



April 12, 2019

Elinore McCance-Katz, M.D., Ph.D.
Assistant Secretary for Mental Health and Substance Use
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857

Dear Dr. McCance-Katz,

The Association for Behavioral Health and Wellness (ABHW) appreciates the Substance Abuse and Mental Health Services Administration (SAMHSA) publishing the Recovery Housing: Best Practices and Suggested Minimum Guidelines. We support the issuance of these guidelines and we are grateful for the opportunity to provide feedback before you finalize the guidelines. Inadequate oversight of substance use disorder (SUD) facilities can expose vulnerable individuals to significant risk and illegal behavior on the part of the facility. Implementation of these guidelines will hopefully root out existing unlawful, life threatening behavior that occurs at some SUD facilities.

ABHW is the national voice for payers that manage behavioral health insurance benefits. ABHW member companies provide coverage to approximately 200 million people in both the public and private sectors to treat mental health, substance use disorders, and other behaviors that impact health and wellness.

Although not mentioned in the document, these guidelines will be of assistance to payers and we believe it is important that their position be taken into account as SAMHSA finalizes the guidelines. ABHW members have witnessed first-hand fraud in SUD facilities in the general areas of licensure,

accreditation, administrative and billing practices, quality, and enrollment. These fraudulent activities usually occur in out-of-network SUD facilities and the inappropriate care they provide can have dire, and sometimes fatal, outcomes.

In the background information section of the draft document it states that “it is necessary for people seeking recovery to relocate to another environment to gain a fresh start free of the trappings of a potentially fatal lifestyle.” We are concerned that this language may encourage people to seek out destination treatment facilities that are far from their home and out-of-network. If a person receives treatment distant from their home their chances of obtaining and applying learnings in their natural (home) environment are significantly decreased. In the end, when the individual returns to family, work, and stressors they are left without the recovery skills they need. Treatment and recovery should be focused on practicing healthy behaviors and on applying skills with family, work, or education to help overcome environmental barriers and stressors. In the end, once on their own, a consumer is forced to transition into daily life and navigate local systems of care and they need to be connected to outpatient providers and social supports necessary for long-term recovery. Additionally, seeking treatment at an out-of-network facility often results in higher out-of-pocket costs for the individual.

ABHW supports the notion that recovery housing should have a clear operational definition that accurately delineates the type of services offered. Furthermore, we appreciate the explicit recognition that substance-free facility does not mean prohibiting medication assisted treatment (MAT) from the facility. We are concerned, however, with the discussion around level of care delivered by the recovery home and the use of the National Alliance of Recovery Residences (NARR) criteria. We believe the NARR criteria is too broad and not well defined and as a result will not reduce the ambiguity related to the different levels of care.

We recommend that the SAMHSA guidelines clearly layout the difference between a recovery home and a residential facility and clarify that recovery homes do not have licensed providers on site delivering professional clinical

services. The guidelines should explicitly state that recovery homes are not treatment programs and individuals do not receive treatment at a recovery home. The guidelines should make it clear that recovery homes can be a component of an individual's treatment and recovery and that any necessary treatment will be accessed in other settings and that all services should be coordinated. This level of specificity is critical so that recovery homes can be evaluated by consumers, providers, accrediting bodies, government, and payers. A clear delineation will help everyone know what to expect.

ABHW agrees with the recommendation in guideline number three that recovery house staff should be informed as to how co-occurring disorders and resulting symptomology can contribute to increase a person's susceptibility for relapse. We suggest that the guidelines be more specific and include education and training for the recovery house staff related to co-occurring disorders. Since the staff are not clinicians they will likely need more than just to be informed about the impact of co-occurring disorders.

We also support the need for a comprehensive assessment of both the recovery home and the client. The elements SAMHSA has included in each assessment seem to be the correct ones. In addition, we believe that this would be another place where the guideline could assert that recovery homes can be a helpful adjunct to treatment but they are not a clinical setting that provides treatment.

Providing evidence based practices are critical to quality care and achieving positive outcomes; however, most of these practices take place in treatment facilities and not in recovery homes. The role of recovery homes is to assist people who are in recovery and may be receiving treatment elsewhere. If a recovery home is providing treatment it is not a recovery home and should be called something else, and meet different standards. The guidelines should be very emphatic about this. For example, we agree with SAMHSA that recovery housing should accept MAT patients but the guidelines should be clear that individuals working at a recovery home do not prescribe MAT.

ABHW is very supportive of the use of peers in recovery housing and elsewhere and we were pleased to see them referenced in the guideline. Several years ago

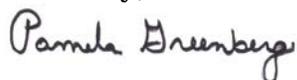
we released a paper (available at www.abhw.org) on the value of peer support services in behavioral health care. The paper also discussed how ABHW member companies employ peers.

Ensuring quality, integrity, and client safety is a critical component of the guidelines. We are pleased to see that the guidelines address unethical practices, especially in the area of unnecessary urine screens and patient brokering. In the list of strategies to curtail fraud related to urine screens, we suggest making it clear that the price transparency needs to be both for the screen and its associated costs and for the cost, if any, to the individual. The description of patient brokering in the guidelines is very accurate and reflects the experience of ABHW member companies. We recommend an addition to the guidelines be made that states that recovery homes should take steps to ensure that no patient brokering is occurring in their facility. Additionally, ABHW strongly supports the provision that recovery houses undergo a certification process by an independent agency.

Finally, we agree with the notion of performance measures and holding recovery homes accountable, but what should be measured needs to be clearly defined. Not all of the National Outcome Measures are appropriate for recovery housing. Since the recovery home is not providing actual treatment the issue of what should be measured becomes more challenging.

Thank you for the opportunity to comment on these draft guidelines. We look forward to working with you as you finalize the guidelines. We hope that SAMHSA will also help distribute and encourage the implementation of these guidelines. For future work, we suggest that similar guideline efforts be undertaken for other behavioral health treatment settings where standards are also sorely needed.

Sincerely,

A handwritten signature in black ink that reads "Pamela Greenberg". The signature is written in a cursive, flowing style.

Pamela Greenberg, MPP
President and CEO