**MERGERS OF STATE SUBSTANCE ABUSE AGENCIES WITH OTHER GOVERNMENT AGENCIES**

**RESULTS OF TWO BRIEF INTERVIEW STUDIES OF EFFECTS OF SSA MERGERS**

In 2020 the U.S. is confronting quickly rising COVID deaths and similarly increasing drug overdose deaths, 80% of them from opioids that often involve illicitly manufactured fentanyls compared same period in 2019. The CDC’s State Unintentional Drug Overdose Reporting System estimated in April 2020 that the U.S. will set a bleak record of rising unintentional overdoses in 2020 for a second year in a row, in every state.

This increase is a tragedy for individuals, families and communities already ravaged by COVID-19. It makes the activities of the Single State Agencies (SSA’s) designated to serve at risk and addicted persons even more critical than they have been in state government. At the same time, however, many SSA’s have been merged or policymakers are considering further mergers into other agencies.

This merger “solution”, borrowed from the private sector and promised to provide more service integration and savings, prompted this study of its effects in 12 states. Respondents told Avisa that individual administrators often pushed mergers, sometime without understanding or analyzing its complexity or effects. Evidence reported below indicates that this hoped-for solution may not be working well, that it is no longer thought to save crucial funds and promote service effectiveness. Instead, respondents said it leads to loss of key staff and has other unintended consequences that may be causing lasting harm to these agencies and their mission to prevent substance abuse and dependence, especially in times of crisis.

* State substance abuse service agencies (Single State Agencies for Substance Abuse- SSA’s) are essential to State governments. Their importance for the public health, especially during crises such as COVID-19 when addiction and overdose rise, is contradicted by the relatively small portion of State health or human services budgets devoted to substance abuse prevention and addiction treatment. SSA’s are also charged with administering the flow of Federal dollars from the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) within the states and counties. These funds come with attendant requirements and complex reporting and maintenance of effort expectations and actions based on Federally required 5-year State Substance Abuse Plans.
* Prevalent and untreated (or partly treated) substance abuse and addiction already imposes significant avoidable costs on public health care and other components of the community. Public sectors also impacted by substance abuse-related costs also include: highway accident prevention, health care including but not limited to mental healthcare, public welfare, family and social services, public safety, housing, education, adult and juvenile criminal justice and corrections, vocational rehabilitation, commerce/labor and economic development.
* In this era of epidemic COVID-19, with related rises in overdoses and alcohol consumption, and stretched government resources, states looked to increase the operational efficiency and effectiveness of SSA’s without raising the amount of resources provided. The solution many states grasp(ed) is to cut costs and achieve efficiencies by merging the SSA’s with or within another department. Although this solution appeared useful at the time, respondents said few states actually achieve these goals and that they have distracted and hindered SSA’s and states from addressing crises by consuming staff time and resources when substance abuse prevention and treatment efforts are increasing important to address national risks.
* The merger solution that is the focus of this health services research report is what seemed or seems simple: merging or absorbing (“sub-merging”) the substance abuse agency into another larger agency, usually either mental health, public health or Medicaid to improve collaboration and services. However, the effect of such mergers is often reported to actually degrade the operational efficiency and effectiveness of the substance abuse agency, further endangering at risk individuals and communities, as well as negatively affecting staff recruitment, morale and retention at a time of great risk. Positive results post-merger were not reported and few states evaluated mergers.
* This brief research on substance abuse agencies in 12 U.S. states also indicated that SA agencies that lack(ed) Gubernatorial appointment status were moved to the lower levels within the State bureaucracy, despite optimistic promises of autonomy. After mergers, stakeholders said SSA’s lacked sufficient visibility, lost key staff or other resources, and were reportedly unable to advance significant substance abuse education, prevention, treatment and policy objectives that are held jointly with other agencies, including criminal justice.
* Such “submersion” reportedly occurred whenever the mergers moved substance abuse departments to larger agencies, regardless of which agency received the SSA and despite policymakers’ declared intentions to keep SSA’s co-equal somehow. Some stakeholders reported that the administration even moved these agencies from one state department to another, looking for better homes for them, without success.
* In order to implement public substance abuse policy and services that reduce direct and indirect costs of substance abuse and addiction, effective collaboration between the SSA and the many other State and community agencies that substance abuse affects is required, according to all of the respondents interviewed. Stakeholders asserted repeatedly that this collaboration is probably more significant for SSA’s than for other health or service agencies because so many clients of other State agencies have diagnosed or hidden substance abuse problems that diminish the effectiveness and raise the costs of the State services if the addiction and abuse are not treated.
* Respondents said that if the SSA director was directly appointed by the Governor and/or supported by knowledgeable staff in the Governor’s Office, that Director was likely to be perceived by other agencies and staff to have sufficient importance, status and clout within State government to make it worthwhile for the other agencies to spend scarce time, staff and effort collaborating, especially when states face rising financial and clinical risk. They said collaboration amongst equals enables SSA’s to mount and maintain initiatives to improve substance abuse clinical service integrity and quality as well as clinical connections, while providing services to at risk or addicted clients and training and providing SUD best practices to other agencies, as well as referral for professionals from other affected State departments.
* This study shows that SSA’s with high visibility in the State system reported being able to promote effective substance abuse policy over longer periods of time, even when administrations changed. Respondents said that this was accomplished through the SSA’s higher status, credibility and focused strategy of collaboration with other agencies throughout State government. Collaboration amongst equals enabled the SSA’s to serve clients with substance abuse disorders who are clients of other State systems, as well as their own. Respondents, including legislators, clinicians and policymakers, as well as large and small provider agency heads and state healthcare leaders, agreed that these higher visibility agencies were more effective - even when the respondents tended to disagree with the SSA’s priorities and initiatives.
* The organizational level and placement of SSA’s strongly affected SSA’s performance through its impact on leadership continuity, visibility and influence. Autonomy reportedly substantially improved SSAs’ capacity to develop and implement policy initiatives focused on inter-organizational cooperation that responded accountably to the needs of diverse clients and inter-agency stakeholders – an especially important finding when overdose and epidemic infections were high and climbing.
* Many respondents repeatedly indicated that merging SSA’s into other state agencies had corrosive effects diminishing SSA’s planning, autonomy, influence, ability to maintain and improve services and retain talented staff and to support community providers and the vulnerable clients who are at risk during epidemics and economic crises. Concurrently, consistent autonomy promoted continuity in policies and services, especially during crises. Policy leadership, while sometimes providing opportunity to certain administrators, was threatened by hastily implemented mergers of SSA’s with other state departments that often did not welcome or understand the SSA mission or the specialized continuum of services and recovery supports that best practices show are needed for abusers and addicts over long periods of time.