

March 29, 2021

Representative Aaron Michlewitz, Chairman
House Committee on Ways and Means
State House, Room 243
Boston, MA 02133

Senator Michael Rodrigues, Chairman
Senate Committee on Ways and Means
State House, Room 212
Boston, MA 02133

Re: Fiscal Year 2022 Budget for Department of Public Health/Bureau of Substance Addiction Services

Dear Chairmen, Representative Aaron Michlewitz and Senator Michael Rodrigues

I am an individual, who has felt the pain and joy of addiction recovery. I am saddened by all the overdose deaths and impact of COVID 19 I would like you to strongly consider supporting the following Massachusetts Coalition for Addiction Services budget request.

Please support the following:

The [*Massachusetts Coalition for Addiction Services*](#) (MCAS) is a group of advocacy organizations that have come together to speak with one voice to strengthen support for funding for addiction harm reduction, prevention, treatment and recovery support services and increased access to services for people with substance use disorders.

MCAS submits the following requests for the FY22 Budget, for your consideration.

PRIOR APPROPRIATIONS CONTINUED from FY21 BUDGET

MCAS requests that the FY21 funding appropriated to BSAS in Line Item 4512-0200 be continued in the FY22 budget for the following MCAS priorities, due to the 6-month timeframe for expenditure of that funding:

- **\$10 Million for nine Family Supportive Housing Programs.** Housing is an essential component for recovery. The Family Supportive Housing model (formerly Family Sober Living) is designed to address the complex issues involved in family substance use treatment and recovery. Currently, there are 2 Family Supportive Housing Programs in operation. This program model stabilizes families by providing a haven; a holistic approach to recovery that addresses the inter-relationships between a families' physical and psychological health as well as parenting responsibilities and other supportive services to further develop the skill levels needed for independent living.
- **\$2 Million for BSAS to continue the provision of technical assistance to addiction treatment providers.** This funding assists providers with medications for addiction treatment, medication management, and serving people with co-occurring mental health and substance use disorders.

NEW FY22 BUDGET REQUESTS

MCAS respectfully requests new state funding in the FY22 Budget for the following:

- **\$10 Million for Low Threshold Housing for Homeless Individuals with Substance Use and Co-Occurring Disorders at Risk of HIV (Housing First model).** This funding would give BSAS the capacity to procure congregate care or individual housing units through licensed addiction treatment providers. It is a "housing first" model that does not require sobriety for placement and provides supervised case management services. The procurement could be targeted to communities with high rates

of homelessness, opioid overdose/deaths and HIV infection. The goal of this model is to reduce homelessness, improve health outcomes, and advance health equity

- **\$3 Million for the Massachusetts Access to Recovery (MA-ATR) program.** MA-ATR offers comprehensive care coordination, job readiness, skills training and access to services for individuals who are re-entering the community post-incarceration, pregnant women and veterans. The program saves the state money in healthcare, incarceration and social costs through the empowerment of individuals and has served over 26,000 individuals throughout the state. MA-ATR is currently funded at \$7 million by the Federal State Opioid Response (SOR) grant, and \$3 million by the state. While federal funding has been renewed, the Governor's House 1 budget does not fund this program with \$3 million in state money for FY22.
- **\$3.5 Million for Recovery Centers.** Twenty-six Recovery Centers have successfully been established to help individuals sustain their recovery throughout the state. Recovery Centers are safe, peer-run programs that encourage community integration through connections to peers in recovery, pre-vocational activities and community activities.
- **\$1.5 Million for Outpatient and Mobile Services to Deaf/Hard of Hearing and DHOH/Blind population with substance use disorders.** This new model of outpatient service would operate under the umbrella of two existing BSAS-licensed SUD outpatient service providers, one in the east and one in the west. The services would be offered to all DHOH and DHOH/Blind individuals across the state (which is a low incidence but high need population). This specialty outpatient service is designed such as to require that all the program staff and Recovery Coaches providing services are DHOH and/or are proficient in the use of American Sign Language. The range of services to be provided include the following:
 - Conduct Screening and Brief Interventions and Referral to Treatment (SBIRT) in Massachusetts Schools for the Deaf
 - Accessing space in SUD Outpatient Clinics to gather for planned group treatment, social events, training opportunities, and physical activities
 - Provide Individual Counseling Services via Telehealth or in-person
 - Provide Recovery Coach services by and for DHOH individuals, as needed (14 DHOH Recovery Coaches have been trained in the state, to date)
 - Provide Mobile Services to conduct outreach to individuals and/or transport individuals from rural areas of the state to planned events or in-person group counseling sessions
 - Provide American Sign Language interpreters for emergency situations
- **\$1 Million for the Massachusetts Rehabilitation Commission for People in Recovery.** BSAS employs an Interagency Service Agreement with MRC to approach workforce development and strategic planning with a wide range of stakeholders, to identify educational pathways with local community colleges and universities and train individuals with lived experience to work in the addiction treatment field.
- **\$2 Million for BSAS to Enhance Capacity to Recruit more Individuals into the Addiction Treatment Workforce.** The addiction treatment service system is in workforce crisis and all levels of care struggle to hire and retain trained staff in their programs. With this funding, BSAS would enhance its capacity to do outreach to educational institutions and technological high schools to encourage the provision of training needed and the recruitment of individuals to work in the field of addiction.

My name is

My address is

My phone

My email address