOR)
Family Focused Treatment Association
Family-Run Executive Director Leadership Association (FREDLA)
Illinois Association for Behavioral Health
International Bipolar Foundation
The Jewish Federations of North America
The Kennedy Forum
Mental Health America
NAMI
National Association of Clinical Nurse Specialists
National Council for Behavioral Health
National Health Care for the Homeless Council
National Safety Council
Network of Jewish Human Service Agencies
A New PATH (Parents for Addiction Treatment & Healing)
Shatterproof
Treatment Communities of America
Young People in Recovery

CC: Senate Majority Leader Mitch McConnell
    Senate Minority Leader Chuck Schumer
    Speaker of the House Paul Ryan
    House Minority Leader Nancy Pelosi