



March 30, 2021

Dear [SAMHSA Single State Authority],

We the undersigned – representing major local and national organizations and businesses working across all disciplines to collaborate on comprehensive responses to the substance use, addiction, and overdose epidemic – write to encourage you to make innovative investments with your state’s share of the \$3.15 billion in new COVID-19 Supplemental Substance Abuse Prevention and Treatment Block Grant funding your office will receive in 2021 (See Appendix A). These new appropriations will amount to an over 200 percent one-time increase in federal funding for prevention, treatment, and recovery services for your office at the same time as states have also begun to realize the first of millions of dollars from the protracted opioid litigation settlements.

The COVID-19 pandemic severely exacerbated the substance use public health emergency, making it even more clear that an urgent transformation in the continuum of care for those struggling with substance use disorders is desperately needed.

In late 2016, an entire chapter of The Surgeon General’s Report on Alcohol, Drugs and Health: [Facing Addiction in America](#) was dedicated to issuing a call to action for health systems to integrate comprehensive and chronic management of substance use services into their delivery networks. While nearly all local health systems have developed strategies and established departments for population health and chronic disease management, very few have instituted similar resources and processes for substance use disorders.

This is not an artifact resulting from a lack of evidence, but the residual effect of existing behavioral health and addiction services that have been developed in isolation – underfunded and disconnected from where the majority of individuals initially present with a substance use disorder, namely emergency rooms, urgent care, primary care offices, and criminal justice systems.

National non-profit stakeholders, diverse provider associations, managed care companies, specialty providers, health systems, information technology solution companies, and subject matter experts have responded to this challenge by coming together and collaboratively developing an alternative payment model that corresponds with a comprehensive integrated treatment and recovery network care model. In September 2019, [The Alliance for Addiction Payment Reform](#) (Alliance) published the attached Addiction Recovery Medical Home – Alternative Payment Model (ARMH-APM) white paper. The ARMH-APM assimilates evidenced-based treatment and recovery services with a longitudinal payment system that requires integrated services and aligns the incentives for treating and managing addiction as a chronic disease. The outlined service sets and optimal patient flow chart (See Appendix B) can provide a supportive blueprint to you as you examine current funding gaps and contemplate how to use the new funding to support focus areas.

As a national alliance we appreciate deeply that each geography and market is unique, and that careful analysis is required to quantify the highest and best use of these potentially one-time investments. We strongly believe that investing in capacity-building for longitudinal integrated treatment and recovery networks has the potential to succeed long after these funds have been depleted. Sustainability can be achieved by keeping the emerging value-based, third-party funding streams from Medicaid and commercial payers for substance use disorders in mind. The Alliance would like to highlight and emphasize the following specific areas of support that could fill important gaps in nearly all communities, as outlined in SAMHSA’s March 11, 2021 guidance provided to your office:

- Substance use disorder crisis services that have the capacity to respond, de-escalate, and provide follow through to transition individuals in crisis onto a path of recovery
- Recovery community organizations and peer-run organizations to ensure a recovery orientation which expands support networks and recovery services
- Peer recovery specialist training, funding, and evaluation, including peer recovery specialist certification
- Hiring of outreach workers for regular check-in for people with substance use disorders
- Purchase of increased connectivity, Wi-Fi, and other related technologies and equipment to improve service delivery
- “Targeted housing costs” focused on Recovery Housing as these programs have been adversely impacted by COVID-19

The gravity of this moment requires important strategic considerations that supports investing heavily in population health management strategies. We urge you to leverage these new funds in longitudinal ways far beyond our historically fragmented and acute specialty services for addiction treatment. You have been presented with an historic opportunity to radically rethink the addiction continuum of care in your state by seeding new integrated treatment and recovery network strategies that can ***incentivize recovery, not relapse.***

Sincerely,

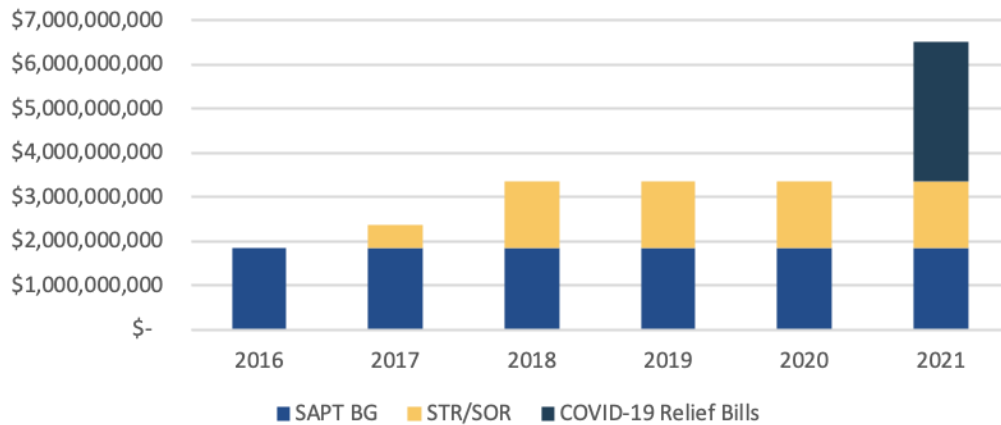
The Undersigned Conveners, Members, and Advisors of The Alliance for Addiction Payment Reform:

Anthem, Inc.
American College of Clinical Pharmacy
Ascension Recovery Services
Association for Behavioral Health and Wellness
CareSource
Eleanor Health
FAVOR Greenville
Fletcher Group, Inc.
Florida Alliance for Healthcare Value
Healthcare Financial Management Association

Nuvance Health
Onefifteen
Partnership to End Addiction
Primary Care Collaborative
Signify Health
Superior HealthPlan
Symetria Health
The Kennedy Forum
Third Horizon Strategies
WEconnect Health Management

Appendix A

SAMHSA's Single State Authority Federal Substance Use Funding



Appendix B

