

May 20, 2023

To The Substance Abuse and Mental Health Services Administration:

The National Association of Mental Health Program Directors (NASMHPD)—the organization representing the state executives responsible for the public mental health service delivery systems in 50 states, 6 territories, and the District of Columbia—is writing to provide comment on the proposed changes to the Community Mental Health Services Block Grant (MHBG) and Substance Use Prevention, Treatment, and Recovery Services (SUPTRS BG). These comments were developed with the input of NASMHPD's Division of Recovery Support Services (DRSS), which is made up of state directors of recovery support services across the country.

Recommendations:

Block Grant Data Collection

The inclusion of recovery data within Block Grant data collection holds significant importance for states, particularly regarding peer support services and other forms of recovery support. Ensuring standardization of this data is a crucial objective. Many states are actively engaged in the pursuit of collecting data in a manner that minimizes burdens while prioritizing the quality of life and recovery-oriented outcomes. It is important to acknowledge that recovery-oriented data collection tends to lean towards qualitative methodologies, as opposed to relying solely on quantitative measures. Therefore, when developing reporting requirements, it is essential to consider this qualitative aspect. Additionally, ongoing conversations with states consistently underscore the paramount significance of incorporating recovery-oriented outcome data and implementing measures at the systems level.

Defining Recovery Support Services

Establishing a standardized approach to collecting recovery data in states necessitates the development of a clear definition for recovery support services. Currently, there is a lack of shared language among states when it comes to describing and measuring these services. To illustrate, the Centers for Disease Control and Prevention (CDC) defines Social Determinants of Health (SDOH) as "non-medical factors that influence health outcomes," and further outlines data-driven national objectives across five key areas: healthcare access and quality, education access and quality, social and community context, economic stability, and neighborhood and built environment. The CDC website provides examples such as safe housing, transportation, physical health opportunities, and access to nutritious foods, which can be measured through data collection to assess the outcomes of SDOH initiatives. Similarly, a comprehensive definition of recovery support services is needed, one that aligns with the Dimensions of Recovery and/or Wellness and offers clear examples for states to track outcomes and measure recovery. States seek a flexible definition for recovery support services that allows for community-centered implementation tailored to the specific needs of each community, while enabling the measurement of recovery-oriented outcomes.

Data Sharing

States recognize the significance of transparent data practices and block grant data in informing their decision-making processes for the implementation and funding of recovery programming. It can be a complex task for the appropriate peer/recovery lead to identify relevant existing data that aids in this



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process. There is a desire to seek clarity on the destination and purpose of the recovery data, as well as the ability to access reports generated from the data.

Thank you for the opportunity to provide comments on the approval of the Community Mental Health Services Block Grant and Substance Use Prevention, Treatment, and Recovery Support Services changes for FY 2024-2025.

Sincerely,

Brian M. Hepburn, M.D.

Executive Director

National Association of State Mental Health Program Directors (NASMHPD)