April 27, 2023

The Honorable Cathy McMorris Rodgers
Chair, Committee on Energy and Commerce
United States House of Representatives
2125 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Brett Guthrie
Chair, Subcommittee on Health
United States House of Representatives
2125 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Morgan Griffith
Chair, Subcommittee on Oversight and Investigations
United States House of Representatives
2125 Rayburn House Office Building
Washington, D.C. 20515

Dear Chair McMorris Rodgers, Representative Guthrie, and Representative Griffith,

We, the undersigned organizations, noted your inquiry to the Assistant Secretary of Mental Health regarding the Office of Recovery at the Substance Abuse and Mental Health Services Administration (SAMHSA). We appreciate your attention to such an important issue and weigh in as stakeholders who live with mental health conditions, provide care and support for individuals with mental health conditions, and advocate for policies to improve the mental health of all Americans. In our roles operating within and in conjunction with mental health systems, we strongly support the Office of Recovery and hope that our input will inform your decision making related to reauthorization of the 2018 Substance Use-Disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act, Public Law 115-271) and the Fiscal Year 2024 appropriations process.

Each year, billions of dollars are spent by the U.S. on treatment of mental health conditions and substance use disorders, most of which is disbursed through Medicaid.[1] Since 2010, the largest increases in the type of cost associated with severe depression has been workplace or employer-related costs (73% more), surpassing increases in direct (35%) or suicide-related costs (5%).[2] Additionally, substance use and substance use disorders cost the U.S. more than $442 billion annually.[3] To address these financial and

[1] Substance Abuse and Mental Health Services Administration. Projections of National Expenditures for Treatment of Mental and Substance Use Disorders, 2010–2020. HHS Publication No. SMA-14-4883. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
[2] Greenberg, P.E., Fournier, AA., Sisitsky, T. et al. The Economic Burden of Adults with Major Depressive Disorder in the United States (2010 and 2018). PharmacoEconomics 39, 653–665 (2021). https://doi.org/10.1007/s40273-021-01019-4.
[3] U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Spotlight on Opioids. Washington, DC: HHS, September 2018.

human costs, federal agencies have recognized the importance of recovery from mental health and substance use disorders. 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." Federal agencies have long recognized the importance of focusing on recovery within clinical treatment programs and with additional supports. This year marks the 20th anniversary of President George W. Bush's New Freedom Commission Report, Achieving the Promise: Transforming Mental Health Care in America "which envisioned a future when everyone with a mental illness will recover..." Unfortunately, recommendations from this report, including a "transformed system of care that is recovery-oriented, promotes resilience, and is driven by consumers and family," have not been fully adopted and much work remains to achieve this goal in reality. The Office of Recovery is working toward building a clinical and supportive system that is recovery-oriented and understands that this work is important to a strong national response to the existing mental health and substance use crises. The Office of Recovery has taken several key actions to bring to fruition a recovery-focused comprehensive behavioral health system of care by creating opportunities for meaningful involvement of people with lived experience and their families in the design, delivery, and evaluation of clinical and recovery services.

First, the Office has hosted national stakeholder meetings to build consensus and set national priorities for realizing a greater role for recovery-oriented services and supports, as part of clinical services, which promote wellbeing from the perspective of the individual. These priorities form a National Recovery Agenda that is a guide to transforming health and health intersecting systems towards recovery. Recovery-oriented systems expect individuals to achieve self-sufficiency and full social inclusion in their community, as described in the Supreme Court ruling in Olmstead v. L.C., and these systems facilitate improvements in health outcomes through connections to housing, employment, vocation, and transportation, as part of full inclusion. This work also promotes adoption of services that are more reflective of the services and supports that people want and find helpful so that individuals stay in care and have better outcomes. The Office is instrumental in closing the gap on recovery outcomes, research, and efficacy of programs implemented to help achieve better outcomes and keep the entire SAMHSA agency in pursuit of this goal.

Secondly, the Office of Recovery has led interagency activities to assist other agencies in promoting recovery as legislation is implemented. The Office has provided expertise about operationalizing recovery services in support of the 2022 Bipartisan Safer Communities Act, which required the Center for Medicare and Medicaid Services (CMS) to work with the Department of Education in establishing a technical assistance center for school-based mental health services, and in support of the Consolidated Appropriations Act for Fiscal Year 2023, which required Medicare coverage of peer support services in both integrated care settings and as part of mobile crisis interventions. Peer support services are a long-established evidence-based practice that supplement clinical services to help individuals get engaged or stay engaged in a treatment plan. Recovery from mental health and substance use disorders has proven to be longer lasting and more effective when peer support services are offered, driving down health care costs. Building on Congress' vision to assist youth and older adults in accessing treatment, the Office has shared expertise on how to envision recovery services for youth and adults as part of the larger treatment framework as staff at the Centers for Medicare and Medicaid, Health Resources and Services Administration, and the Department of Education develop new programs and benefits. This interagency

coordination ensures positive recovery-oriented outcomes are realized throughout all federal agency behavioral programs as legislation intends.

Thirdly, the Office of Recovery has provided technical assistance to state agencies in providing clinical services that incorporate peer recovery and in removing silos that separate peer run and consumer operated services from other clinical services. These efforts save money by addressing duplication of efforts nationally. Behavioral health commissioners have found this technical assistance useful, and states have incorporated recovery-oriented programs. Oregon has since created its own "Office of Recovery and Resilience." Other state agencies, including Tennessee, have recognized that recovery services should be offered for individuals to have the best physical and mental health outcomes as management of co-occurring conditions is improved by recovery services that are holistic.

Next, the Office is also working with states and stakeholders on a National Recovery Research Agenda to identify needed areas of research for recovery-oriented services. For example, although successful peer respite models across the country keep individuals out of higher cost facilities such as hospitals and jails, there are few large studies on the return on investment of this important scalable recovery-oriented model. The Office is identifying these gaps in research to guide future studies.

Finally, the Office convened a technical expert panel (TEP) which developed a set of National Model Standards for Peer Support Certification, inclusive of Mental Health, Substance Use, and Family/Youth Peer Support. In partnership with federal, state, tribal, and local expert partners across the peer workforce, including many of the undersigned organizations, the Office oversaw several critical phases in the development of the standards. National standards were identified as a priority after key private payers seeking to lower costs and improve behavioral health care indicated that a lack of consistency in peer certifications across states impeded their ability to reimburse for peer support at a standard rate nationally. Thus, the Office is facilitating private payer adoption of peer recovery services which will allow more payers to save money and grow the peer workforce to supplement the behavioral workforce shortages most acute in rural and remote communities.

Based on the important goals and activities of the Office, we strongly urge the Committee to support the Office on Recovery at SAMHSA to advance peer support and recovery services across various clinical and non-clinical settings, and to enact statutory language authorizing the Office. This office has been instrumental in ensuring individuals with lived experience, including peer specialists, are centered in discussions with state and federal stakeholders. The Office understands that affordability, access to services, and responsiveness of services to the complex needs of individuals, are common barriers that recovery-oriented services can help individuals overcome. As we continue to address the behavioral health needs exacerbated by COVID-19, it is critical now more than ever to ensure states have the flexibility and support from SAMHSA's Office of Recovery to support more individuals in their communities to work and thrive alongside fellow neighbors and friends.

Sincerely,

Mental Health America
Depression and Bipolar Support Alliance

Policy Center for Maternal Mental Health (formerly 2020Mom)
American Association on Health and Disability
Lakeshore Foundation
National Association of State Mental Health Program Directors
American Association for Marriage and Family Therapy
American Counseling Association
American Foundation for Suicide Prevention
American Psychiatric Association
American Psychological Association
Association For Ambulatory Behavioral Healthcare
Center for Law and Social Policy (CLASP)
Faces and Voices of Recovery
Families USA
IC&RC
Inseparable
NAADAC, the Association for Addiction Professionals
National Alliance on Mental Illness
National Association of Addiction Treatment Providers
National Association of Peer Supporters
National Center for Advocacy and Recovery, Inc. (NCAAR)
National Council for Mental Wellbeing
National Federation of Families
REDC Consortium
RI International
SMART Recovery
The Kennedy Forum
Trust for America's Health

cc: Frank Pallone Jr., Ranking Member, Energy and Commerce Committee
Anna Eshoo, Ranking Member, Subcommittee on Health
Kathy Castor, Ranking Member, Subcommittee on Oversight and Investigations