

Attachment C

SAMHSA received one response from the Intellectual and Developmental Disabilities (IDD) and Behavioral Health Services Section of the Texas Health and Human Services. The comment was submitted on June 19 ([See Attachment B](#)).

Comment #1: Table B2 for RSS – In Texas, this would only include adults engaged in Long-term Peer Recovery Coaching services. Texas will be able to report the total unduplicated numbers of individuals served and the number of other recovery support services (ex. transportation, housing assistance, childcare, GED, employment, etc.) provided. Documenting demographic information for individuals not enrolling in peer recovery coach services would be extremely time consuming and tedious for recovery coaches to enter into client information center. Recommendation to eliminate tracking all demographic information for non-enrolling participants receiving drop-in recovery support services and only require unduplicated counts. For participants receiving long-term peer recovery coaching demographic information can be provided.

Response #1: Table B2 is designed to capture the information required in the Funding Opportunity Announcement ([TI-17-014](#)), Section 2.2, Data Collection and Performance Measurement, i.e., “Number of Persons Who Receive OUD Recovery Services.” There is no expectation that the Opioid STR recipients or their respective sub-recipient providers collect and report demographic information regarding non-enrolling participants.

Comment #2: Recovery/Aftercare Services Table: In Texas, RSS services can occur before, during, and/or after treatment services. The number of clients who completed RSS – there is no required end date as it is available as long as the individual wants to engage in RSS services. Provide definitions for “Recovery” and “Aftercare” as they may be used interchangeably, and in fact, are not one in the same. Recovery (support services) in this context is an actual funded activity, or set of activities, within a programmatic theme, that has empirical foundations. Aftercare is broad and general term that has does not have any standardized clinical, programmatic, or research based outcomes associated with it.

Response #2: SAMHSA concurs with the commenter regarding the fact that the provision of recovery support services can occur before, during and after opioid use disorder (OUD) treatment services and that the terms “recovery” and “aftercare” are used interchangeably but are, in fact, different. The Recovery/Aftercare Service Table has been relabeled to read Recovery Support Services/Continuing Care. A sample of possible recovery support services (although not all inclusive) is attached.

Comment #3: Tables D2 and D3: Add “Other, Please Specify” option for each table and provide definitions for each concept

Response #3: SAMHSA concurs with the commenter’s recommendation regarding an amendment to Tables D2 and D3. Table D2 and D3 have been amended to allow for the description of additional classifications of persons who received training including, but not

limited to, the healthcare professions describe in section 2.2 of the Funding Opportunity Announcement ([TI-17-014](#)).

The terms in Table D3, e.g., relapse prevention, recovery coaching and continuing care, are illustrative of the varied interventions that comprise recovery support services. SAMSHA recognizes the existence of multiple definitions for the interventions that comprise such services. SAMSHA encourages the states and jurisdictions to utilize the definitions for recovery support services that are consistent with the states' and jurisdictions' policies and procedures or administrative rules/regulations.