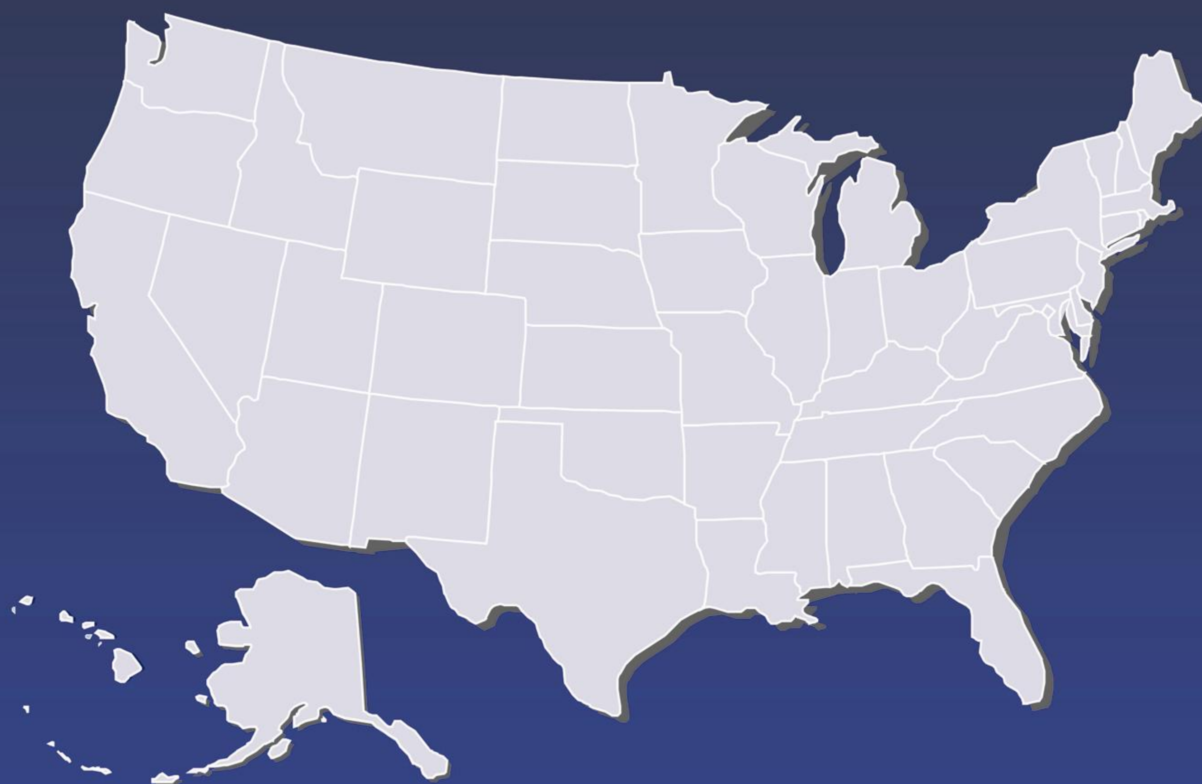
Independent Evaluation of the Substance Abuse Prevention and Treatment Block Grant Program

Final Evaluation Report



U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
Center for Substance Abuse Prevention
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Rockville, Maryland 20857

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Executive Summary

The Substance Abuse Prevention and Treatment Block Grant (SAPT BG) Program provides funds to States, Territories, the Pacific Jurisdictions, and one Native American Tribe to plan, carry out, and evaluate activities to prevent and treat substance abuse. The SAPT BG Program, legislated by Congress in 1981, is administered by the Center for Substance Abuse Prevention (CSAP) and Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Mental Health Services Administration (SAMHSA) and represents the largest source of Federal funding to States for the prevention and treatment of substance use disorders. It constitutes a substantial amount of all States' budgets for substance abuse programming and serves an average of 2 million individuals each year. States have flexibility in determining how funds should be allocated to address local needs; however, to receive funding, States must meet specific set-aside and maintenance of effort (MOE) requirements and conduct activities designed to achieve the 17 legislative goals of the Program.

In 2005, CSAT and CSAP contracted with Altarum Institute under Task Order Number 280-03-3501 to conduct the first independent evaluation of the SAPT BG Program. The purpose of the evaluation is to assess the extent to which the SAPT BG Program is effective, functioning as intended, and achieving desired outcomes.

The evaluation has five main objectives:

- To examine the processes and activities by which States implement the legislative and policy requirements (e.g., 17 goals) of the SAPT BG Program
- To assess activities associated with the Federal administration of the SAPT BG Program and how they support Program implementation and accountability
- To examine State system processes and capacity regarding the collection and submission of data on BG-funded activities
- To assess specified outcomes associated with States' treatment and prevention services
- To explore unique ways in which States use and leverage SAPT BG funds.

To examine the effectiveness and impact of the SAPT BG Program, the evaluation employed a multimethod design that incorporated process and outcome evaluation strategies. Quantitative and qualitative data collection, analysis, and triangulation were necessary to obtain a complete picture of Program strengths, effects, areas for improvement, and client- and State system-level outcomes. Specific data collection methods included review of Program documents, secondary analysis of data collected for the Program's National Outcome Measures (NOMs), and the development and administration of interview protocols with State and Federal staff and Web-based surveys for Program reviewers.

The independent evaluation of the SAPT BG Program resulted in six key findings about the outcomes and effects of the Program, pointing to Program successes as well as to areas for improvement in processes and implementation.

Key Finding 1: The SAPT BG Program has demonstrated a positive effect on the health and lives of individuals with substance use disorders.

Secondary analysis of data collected for the NOMs demonstrated positive client outcomes in all six treatment domains: alcohol and drug abstinence, employment/school participation, stable housing, social connectedness, criminal justice involvement, and retention in treatment.

Key Finding 2: The SAPT BG Program has acted as a major impetus for improving State prevention and treatment systems' infrastructure and capacity.

SAPT BG Program emphasis on demonstrating the effectiveness of BG-funded programs and services to reduce substance abuse and to improve the lives of those affected by it has driven State system infrastructure development and capacity improvements and resulted in the following outcomes:

- Increased availability of services for diverse and underserved populations
- Increased development and implementation of evidence-based practices (EBPs)
- Improved development and collection of specific outcome measures
- Increased development and maintenance of State data management systems.

Key Finding 3: States have leveraged SAPT BG Program requirements, resources, and Federal guidance to sustain and improve their State systems.

States have used the BG requirements and funding to go beyond the intended and expected outcomes of the Program, leveraging BG resources to sustain and improve State substance abuse prevention and treatment systems. Although not a requirement for BG funding, State leveraging of SAPT BG Program requirements, resources, and Federal guidance demonstrates the importance of the BG in the development of State systems. States leveraged BG funds to:

- Prevent harm to the service system resulting from State legislature reductions in funds for prevention and treatment and advocate for additional State funding. In some States, prevention activities would not exist without SAPT BG support.
- Provide BG funds as seed money for new programs that other public and private organizations have subsequently funded.
- Set State policies and priorities based on Federal leadership and development of national policies and priorities.

Key Finding 4: Through a standard system of communication, monitoring, and reporting, CSAT, CSAP, and the States effectively and efficiently manage the SAPT BG Program.

CSAP and CSAT have developed several successful management strategies to steer States as they work toward the 17 legislative goals. Management involves the following crucial activities:

- Communicating Program goals and activities

- Monitoring and oversight to facilitate open communication and ensure compliance
- Leading complex data collection and reporting activities
- Providing technical assistance (TA) and training to aid States in meeting their goals.

Key Finding 5: The SAPT BG Program has contributed to the development and maintenance of successful State collaborations with other agencies and stakeholders concerned with preventing substance abuse and treating substance use disorders.

State substance abuse agencies have increased the development and maintenance of collaborative working relationships with a variety of other Federal, State, and local agencies and providers. States fostered many of these partnerships as they worked to accomplish the Program's 17 legislative goals. These State collaborations served five critical roles:

- To increase achievement of Synar Program goals and objectives
- To improve the coordination of prevention services
- To improve the coordination of treatment services with public and private health insurers
- To expand services and programs available through joint funding initiatives
- To increase the ability to address statewide critical public health or safety issues.

Key Finding 6: Although baseline data support the need for prevention services and activities, the use of national survey State estimates data alone to assess the NOMs limits CSAP's ability to attribute changes in the NOMs to SAPT BG-funded prevention services and activities.

To reduce the data collection burden for State and local prevention agencies, CSAP uses data from the National Survey on Drug Use and Health (NSDUH) to fulfill NOMs data requirements, including 30-day substance use, perceived risk or harm from use, age of first use, perception of disapproval/attitude towards substance use, and perception of workplace policy. Two significant difficulties are inherent in this strategy: conclusions about NOMs changes as a result of BG-funded prevention services and activities cannot be made based primarily on the results of national survey State estimates that do not identify individuals or groups who may have been affected by BG-funded activities, and the NSDUH is limited by small sample sizes in many States, which leads to under coverage of some populations. Additional data are needed to link changes in NOMs measures to interaction with BG-funded prevention services and activities.

Challenges and Recommendations for Program Improvement

In addition to its strengths and accomplishments, the large and complex SAPT BG Program experiences a variety of challenges. By addressing and resolving these challenges, CSAT and CSAP can improve Program effectiveness and efficiency and increase the quality of Program services provided to individuals and communities.

Challenge: Need for improved communication and a consistent message from Federal to State staff about some Program goals and requirements. States commented about the lack of unified, consistent messages from CSAT and CSAP in some specific areas, including:

- NOMs data definitions and standard data collection processes
- The reporting of financial information and MOE compliance
- Expectations for BG applications
- Acceptable fulfillment of the 17 legislative goals.

Recommendations for Program Improvement:
Improve Program Communication and Guidance

- Clarify Program data definitions and requirements, including "what counts" for achievement of the 17 goals, MOE and other financial calculations, and the NOMs data elements
- Develop unified Federal guidance about Program requirements and expectations and a data dictionary with uniform and realistic definitions
- Continue to seek State input and develop better definitions for required outcome data elements
- Provide opportunities for internal communication within CSAT and CSAP, training and mentoring staff to ensure that consistent guidance is provided to States
- Strengthen ongoing communication between State Project Officers and their assigned states via devoted resources for knowledge management

Challenge: Need for clarification about the roles and responsibilities of Federal, State, and contractor staff related to CSAT Core Technical Reviews and Technical Assistance (TA). Although CSAT State Project Officers (SPOs) work with States to refine their BG applications and to address the 17 goals, CSAT SPOs are not involved in substantive aspects of State Core Technical Reviews. To ensure an objective assessment of compliance, CSAT SPOs typically attend the Core Technical Review but remain in the background, which is confusing for States. In addition, States perceive that decision-making authority for CSAT TA requests lies in the hands of the TA contractor, the TA contract

Recommendations for Program Improvement:
Clarify Roles and Responsibilities

- Clarify the role of the CSAT SPO to avoid confusion among State and Federal staff
- Assign CSAT SPOs a more substantive role in Program monitoring and TA provision to take advantage of SPO State-specific expertise and to improve State satisfaction with monitoring and support

Government Project Officer (GPO), and the Branch Chief, rather than with the CSAT SPOs, who typically are most informed about individual State issues and TA needs.

Challenge: High level of burden on States to provide information for the Program. Each year, States are required to produce an SAPT BG application that describes the activities conducted to achieve the 17 legislative goals. The length of the report reflects the collection of information for reports to Congress. The majority of States spend 6 to 9 months each year gathering information for and developing the BG application, using staff resources that States argue could be better spent on TA for providers and other BG subrecipients. States also are asked to provide a large amount of background information in preparation for Program monitoring reviews – information that States say can be obtained from their applications and online resources.

Recommendations for Program Improvement:
Reduce State Administrative Burden

- Implement a multiple-year application cycle (every 3 to 5 years) that would require States to submit a multiple-year plan and provide annual progress reports based on plan objectives
- Revisit the primary purpose of the BG application and eliminate questions or areas that do not address it
- Encourage Program monitors and reviewers to obtain information from WebBGAS or online resources to reduce State administrative burden

Challenge: Limited utility of Program monitoring reports and recommendations for some States. The time lag associated with the finalization of monitoring reports (6 to 12 months) makes some recommendations obsolete by the time they reach the States. Delays are most pronounced when the review contractor, SPO, and States disagree about review findings, which must be resolved before a report can be finalized. In addition, some report recommendations are too general and do not account for the unique combination of political, social, and economic forces that affect the State's prevention and treatment system. Some States report that TA recommendations in the treatment review reports seem motivated by contractor interests and skills rather than what is in the best interest of the State.

Recommendations for Program Improvement:
Improve Utility of Program Monitoring Reports and Recommendations

- Expedite the report review process by instituting a process through which States are able to contest review findings without delaying the finalization of the review report
- Set and enforce deadlines for submission of report comments and report revisions so that reports are not delayed by any one individual
- Select and train reviewers to ensure that they possess a comprehensive understanding of the State systems that they may be assigned to review
- Further involve CSAT SPOs in reviewing TA recommendations to ensure that they address State concerns and are not motivated by contractor interests

Challenge: Unmet TA and training needs. Many States do not know how to make formal requests for Federal TA and training and are not aware of the potential areas in which TA is available. In addition, the treatment and prevention system reviews produce some useful TA recommendations, but the TA is either not approved or not conducted to the satisfaction of the State. Finally, there is a disconnect between Federal TA providers and CSAT SPOs; several States reported receiving support for a TA request from their CSAT SPO only to have it denied by the CSAT TA contract GPO or Branch Chief.

Recommendations for Program Improvement:
Improve and Expand Provision of TA

- Clarify the TA and training request process and regularly inform States about the process
- Increase efforts to market TA and training to the States so that they understand what is available
- Expand the scope of Federal TA provided to States to include additional TA designed to identify and meet the needs of diverse populations, address EBP implementation challenges, and assist with State infrastructure enhancements
- Clarify the role of the CSAT SPO in TA provision and encourage direct communication between States and CSAT TA decisionmakers in order to improve responsiveness to States; promote a team approach
- To improve TA access and satisfaction, provide additional resources for the following TA and training formats:
    - Guidelines and support for train-the-trainer models, regular training cycles, and a helpdesk
    - Distance learning, Web-based trainings, and online tutorials
    - Peer-to-peer TA at workshops, conferences, and regional meetings
    - Wider dissemination of "off-the-shelf" TA tools and materials

Challenge: Limited ability to demonstrate some individual-level outcomes and system-level outcomes. NSDUH data used for prevention NOMs do not account for interaction with BG-funded prevention services and activities. Thus, Federal and State staff cannot claim that changes in the NOMs are due in part to BG-funded prevention services and activities. In addition, use of the Treatment Episode Data Set (TEDS) for the treatment NOMs presents the following difficulties: Not all States participate in the TEDS initiative and questions remain about the consistency of data collection and data quality procedures across States. Finally, the Program needs some system-level outcome measures related to infrastructure development, collaboration with other State agencies and organizations, and effectiveness of TA and other Program support activities.

Recommendations for Program Improvement:
Improve Data Collection Strategies and Processes

- Develop prevention outcome measures that assess attitudes and behaviors pre- and post-interaction with BG-funded services and activities when the prevention strategy supports this evaluation design.
- Compare NSDUH results on the NOMs for respondents who did and did not report experience with prevention services and messages to determine whether exposure to prevention services or messages can be associated with more desirable NOMs results.
- Strongly encourage States to participate in TEDS and to use TEDS data definitions to improve the reliability of NOMs data
- Develop materials, host Web-based and in-person trainings, and provide onsite TA to States and subrecipients to ensure that data definitions are being interpreted correctly and consistently
- Continue close collaboration with State substance abuse and other appropriate State agencies (e.g., data and statistics, corrections) to develop more valid and effective outcome measures
- Develop 2 to 4 system-level indicators to demonstrate Program effects on State systems development and enhancement

Challenge: Need for additional resources to further improve State data infrastructures. Many States are still struggling to develop data collection, information, and monitoring systems that will enable them to track outcomes effectively. States have received modest funding to create new or overhaul existing data collection and reporting systems; however, they need additional resources to continue improvements and to foster data literacy. States also cited a need for improved networking opportunities among States so that they can learn from each other and not have to "reinvent the wheel."

Recommendations for Program Improvement:
Invest Additional Resources to Improve State Data Infrastructures

- Invest additional resources to help States complete the development and maintenance of data collection systems that will increase their ability to demonstrate SAPT BG Program outcomes and make data-driven decisions
- Create more opportunities for State-to-State TA regarding the development and maintenance of State data collection and reporting systems. Additional opportunities for State-to-State TA, regional trainings, and networking at conferences will help more States develop and maintain effective data systems

Background

Substance abuse is one of our Nation's most pervasive and devastating public health problems. According to the 2007 results of the National Survey on Drug Use and Health (NSDUH), more than 22 million Americans have been classified with substance dependence or abuse based on criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV).[1] Families and communities suffer, too; the consequences of substance abuse include increased rates of unemployment, homelessness, child abuse and neglect, domestic violence, HIV/AIDS and other sexually transmitted diseases, motor vehicle accidents, sexual assault, and homicide.[2] Thus, successful nationwide efforts to prevent and treat substance abuse are critical to mitigating the effects of the disease and improving the quality of life for individuals, families, and communities.

Congress has played a key role in publicly funded efforts to prevent and treat substance abuse through the authorization of the Substance Abuse Prevention and Treatment (SAPT) Block Grant (BG) Program. Administered by the Center for Substance Abuse Treatment (CSAT) and the Center for Substance Abuse Prevention (CSAP) of the Substance Abuse and Mental Health Services Administration (SAMHSA), the Program provides funds to States, Territories, the Pacific Jurisdictions, and one Native American Tribe[3] to plan, carry out, and evaluate activities to prevent and treat substance abuse. The SAPT BG Program, the largest source of Federal funding to States for the prevention and treatment of substance use disorders, constitutes a substantial amount of all States' budgets for substance abuse services and activities and serves an average of 2 million individuals each year.

As intended by the original legislation[4], States have flexibility in determining how funds should be allocated to address local needs; however, to receive funding, States must meet specific set-aside and maintenance of effort (MOE) requirements. These requirements, introduced by the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) Reorganization Act of 1992 and amended in the Children's Health Act of 2000, are:

- Expend no less than 20 percent of BG funding on primary prevention programs
- Expend no less than the amount spent in fiscal year (FY) 1994 on services for pregnant women and women with dependent children
- Expend no less than the average level of expenditures for FY 1991 and FY 1992 for the provision of tuberculosis services
- Expend no more than a 5 percent increase over the State allotment in FY 1991 for HIV services in designated States5
- Enforce the Synar Amendment against the sale of tobacco to underage individuals
- Maintain annual State expenditures for prevention and treatment services at no less than the average level of expenditures for the 2 years preceding the current fiscal year
- Limit State administrative expenses to 5 percent of the annual SAPT BG allocation.

The legislation further requires States to conduct activities to achieve the 17 SAPT BG Program legislative goals. These goals aim to enhance and improve: State systems' infrastructure, services capacity, access to services for underserved populations, and adherence to Federal laws and regulations that affect the provision of substance abuse prevention and treatment services. A complete description of the 17 Program goals is located in Appendix A.

Through the establishment of Block Grants during the Reagan Administration, Congress intended to transfer decisionmaking authority for public health and social programs from the Federal Government to the States. As such, Congress did not require the attainment of specific State- or client-level outcomes. However, by the 1990s, Congress, the White House, and Federal agencies realized the need to collect and analyze performance data to determine which taxpayer-funded programs were effective and which needed improvements to realize program goals.

In 2002, the Bush Administration's Office of Management and Budget (OMB) implemented the Program Assessment Rating Tool (PART) to evaluate every Federally-funded program's purpose, design, planning, management, results, and accountability to determine its overall effectiveness. The SAPT BG Program underwent the PART process in FY 2003 and received a rating of Ineffective. The Program received high scores on three of four PART areas, including Program Purpose and Design, Strategic Planning, and Program Management. It received a low rating in a fourth area, Program Results/Accountability; OMB analysts concluded that "no independent evaluation of the Program has been completed" to establish that the SAPT BG Program was, in fact, effective and fulfilling its legislative mandates.

To this end, CSAT and CSAP implemented a multi-pronged approach to look at outcomes, implement performance improvement, and conduct an independent evaluation. In 2000, building on work from CSAT's two Treatment Outcomes and Performance Pilot Studies (TOPPS), State reporting on admission and discharge cohorts was piloted. In 2004, States and SAMHSA agreed on the domains of the National Outcome Measures, and States were asked to voluntarily report outcomes in the BG application. In 2007, OMB approval was received to incorporate mandatory reporting of the NOMs in the BG application. Further, in 2005, CSAT and CSAP contracted with Altarum Institute (then Health Systems Research, Inc.) under Task Order Number 280-03-3501 to conduct the first independent evaluation of the SAPT BG Program. Through this comprehensive national evaluation, CSAT and CSAP sought to address the concerns of the OMB PART process and to demonstrate the strengths, challenges, outcomes, and impacts of the SAPT BG Program. This report, the primary product of that 3-year independent evaluation, is based on an extensive array of quantitative and qualitative evaluation strategies, including interviews with dozens of Federal and State staff and an analysis of thousands of pages of Program materials. The report is presented in the following sections:

- Evaluation Purpose and Design
- Key Findings
- Program Challenges and Recommendations for Improvement
- Conclusion

Evaluation Purpose and Design

Purpose

This independent evaluation of the SAPT BG Program seeks to assess the extent to which the Program is effective, functioning as intended, and achieving desired outcomes.

The evaluation has five main objectives:

- To examine the processes and activities by which States implement the legislative and policy requirements (e.g., 17 goals) of the SAPT BG Program
- To assess activities associated with the Federal administration of the SAPT BG Program and how they support Program implementation and accountability
- To examine State system processes and capacity regarding the collection and submission of data on BG-funded activities
- To assess specified outcomes associated with States' treatment and prevention services
- To explore unique ways in which States use and leverage SAPT BG funds.

Design

To thoroughly and objectively examine the effectiveness and impact of the SAPT BG Program, the evaluation employed a multimethod design that incorporated process and outcome evaluation strategies. Quantitative and qualitative data collection, analysis, and triangulation were necessary to obtain a complete picture of Program strengths, effects, areas for improvement, and client- and State system-level outcomes. Secondary analysis of CSAT's Office of Applied Studies (OAS) Drug and Alcohol Services Information System (DASIS) Treatment Episode Data Set (TEDS) client-level data at program admission and discharge allowed for the use of a pre- and post-test design to examine client-level outcomes associated with participation in SAPT BG-funded treatment programs and changes in these outcomes over time. The assessment of State system-level outcomes and Federal and State management processes related to the Program was conducted using a post-test design.

Evaluation Advisory Workgroup. An Evaluation Advisory Workgroup (EAW) was convened at the outset of the evaluation and maintained throughout the project. The EAW included individuals within State and county substance abuse agencies, evaluation experts, and members of national advocacy groups. The EAW provided guidance and feedback during all phases of the evaluation, including evaluation design, instrument development, data collection, data analysis, and final report development. A list of EAW members who provided their time and expertise for the evaluation is located in Appendix B.

Logic Model and Evaluation Framework. The evaluation team first developed a logic model for the SAPT BG Program; this logic model formed the basis for development of the evaluation framework, which contained main areas of inquiry and specific questions to be addressed. The EAW assisted in the development of logic model components, including Program inputs, activities, outputs, outcomes, and impacts. Once the logic model had been finalized, evaluation questions were developed to assess Federal and State Program implementation according to the logic model's activities and outputs and desired outcomes and impacts, which included the following:

Activities and Outputs

- Application template and guidance development and distribution
- Application development, review, and approval
- Allocation and distribution of SAPT BG funds
- Program monitoring
- Data collection, reporting, and analysis
- Technical assistance (TA), training, and other Program support

- Federal leadership related to the Program and the field
- State infrastructure development
- State leveraging of Program policies and funds.

Desired Outcomes and Impacts

- Improved Federal and State communication and information exchange
- Increased ability to demonstrate Program outcomes to stakeholders
- Improved State compliance with legislative requirements (i.e., 17 goals)
- Increased access to services for target populations
- Increased use of evidence-based practices (EBPs) in treatment and prevention programs
- Improved substance abuse systems of care within and across States
- Improved client status on indicators of abstinence, employment status, criminal justice system involvement, housing stability, and social connectedness.

Appendix C includes the SAPT BG Program logic model and evaluation framework.

Data Sources and Instrumentation. The evaluation used a variety of primary and secondary quantitative and qualitative data sources to obtain a complete picture of the complex SAPT BG Program and how it is implemented across its 60 recipients. Data on processes and outcomes were needed for a thorough and objective evaluation of Program accomplishments, challenges, and positive and negative effects; and for the development of useful recommendations for improvement. Qualitative and quantitative secondary data sources used for the evaluation included:

- State SAPT BG applications submitted through the Web-based Block Grant Application System (WebBGAS)
- State Technical Review (TR) and State Prevention and Synar System Review (SPSSR) monitoring reports
- SAPT BG Program National Outcome Measures (NOMs) data
- NSDUH data
- Reports on implementation of the NOMs and specific SAMHSA initiatives, including CSAP's Strategic Prevention Framework.

These data provided descriptions of BG activities in several areas, including compliance with the 17 legislative goals, financial data, baseline and outcomes data for performance measurement, and descriptions of Federal and State efforts to improve substance abuse prevention and treatment systems. However, the data did not provide information related to State and Federal perspectives on Program management or system-level outcomes. To assess these areas, the following primary data collection instruments were developed in collaboration with the EAW:

- Federal Staff Interview Protocol
- State Staff Interview Protocol
- Web-based Surveys for TR and SPSSR Reviewers.

The interview protocols were designed to collect information about areas of the evaluation framework that could not be obtained from secondary data sources. The Web-based surveys were developed to elicit specific information related to the conduct of TRs and SPSSRs from reviewers. The three instruments developed for the evaluation were submitted for Federal OMB clearance and approved prior to administration. Copies of the instruments are located in Appendix D.

Methods

The evaluation relied on a number of methods to collect and analyze information to ensure the achievement of evaluation objectives. Data collection methods are summarized in Table 1, followed by a description of data storage, cleaning, and analysis. A more detailed discussion of evaluation methods is included in Appendix E.

Table 1. Summary of Data Collection Methods

Data Collection Method	Data Sources	Participants	Topics Covered
Review of Program Documents	Secondary qualitative data; included FY 2007 BG applications, TR, SPSSR, and CSAP/CSAT internal reports	States	• Achievement of 17 goals • Program expenditures • Program monitoring
Analysis of Client/ Participant Level NOMs Data	Secondary quantitative data retrieved from Web-based data collection system for FYs 2004–2008	States, BG-funded programs, program participants/clients	• Abstinence • Employment status • Criminal justice system involvement • Housing stability • Social connectedness
Analysis of State System-Level NOMs Data	Secondary quantitative data retrieved from Web-based data collection system for FYs 2004–2008	States, BG-funded programs	• Access to services • Retention in services • Cost effectiveness • Use of EBPs
Interviews with State Staff	Primary data; purpose of site visits was to administer semi-structured State staff group interview protocol	21 States selected to ensure diverse sampling of geography, population size, target populations served, and degree of dependence on BG funding	• Application development, review, and approval • Allocation and distribution of BG funds • Program monitoring and support • Data collection, reporting, and analysis • Federal leadership • State infrastructure development • State leveraging of Program policies and funds
Interviews with Federal Staff	Primary data; semi-structured interviews occurred in person at Federal offices	28 State Project Officers (SPOs), Government Project Officers (GPOs), and SAPT BG Federal management staff	• Application template and guidance development • Application review and approval • Program monitoring and support • Data collection, reporting, and analysis • Federal leadership

Web-based Surveys	Primary data; respondents completed surveys online	6 TR reviewers and 4 SPSSR reviewers	• Preparation for reviews • Identification of compliance issues • Communication about compliance issues • Development of review reports and recommendations • Strengths of the review process • Challenges and areas for improvement

Data storage, cleaning, and analysis. Quantitative data for the evaluation, including NOMs data, financial data, and responses to the Web-based surveys, initially were stored and cleaned in Microsoft Excel® spreadsheets and subsequently imported to SPSS 16.0 software for statistical analysis. Frequencies and percentages were calculated for all data, and trend analysis was conducted for the NOMs. Qualitative data, including interview responses and abstracted Program information, initially were stored and cleaned in Microsoft Word® and subsequently imported to NVivo 7 software for content analysis. The data were analyzed for key themes and differences in responses across respondents. Specific qualitative examples that illustrated Federal and State accomplishments and outcomes for the SAPT BG Program also were stored in NVivo; many are included in this final evaluation report.

Limitations

Every effort was made to ensure evaluation rigor and objectivity; however, due to time, funding, and data constraints, the evaluation does have the following limitations:

Generalizability of findings. The flexible nature of the SAPT BG Program allows for the creation of 60 different State approaches for using BG funds to support prevention and treatment systems of care. The time and resources available for the evaluation limited the number of site visits and State interviews that could be conducted. Efforts were made during site visit selection to ensure that general characteristics of States were represented in the evaluation; however, the States selected for site visits may not be representative of all States and are not representative of the Territories and Jurisdictions receiving SAPT BG funds. The EAW provided feedback about themes that emerged as a result of data analysis to help ensure that no major themes related to Program activities, strengths, areas for improvement, or outcomes were missed. However, it remains possible that additional interviews conducted with all SAPT BG recipients might lead to slightly different themes and conclusions.

In addition, for the analysis of the NOMs, generalizability is limited by varying total numbers of reporting States (Ns) across years. There is a marked increase in State participation in the collection and reporting of NOMs data beginning in FY 2008. Generalizability of NOMs results for earlier years is limited by the lower participation rate of States (less than half of funded States for many NOMs measures).

Snapshot analysis of Program documents. The time and funding available for the evaluation, combined with the sheer volume of Program documentation in the form of 60 State BG applications, TR and SPSSR reports, and other internal reports, limited the scope of document review and analysis to 1 year (FY 2007 for BG applications and the most recent year for TR, SPSSR, and other Program reports). This design did not allow for measurement of change from year to year related to the quality of information contained in Program documents or their usefulness to State and Federal stakeholders. In

addition, conclusions based in part on the analysis of Program documents might have differed slightly had multiple years been examined.

Comparability of outcomes data. States are required to use prescribed data definitions for treatment outcomes or to provide documentation of different data definitions for State-collected data. However, not all States provided assurances that data definition rules were followed. In addition, during their interviews, State staff expressed concern that States continue to include different types and levels of data in the NOMs data set.

Use of self-reported data. Virtually all of the data collected for the evaluation, including State BG applications, interviews and surveys, and NOMs data, were the self-reported perceptions and experiences of Program participants and managers. Social desirability may have affected participant and manager responses, particularly during the collection of NOMs data and in the State staff group interview, and respondents may have replied in a manner that would be viewed favorably by others.

Key Findings

The independent evaluation of the SAPT BG Program resulted in a number of key findings about the outcomes and impacts of the Program as well as successes and areas for improvement in Program processes and implementation. The six key findings to be discussed in this section include the following:

- The SAPT BG Program has demonstrated a positive effect on the health and lives of individuals with substance use disorders
- The SAPT BG Program has acted as a major impetus for improving State prevention and treatment systems' infrastructure and capacity
- States have leveraged SAPT BG Program requirements, resources, and Federal guidance to sustain and improve their State systems
- Through a standard system of communication, monitoring, and reporting, CSAT, CSAP, and the States effectively and efficiently manage the SAPT BG Program
- The SAPT BG Program has contributed to the development and maintenance of successful State collaborations with other agencies and stakeholders concerned with preventing and treating substance abuse
- Although baseline data support the need for prevention services and activities, the use of national survey State estimates data alone to assess the NOMs limits CSAP's ability to attribute changes in the NOMs to SAPT BG-funded prevention services and activities.

Before beginning the discussion about specific key findings, the following section provides information about SAMHSA's NOMs, which were used as part of the effort to determine SAPT BG Program effectiveness and impact.

SAMHSA's National Outcome Measures (NOMs)

In an effort to demonstrate improvements in SAMHSA-funded substance abuse services access, capacity, quality, and positive effect on clients and State systems, SAMHSA collaborated with representatives of State and local substance abuse prevention and treatment agencies to develop the NOMs. The goal was to select outcome measures that could be used to manage and measure performance and to determine whether SAMHSA's vision of "a life in the community for everyone" is being achieved.[6] NOMs development represented decades of work with the Performance Data Workgroup of the National Association of State Alcohol and Drug Abuse Directors (NASADAD). Prior to NOMs, State outcomes monitoring studies included the Treatment Outcomes & Performance Pilot Studies 1997–1999 (TOPPS I) and the Treatment Outcomes & Performance Pilot Studies Enhancement 1998–2001 (TOPPS II).

Ten States participated in TOPPS I, which was designed to support a collection of distinctive State outcomes monitoring studies. The purpose of TOPPS II, funded in 19 States, was to demonstrate effective methods for collecting and analyzing treatment effectiveness information. TOPPS II was designed to pilot States' development or enhancement of management information systems (MIS) and outcomes monitoring systems (OMS) for evaluating client outcomes within States' substance abuse treatment systems. TOPPS II added a consensus-developed set of common data elements for the coordinated measurement of outcomes by all participating States. TOPPS II demonstrated that a core data set could be collected across individual States and also enabled States to pilot similar and divergent analytic and data utilization approaches. Many of the lessons learned from the TOPPS pilots informed the consensus process as SAMHSA, NASADAD, and State substance abuse agencies developed the NOMs.

NOMs were developed to measure program effects on clients and participants and on the development of State and community prevention and treatment systems. The complete list of client and system level NOMs is presented in Table 2.[7]

Table 2. SAMHSA's National Outcome Measures

Client/Participant-Level NOMs	System-Level NOMs
• **Decreased use of or continued abstinence from drugs and alcohol**	• Increased access to services
• **Increased or retained employment or school participation**	• Increased retention in treatment
• **Decreased criminal justice involvement**	• Improved client perception of care
• **Increased stability in housing**	• Improved cost effectiveness
• **Increased social support and connectedness**	• Increased use of EBPs

Collection of outcome and NOMs data was voluntary beginning in 2004 with not all States participating. Required collection and reporting of the NOMs for the SAPT BG Program began in FY 2007, and the State participation rate in the collection and reporting of NOMs data increased significantly in FY 2008. Interpretation of NOMs results for years prior to FY 2007 should consider the much lower participation of States (less than half of States reported data for most of the NOMs measures prior to FY 2007). To ensure transparency, NOMs data and analysis results are published on the SAMHSA website at http://www.nationaloutcomemeasures.samhsa.gov.

To decrease data collection burden on SAPT BG recipients, CSAT and CSAP allowed States to use data already collected through the TEDS and the NSDUH to fulfill NOMs data reporting requirements. Data from these two sources were imported into the Program's Web-based data collection system

(WebBGAS). TEDS data were used for client-level treatment outcomes, and NSDUH data were used for prevention outcomes. For treatment, States had the option either to accept the imported TEDS data to populate their treatment NOMs or to submit their own State data as long as the TEDS data definitions were used. For prevention, States also could choose to submit their own outcomes data as long as the same measures were used. Information about how data are collected for the TEDS and NSDUH and limitations of these data is located in Appendix F.

Key Finding 1: The SAPT BG Program has demonstrated a positive effect on the health and lives of individuals with substance use disorders.

Through participation in treatment programs funded by the SAPT BG, individuals with substance use disorders have demonstrated positive outcomes in all six client-level NOMs domains: alcohol and drug abstinence, employment/school participation, stable housing, social connectedness, criminal justice involvement, and retention in treatment. States report treatment NOMs either through submission of their own data collected from BG-funded providers or through pre-population of NOMs data fields with TED's data. Regardless of which data collection and reporting method States choose, treatment NOMs are collected using the following TEDS data definitions:

- **Client:** An individual who has an alcohol or drug related problem, has completed the screening and intake process, has been formally admitted for treatment or recovery service, and has his or her client record
- **Admission:** The first date of service, prior to which no service has been received for 30 days
- **Discharge:** The last date of service, subsequent to which no service has been received for 30 days.

Limitations to TED's data collection and analysis influence the conclusions drawn about client outcomes:

- It is impossible to determine the reasons why individuals were discharged from treatment. Discharges include program completers, but also include people who leave against medical advice and people who leave for personal or family reasons. If data were collected and analyzed with respect to length of stay or degree of program completion, it is likely that client progress would be more pronounced for program completers and near-completers.
- Currently, when an individual moves from one treatment modality to another, for the purposes of TEDS collection, he/she is discharged from the first modality and "newly" admitted to the next one. This makes the average percent change from admission to discharge smaller than it would be if admission were considered to be the beginning of service provision and discharge were the conclusion of treatment services, regardless of modality.

Specific results and discussion of each client-level treatment NOM follow.

Outcome 1. Increased Abstinence from Alcohol and Other Drugs

Results of the abstinence measures demonstrated significant client improvement within and across years and the success of BG-treatment programs in assisting clients to reduce substance use. For this measure, abstinence is defined as no use of alcohol or other drugs in the past 30 days. As shown in Figures 1-1 and 1-2, across all years, clients showed an average increase in alcohol and drug abstinence from admission to discharge (alcohol: 44 percent at admission versus 64 percent at discharge; other drugs: 40 percent at admission versus 59 percent at discharge). For alcohol abstinence, there also was a positive

trend in percent change from year to year, which indicates that an increasing number of clients are abstinent from alcohol use after participating in BG-funded programs.

Figure 1-1. Percent of Clients Abstinent from Alcohol from Admission to Discharge, FY 2006–2008

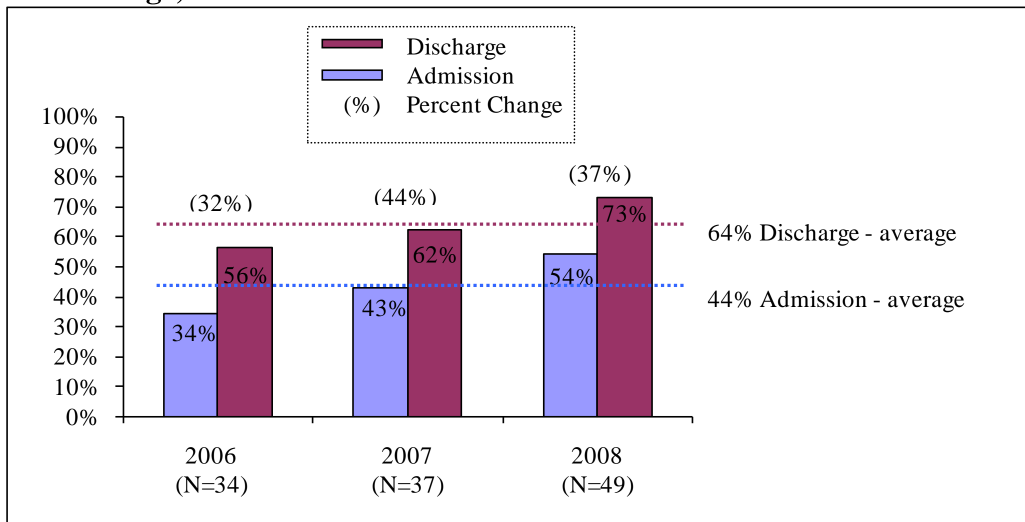
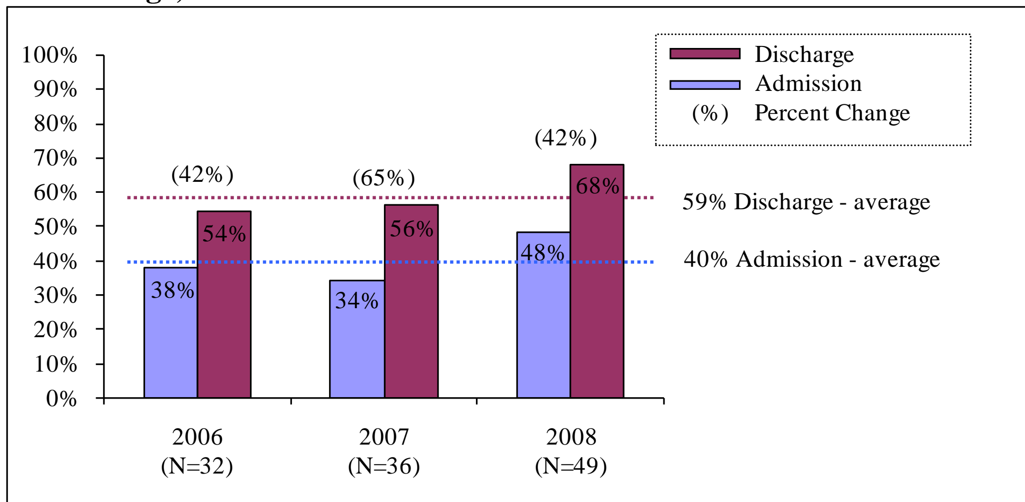


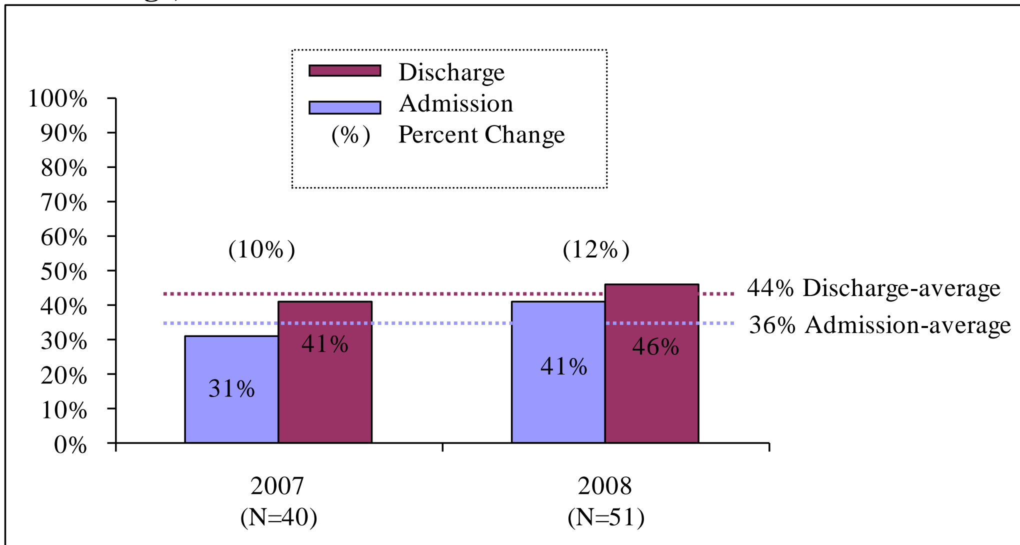
Figure 1-2. Percent of Clients Abstinent from Drug Use from Admission to Discharge, FY 2006–2008



Outcome 2. Increased Employment and School Participation

Figure 1-3 demonstrates that individuals reported an increase in employment and school participation after participating in BG-funded treatment programs (36 percent admission average versus 44 percent discharge average). These numbers show a positive effect within years and from FY 2007 to FY 2008; however, a lack of data from earlier years precludes drawing any conclusions about trends.

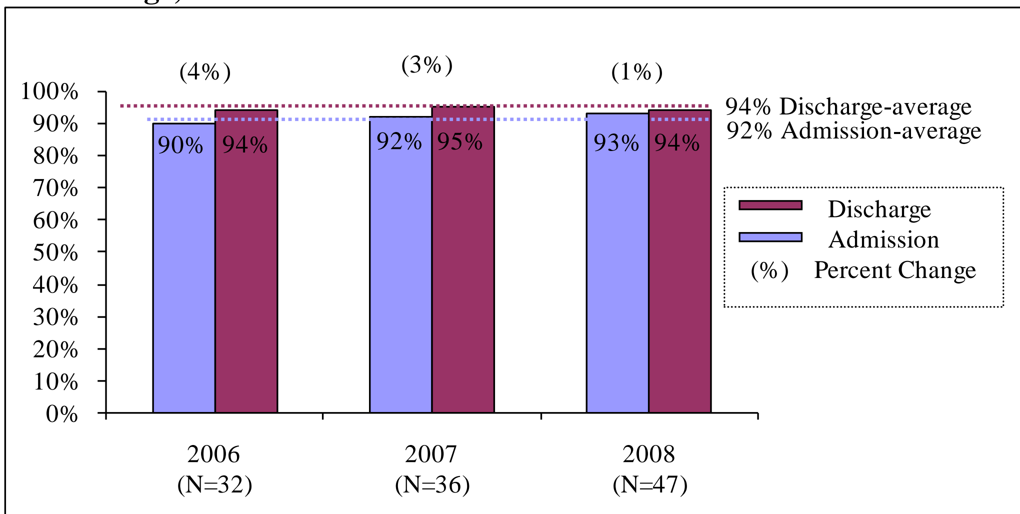
Figure 1-3. Percent of Clients Employed/Attending School from Admission to Discharge, FY 2007–2008



Outcome 3. Increased Stable Housing

According to data presented in Figure 1-4, individuals participating in SAPT BG-funded programs demonstrated a slight increase in stable housing between admission and discharge (92 percent admission average versus 94 percent discharge average). For this NOM, individuals are asked whether they are homeless, and those who indicate that they are not homeless are counted as having stable housing. Because it is possible for one to have an unstable housing situation without being homeless, the question for this measure might assess stable housing more accurately if individuals were provided a definition of stable housing and asked whether their current housing situation met that definition.

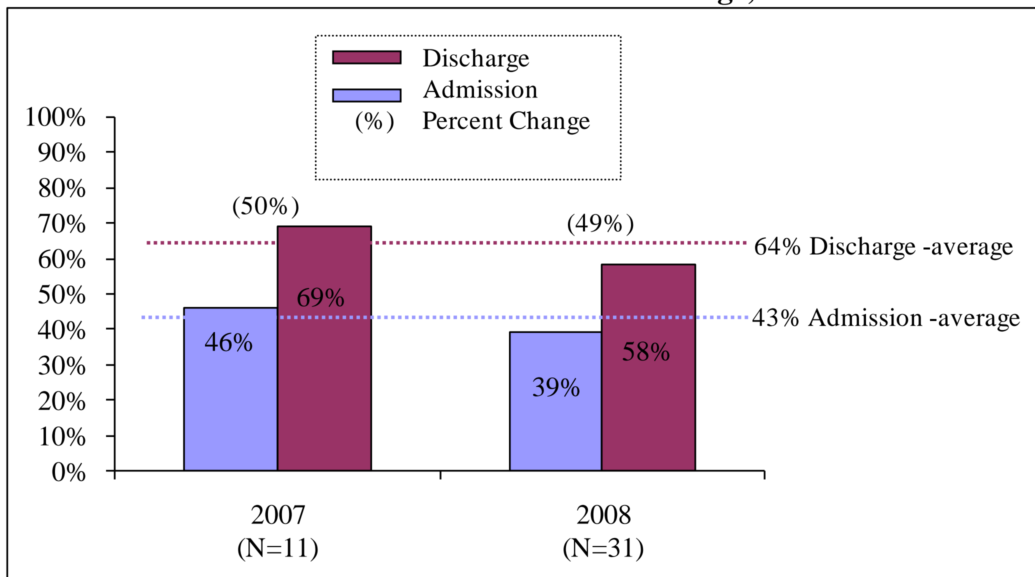
Figure 1-4. Percent of Clients with Stable Housing from Admission to Discharge, FY 2006–2008



Outcome 4. Increased Social Support and Social Connectedness

Individuals participating in BG-funded programs reported a significant increase in social support and social connectedness from admission to discharge, as shown in Figure 1-5. Social support and connectedness related to recovery are defined as attending self-help groups (either secular or faith affiliated), attending meetings of other recovery-oriented organizations, or interacting with family members or friends supportive of recovery. Percent change within years has been consistently large (50 percent in FY 2007 and 49 percent in FY 2008), and there is a 2-year average increase from admission to discharge (43 percent versus 64 percent). These results suggest that participation in BG-funded treatment programs leads individuals to participate in community-based recovery activities and forge and renew relationships with friends and family members who are supportive of recovery. The total number of States reporting data for this measure is comparatively small, particularly in 2007 (N=11). Steady growth in the number of States reporting data for this measure will facilitate increased reliability and consistency of results for the social support and social connectedness measure.

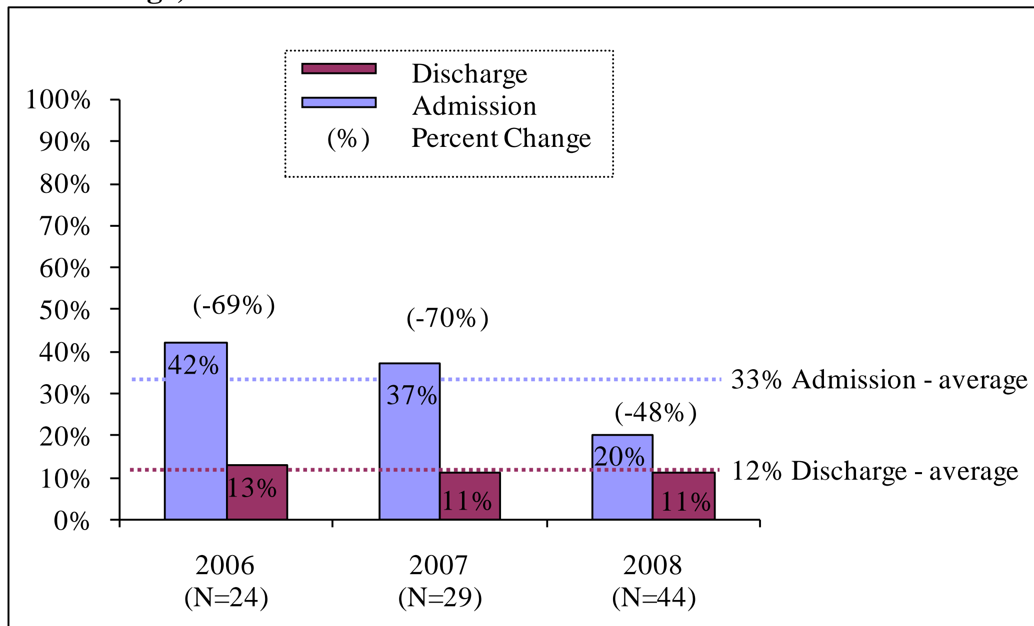
Figure 1-5. Percent of Clients Experiencing Social Support and Social Connectedness at Admission and Discharge, FY 2007–2008



Outcome 5. Decreased Criminal Justice Involvement

Criminal justice involvement is measured by the number of arrests for any charge in the past 30 days. Data for the criminal justice measure presented in Figure 1-6 show a marked decrease in the percent of individuals arrested in the past 30 days from admission to discharge. Percent change was consistently large for all three years, indicating that participation in BG-funded substance abuse treatment programs is associated with a decrease in client arrests.

Figure 1-6. Percent of Client Arrests in the Past 30 Days from Admission to Discharge, FY 2006–2008



Outcome 6. Increased Retention in Treatment for Long-Term Residential and Outpatient Services; Inconclusive Results for Short-Term Residential and Detoxification Services

The retention domain measures length of stay in days of detoxification and treatment of individuals according to service modality. Research has shown that longer lengths of stay are correlated with improved treatment outcomes; thus, retention in treatment is perceived as a positive outcome for BG-funded detoxification and treatment programs[8]. Length of stay data indicate an average increase in length of stay in long-term residential, outpatient, and intensive outpatient treatment programs (Table 3). Trend analysis for short-term residential treatment was inconclusive, as the number of days in treatment increased from FY 2006 to FY 2007, but decreased from FY 2007 to FY 2008. Data for additional years are needed to determine stronger trends. Results also are inconclusive for ambulatory detoxification services (which do not include inpatient detoxification services that are not funded through the SAPT BG Program). Although the numbers for FY 2006 and FY 2008 are consistent, in FY 2007, there was a large increase in number of days spent in detoxification programs. Further study is needed to determine the reasons for this increase. Data from future years also will help to form conclusions about trends in length of stay in detoxification programs.

Table 3. Length of Stay (LOS) in Days by Treatment Modality, FY 2006–2008

Treatment Modality FY	Average	Treatment Modality FY	Average	Treatment Modality FY	Average
Short-term residential	28	Short-term residential	33	Short-term residential	31
Long-term residential	85	Long-term residential	85	Long-term residential	90
Outpatient	102	Outpatient	115	Outpatient	119
Intensive outpatient	81	Intensive outpatient	103	Intensive outpatient	107
Ambulatory detoxification	40	Ambulatory detoxification	80	Ambulatory detoxification	40

Results from the secondary analysis of NOMs data suggest that the SAPT BG Program is successful in assisting individuals with substance use disorders to improve their health and quality of life related to

abstinence, criminal justice involvement, employment/school participation, housing stability, and social support and connectedness. The Program also has been successful in increasing length of stay in long-term residential and outpatient programs. Further study is needed to address the inconclusive results for client retention in short-term residential and ambulatory detoxification programs. Due to the mandatory NOMs reporting requirement that became official in FY 2007, States are steadily improving their reporting on client-level NOMs, which should enable SAMHSA to improve its ability to demonstrate Program effects on the lives of individuals with substance use disorders.

Key Finding 2: The SAPT BG Program has acted as a major impetus for improving State prevention and treatment systems' infrastructure and capacity.

SAPT BG Program emphasis on demonstrating the effectiveness of BG-funded programs and services to reduce substance abuse and to improve the lives of those affected by it has driven State system infrastructure development and capacity improvements. BG requirements have incentivized States to address the effects of substance abuse in at-risk populations by using innovative evidence-based strategies and have laid the foundation necessary to build comprehensive client data systems. The ability of States to collect consistent and representative outcome measures has not only improved the extent to which programs and services may be described, but has served as the catalyst for data-driven assessment and decisionmaking at the State level. Discussion of the effect of the SAPT BG Program on State systems is based on the results of quantitative and qualitative data analysis and is organized according to the following outcomes:

- **Increased availability of services for diverse and underserved populations**
- **Increased development and implementation of EBPs**
- **Improved development and collection of specific outcome measures**
- **Increased development and maintenance of State data management systems.**

Outcome 1. Increased Availability of Services for Diverse and Underserved Populations

SAPT BG requirements proved effective in ensuring the availability of substance abuse prevention and treatment services to diverse and underserved populations. States relied on dedicated BG set-aside funding to provide the necessary resources for clients who may have otherwise struggled to obtain needed treatment and prevention services. Among all States, dedicated funding for pregnant women and their dependents, intravenous drug users (IVDUs), and HIV intervention services was unique to the BG Program.

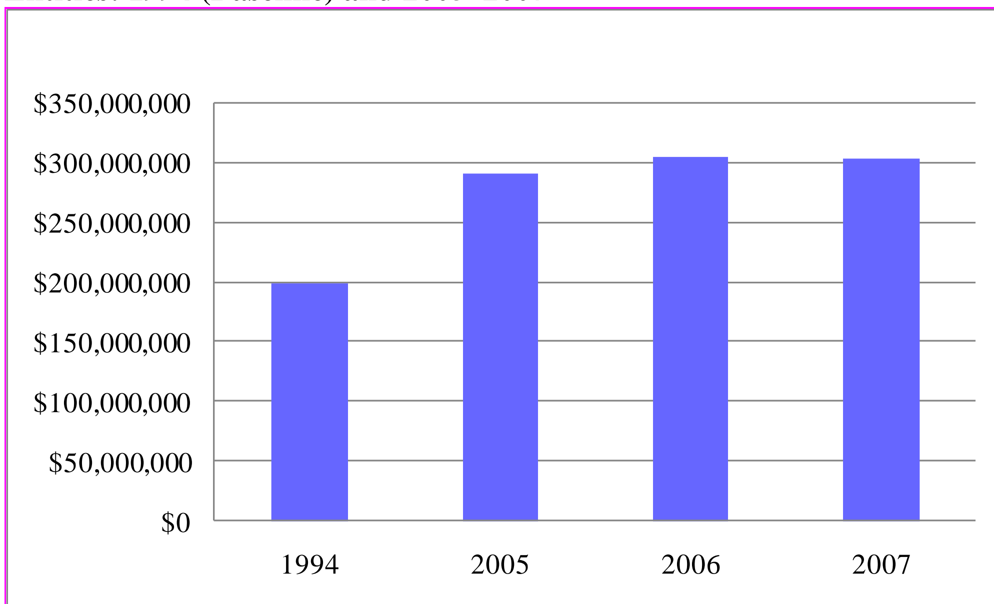
Women and Children

Goals 3 and 9 of the SAPT BG Program require States to set aside a portion of their grants to serve pregnant women and women with dependent children and to ensure that pregnant women seeking or referred to services are given preference in admissions to appropriate treatment facilities. Goal 3 also requires States to provide childcare and prenatal care to women undergoing substance abuse treatment. Single State Agencies (SSAs) for substance abuse adhered to these requirements by making contractual agreements with and conducting compliance reviews and onsite monitoring of BG funding providers

and other subrecipients. SSAs allotted TA and training to subrecipients to ensure that set-asides were met in accordance with BG requirements.

In addition, some States dedicated their BG set-aside funding to providers specializing in women's services, while other States required that subrecipients use a portion of their contracts to serve women and their dependent children. The BG requirement for women's treatment has resulted in States going beyond what was required in 1994 to continue to increase the breadth and quality of services to women. As Figure 1-7 shows, women's treatment services expenditures for all BG-funded entities have grown by more than 50% since the beginning of legislation requiring BG recipients to set aside funds for women's services.

Figure 1-7. Women's Treatment Services Expenditures for All BG-Funded Entities: 1994 (Baseline) and 2005–2007



BG funding for women's services served as the impetus for further funding from other sources to offer continued support for existing programs and to develop new and innovative women's programs to fill gaps in treatment services. Policymakers and legislators, in particular, have become increasingly aware of and responsive to the needs of underserved and diverse populations such as pregnant women. For example, one State expanded halfway house services for reuniting previously incarcerated women with their children by leveraging an existing BG-funded program, and another State directed Medicaid resources into the foster care system for children of women with substance use disorders.

In order to develop a complete picture of how services are being provided to a key target population, one State generates detailed monthly reports about its women's programs. Women's treatment providers in the State also meet quarterly as a part of a practice improvement collaborative. The collaborative provides a rich source of information that is then used to identify women's treatment needs.

IV Drug Users

A majority of States reported offering comprehensive services for IVDUs in accordance with SAPT BG set-aside requirements. Methadone programs were the most frequently reported service provided, followed closely by outreach initiatives. SSAs collaborated with agencies such as public health and social service agencies, State and local health departments, prisons, faith-based programs, consumer advocacy groups, and law enforcement to disseminate information about the availability and range of IVDU service offerings. SSAs also provided training and TA to providers about IVDU services. States described the following types of outreach activities:

- **Substance abuse screening and referrals**
- **Health screenings for sexually-transmitted diseases (STDs), Hepatitis B and C, and Tuberculosis**
- **Public education and community presentations**
- **Skill-building for IVDUs and their families**
- **Street outreach**
- **Media campaigns and literature distribution**
- **Help lines.**

In addition to conducting outreach activities, a number of States used BG set-asides to provide detoxification services such as residential programs (including short-term, long-term, and transitional treatment), hospital-based programs, emergency services, social treatment programs, and medically managed detoxification.

HIV Services

As a requirement of the SAPT BG Program, States whose rate of AIDS cases is 10 or more per 100,000 individuals are mandated to expend a portion of their BG funds on HIV early intervention services. These States described a wide variety of HIV early intervention and monitoring services available through BG-funded substance abuse treatment programs. Many States provided a range of services, including:

- **HIV testing**
- **HIV/AIDS/STD education, including risk and prevention education**
- **Individual and group counseling, before and after HIV testing**
- **Case management services.**

To ensure that subrecipients and providers were complying with BG requirements and that clients were receiving appropriate HIV intervention services, a number of States provided TA and training to subrecipients, which went beyond the scope of typical monitoring activities.

Outcome 2. Increased Development and Implementation of Evidence-Based Practices (EBPs)

From FY 2005 to FY 2007, States demonstrated a substantial increase in the number of EBPs in SAMHSA's National Registry of Effective Practices and Programs (NREPP) used with clients. States implemented 22 NREPP EBPs in FY 2005 and 119 EBPs in FY 2007. Prevention and parent education EBPs showed the greatest increase in use from FY 2005 to FY 2007.

State staff reported that the number of EBPs and innovative services available to consumers increased as a result of BG requirements, TA and training, and Federal support. States reported that prevention and treatment systems are now built around EBPs, which have been incorporated into a range of services and subrecipient and provider trainings.

States have used Federal leadership to advocate for a shift toward EBPs. State policymakers and legislators have become open to the incorporation of EBP requirements into licensure regulations, policies, and systems related to youth access to tobacco, gender issue awareness, and women-specific treatment standards. Most States noted that all prevention activities are based on EBPs. One State's prevention coordinator stated that the development and broad implementation of prevention EBPs "would not have happened without the funding and the synergy of the BG."

> "EBPs instill intellectual vitality into the service system and serve as reminder to professionals that there is a science-based methodology for measuring outcomes. As a result of the BG emphasis on EBPs, there has been an increasing awareness about current EBPs in treatment and prevention, and while this shift may have occurred without Federal leadership, it has happened a lot faster with the impetus of the BG."
>
> – *State Training Coordinator*

Specific NREPP EBPs implemented by States to expand service capacity are listed in Table 4.

Table 4. Examples of Evidence-based Practices Implemented with SAPT BG Funds

Prevention EBPs	Treatment EBPs
• Al's Pals: Kids Making Healthy Choices • CASASTART (Striving Together to Achieve Rewarding Tomorrows) • Communities Mobilizing for Change on Alcohol • Creating Lasting Family Connections • Dare to be You • Family Matters • Keepin' It Real • Parenting Wisely • Project Northland • Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) • Project ALERT • Strengthening Families Program	• Assertive Community Treatment • Motivational Interviewing • Matrix Model • Recovery Support Services • Community Reintegration Programs • HIV Rapid Testing • Wraparound Services • Family Behavior Therapy • Multisystemic Therapy for Juvenile Offenders • Pathways' Housing First Program • Seeking Safety • Trauma Recovery and Empowerment Model

Outcome 3. Improved Development and Collection of Specific Outcome Measures

SAPT BG data collection and set-aside requirements have helped States improve their prevention and treatment delivery systems in ways that otherwise would have been impossible. States have leveraged SAPT BG Program requirements and resources to require performance data from subrecipients that are

subsequently used for program improvement and for the provision of comprehensive prevention and treatment services. For example:

- **BG data collection and set-aside requirements have served as the impetus for uniform, consistent data collection.** Several States noted that one of the results of Federally-required BG data collection is that it provides more consistent data across and within States. Additionally, as States continue to collect data, comparisons and trend data may be used to gauge State progress toward meeting BG objectives.

- **Collection of outcome measures offers States a profile of activities oriented toward prevention and treatment.** The data collection helps States to present a profile of their activities and provides a "snapshot" as to what a State's population looks like as it relates to a particular field. States then use the data collection requirement to provide increased feedback to providers, which ensures that the information the State collects is useful to providers and other subrecipients.

- **Development and collection of data focuses on outcomes.** States appreciated that data collection is moving from an emphasis on process to outcomes data, which has allowed States to be able to promote, leverage, and justify requirements for outcomes data. Having to collect these measures has "forced **necessary** improvements" in State systems. One State noted that data collection activities required by the BG have propelled the State away from a cost-driven system and toward an outcomes-driven system.

> "The data collection process has been a very powerful one for the development of our system because of the almost philosophical position in regards to the use of data in decision-making. People at all levels recognize that the data do say something significant about the efficiencies and the effectiveness of programs."
> – *State interviewee*

Outcome 4. Increased Development and Maintenance of State Data Management Systems

The BG requirement that States collect and report outcome measures has catalyzed the development of State data collection systems. States have dedicated BG resources that might otherwise have been used for direct services to developing or improving their capacity to collect and report BG-related data. A majority of States have developed or honed their Web-based reporting systems, and many others use automated systems. Two States mentioned that while their data reporting systems were not yet Web-based, they were in planning stages to implement statewide Web portals to allow for instantaneous data accessibility. One State noted that improving data collection systems ultimately improves implementation, stating that "data collection drives systems planning and program policies, which will change practice and improve implementation."

State data management systems necessary to collect required outcome measures for the BG Program have catalyzed service integration and coordination across and within States, led to the development of data infrastructures such as electronic health records (EHRs), and provided the ability to report outcomes within and across States. In addition, development and maintenance of State data management systems have enabled Federal and State partners to:

- Gain a better understanding of State systems and activities
- Identify service gaps and address emerging needs
- Respond to stakeholder inquiries about Program achievements and effectiveness

- Identify provider TA and training needs
- Ensure accountability and compliance with BG legislative requirements
- Demonstrate outcomes and justify funding requests
- Improve the quality of data collected and submitted as the data management systems become more sophisticated.

Key Finding 3: States have leveraged SAPT BG Program requirements, resources, and Federal guidance to sustain and improve their State systems.

States have used the BG requirements and funding to go beyond the intended and expected outcomes of the Program, leveraging BG resources to sustain and improve State substance abuse prevention and treatment systems. Although not a requirement for BG funding, State leveraging of SAPT BG Program requirements, resources, and Federal guidance demonstrates the importance of the BG in the development of State systems. States have leveraged BG resources for many reasons: to advocate for continued and/or additional funding, implement changes to the prevention and treatment system through new programs and services, and spur State policy changes.

Outcome 1. Prevented Harm to the Service System Resulting from State Legislature Reductions in Funds for Prevention and Treatment and Advocated for Additional Funding

One State noted that while it may be difficult sometimes to come up with the necessary level of State funds each year, "without the MOE, there would be even less State funding available."

Using the legislative requirements included in the application template and guidance, States have gained leverage with their legislatures and other funders of substance abuse prevention and treatment services. This is an unanticipated, yet positive, outcome of the process. In this way, BG requirements, especially the MOE, offer SSAs a certain level of budgetary "protection" and are helpful and effective in keeping substance abuse services available. A few States discussed using the guidance document and language about the State spending MOE requirement to convince their State legislatures not to reduce funding for substance abuse services. Other States noted that the SSA for Substance Abuse Services requirement helps to insulate the SSA from the constant realignment and disbanding that can occur as a result of changing political environments or budgetary constraints.

States also report using BG data to advocate for additional funding from State and other sources. For example, positive BG outcomes data have led to an increase in one State's general revenue funding. Another State has used its data and research to demonstrate that EBPs for prevention and treatment have resulted in fewer arrests and reduced demand for inpatient or medical care; because it has documented and verified BG Program outcomes, it experiences "much less push-back" in the budgeting process. This State notes that the devotion of State dollars to the treatment and prevention of substance abuse is no longer a partisan issue within the legislature, and attributes this to the impact of the BG.

Outcome 2. Set State Policies and Priorities Based on Federal Leadership and Development of National Policies and Priorities

States have used BG resources to drive State policies and priorities, most notably in the areas of prioritizing women's services, IVDU services, and HIV services; developing prevention services and implementing the Strategic Prevention Framework; and requiring performance data from subrecipients.

States also have used BG funding and its requirements to advocate for other policy changes. One State noted that its policymakers have become more responsive to the issue of children of women with substance abuse issues being moved into foster care, directing State Medicaid and BG resources into the foster care system. Others described drug enforcement policies; policy changes at the State level about mental health and substance abuse services for the criminal justice population; the incorporation of EBP requirements into licensure regulations; policies and systems related to youth access to tobacco; gender issue awareness and women-specific treatment standards; and the successful passage of a State Clean Indoor Air Act, that "wouldn't have happened without the funding and the synergy of working together and with the community."

One State noted that SAMHSA has given States the "right incentive" with BG funding, and the State has used these guidelines and resources in meaningful and sustainable ways. This State noted that three funding streams in the State pay for substance abuse services. SAMHSA funding "trumps them all" and is the entity that truly sets policy, practice, and requirements.

Prioritization of women's, IVDU, and HIV services

Most Federal staff felt that BG resources had been used to leverage policy changes. They noted that the MOE requirements and the requirements to address the needs of particular groups (such as women and children) give the SSAs the leverage to implement policies that States might not otherwise accept. Many State staff echoed this belief, citing as examples the emphasis on women's services and the HIV set-aside. One State prevention group used 20 percent of its BG funds to partner with four other departments, helping to coordinate prevention efforts statewide. Because of this partnership, the group successfully lobbied to have a portion of State revenues dedicated specifically to women's treatment services and to increase women's Medicaid benefits from 2 months to 12.

Several States noted that they also have expanded services for IVDUs and have used Federal leadership to advocate for a shift toward EBPs. One State has used BG funding to push approval packages through its legislature to support a peer recovery network of services. Another State described an initiative in which the SSA is using NSDUH to identify areas of the State that need, but are not receiving, alcohol and drug services.

Prevention services and implementation of the Strategic Prevention Framework

BG requirements also allow States to advocate for substance abuse strategies to be built into systems that otherwise might not address the problem at all. CSAP respondents mentioned that BG funding is central to prevention because it provides much--and in some States and Jurisdictions, close to all--of the State's prevention budget. As a result, they said, CSAP plays a central leadership role in prevention. They pointed to CSAP's development of the Strategic Prevention Framework (SPF), which is guiding many States' and Jurisdictions' approach to prevention.

Requiring performance data from subrecipients

States also noted that BG data collection requirements have given them the leverage necessary to require their subrecipients to report data as part of BG contractual requirements. One State noted that "data

collection is an expected expense, and it is expected of the subrecipients to be timely and accurate in their reporting." Data collection and reporting have served as the impetus for providers and counties to review and revise their own data collection practices. States then use the data collection requirement to ensure that the information the State collects is useful to providers and other subrecipients.

Some States noted that the BG data collection requirement has driven a focus on the quality of the data they collect. One State noted that they "go back to the providers to get them to pay more attention to the quality of the discharge data instead of just plugging in admission data for discharge." Another State noted that the data collection requirement has compelled the State to train its providers. This State found that some providers "don't take the time to discharge clients and the data collection requirements force the State to remind providers to discharge clients and make a complete record."

Outcome 3. Used BG Funds as Seed Money for New Programs that Other Public and Private Organizations Have Subsequently Funded

More than half of States interviewed (12) reported having used SAPT BG funds to initiate programs that have subsequently continued with State and other funding sources. The remainder of States interviewed (9) noted that although no programs have been completely shifted from BG funding, most now receive a combination of State, Federal, and other funding sources; many programs that began with only BG-funding have expanded their funding base.

Programs for women's services were the most frequently cited example of such expanded funding. For example, one State described its "Healthy Beginnings" program, a treatment program for pregnant women that includes housing and treatment for mothers and their children. The program began as a CSAT demonstration project, then was funded through the BG; because the program has continued to demonstrate healthy birth outcomes, the State legislature and general revenue now fund it. Another State used BG funds to initiate its Drug Court program, which the legislature now funds. Other examples include criminal justice programs, programs for indigent individuals convicted of driving under the influence (DUI), older adult services, and HIV services. States with such programs often described using BG funding as "seed money" and sought to fund programs with a high likelihood of sustainability.

States that have not shifted programs entirely from BG funding to other sources stated that most of their programs receive a combination of funding from sources that remain fairly stable. However, several States described ways in which BG funding has been the catalyst for the development of a variety of programs, which are then leveraged to obtain additional funding. For example, one State has a perinatal set-aside program that began as a pilot project and has since developed into a much larger Perinatal Treatment Expansion Program that receives $25 million in State and Federal funds. BG funding also "helped get the ball rolling" on another State's Elder Service Providers program, which has grown from 4 to 21 programs that now serve approximately 150,000 of the State's population aged 60 and older. Several States noted that receiving BG funding makes their providers more competitive when seeking additional funding sources.

> One State noted that their competitive request for proposal (RFP) process for providers to receive BG funding "will necessarily drop some providers, so they know the money is more of a developmental grant, and they will have to find other support."

Key Finding 4: Through a standard system of communication, monitoring, and reporting, CSAT, CSAP, and the States effectively and efficiently manage the SAPT BG Program.

A nationwide grant program as complex as the SAPT BG Program requires effective and efficient management to coordinate a myriad of Program activities across diverse States. CSAP and CSAT have developed several successful management strategies to steer States as they work toward the 17 legislative goals. Management involves the following crucial activities:

- Communication of Program goals and activities to create a standardized system
- Monitoring and oversight to facilitate open communication
- Leading of complex data collection and reporting activities
- Providing TA and training to ensure compliance and to aid States in meeting their goals.

Outcome 1. Communicated Program Goals and Activities to Create a Standardized System

CSAT and CSAP communicate Program goals and expectations to the States in ways that lead to uniform documentation and assessment of State BG activities. SAPT BG legislation requires that CSAT and CSAP establish standards for the acceptance of the BG application and that they disseminate this guidance to the States. This annual process begins with the dissemination of the BG application guidance and template, which conveys the proper structures for reporting past, present, and planned activities related to the State's compliance with the Program's 17 legislative goals. The application template guides the States in the creation of a single document that includes an annual report, a progress report, and a State plan.

The BG application is a standard document that enables CSAT and CSAP to obtain the information needed to assess and monitor compliance with Program requirements, learn about States' intended use of SAPT BG funds, and document the progress States have made in using those funds to achieve their goals. Federal staff interviewed agreed that, for the most part, it is a consistent and standardized structure that leaves little room for misinterpretation and provides SPOs with a "snapshot" of State activity.

Technical reviews and SPSSRs are the final step for communicating Program goals and activities. These reviews allow direct and face-to-face communication between State and Federal staff and result in guidance documents with recommendations for improvement and suggestions for TA. They allow Federal staff to be sure that States have the capacity to adhere to BG requirements and can collect, report, and use performance data in ways intended by Program specifications.

Outcome 2. Provided Monitoring and Oversight to Facilitate Open Communication

Monitoring and oversight activities—the application review and approval, TRs, SPSSRs, and Federal data collection activities—encourage open and flexible communication among Federal, State and subrecipient levels. Application review and approval activities are a major source of communication that leads to a longer-term collaborative Federal-State relationship. The majority of the States interviewed described various ways of providing feedback and seeking clarification, including:

- Communication with SPOs

- Annual NASADAD meetings and surveys
- Comments through the Federal Register
- E-mail list serve messages and standard mail communications with SAMHSA.

> "The review process provides SAMHSA with a better reality base for the state of the service system and gives us an opportunity to showcase our efforts to the Federal funding entities."
> – *State Director*

The SPO is the linchpin of the relationship, providing the initial review of the application and working with the State via WebBGAS, e-mail, and phone to clarify issues and discuss difficulties. The SPO manages communication between the State and the subsequent layers of review, including the Team Leader, the Branch Chiefs, the Synar Coordinator, and the Office of Grants Management. These multiple reviews ensure that monitoring and oversight are thorough, unbiased, and most likely to identify emerging State needs. This, in turn, fosters State-to-subrecipient feedback in identifying areas for improvement, determining need among the target populations, identifying methods for collecting and reporting data, and recognizing emerging TA needs.

Technical reviews and SPSSRs are other venues in which communication has improved. The reviews allow Federal staff to see firsthand how the State is using its BG money and allow a dialogue between the SPO and the State. Two-thirds of the States agreed that the TRs improve communication with the Federal staff and that the SPSSR process improves Federal and State information exchange by allowing for better clarification of expectations and communication of what is pending at the Federal level. On the Federal side, the reviews enable the SPOs to better understand the State's system, identify strengths and areas for improvement, and make suggestions for TA.

Outcome 3. Led Complex Data Collection and Reporting Processes

CSAT and CSAP developed the NOMs and began requiring States to collect and submit data focused on client- and system-level outcomes in response to an OMB PART recommendation. States were asked to provide feedback regarding what they would need to implement the requirements; how to conceptualize the demographic and service content to be collected through NOMs; the data variables; and specific measures, such as the social connectedness NOM. States also provided and received feedback with regard to technical issues related to submitting data, particularly around issues of State and Federal data system incompatibility, technical issues about transmitting data, and the "nuts and bolts" of data.

Federal data collection helps provide a "big picture view" of outcome measures that can contribute to change at the State and local level. CSAT and CSAP are using NOMs in particular to document Program outcomes. Other outcomes of the management of the Federal data collection and reporting activities include:

- Development and improvement of State data collection capacity
- Identification of State and subrecipient TA needs
- Monitoring and accountability
- Feedback to stakeholders on all levels
- Identification of trends within and among States
- Catalyst for States to focus on data quality.

Outcome 4. Provided TA and Training to Ensure Compliance and to Aid States in Meeting their Goals

The Federal TA and training process has several strengths, which include that it provides access to skilled experts, involves responsive SPOs, features a user-friendly TA tracking system and consultant database, provides access to high-quality data collection and management training, and offers a range of TA topics to accommodate different State needs. The TA and training process is so responsive in part because States are involved in developing TA and training plans through the SPSSR and TR program monitoring processes. State plans describe and prioritize challenge areas, identify TA support sources, and develop timelines with action items. Several State prevention and treatment systems improved as a result of data-related TA recommendations, and program monitoring reports were used to identify gaps in the uniformity of data collection and to evaluate readiness to collect data elements required by the NOMs.

Successful organization of TA and training can allow States with tight budgets to provide TA and training to providers and encourages the development of the infrastructure necessary for implementing BG activities such as CSAP's SPF. SAMHSA supports States by providing access to online training and TA and by providing flexible training and TA to allow for a range of State circumstances and need. States can request TA either during reviews or directly from SPOs. Subrecipient TA and training varies from State to State, but is most commonly generated through a needs assessment. Table 5 demonstrates the broad array of TA that is provided to States and subrecipients, as well as TA outcomes.

Table 5. TA and Training Topics and Outcomes

Federal-to-State TA and Training Topics	Federal-to-State TA and Training Outcomes
• Data collection and management systems • Readiness to collect and report NOMs • Strategic planning • Standard operating procedures • Fiscal measures and compliance • Cross-training for collaborating agencies • Disaster readiness • EBPs and programs	• Improved capacity and capabilities of data collection and management systems • Improved ability to analyze and use Program data • Improved connectivity between SSA and other stakeholders • Increased capability to develop and enforce standard treatment protocols • Increased implementation of EBPs throughout the State
State-to-Subrecipient TA and Training Topics	**State-to-Subrecipient TA and Training Outcomes**
• EBPs and programs • Standardized assessment tools • Provider ethics • Cross-agency collaboration • Community-based prevention networks • Data collection, management, and utilization	• Increased development of provider skills in using EBPs • Enhanced capacity and ability to collect and report data • Improved ability to engage and retain clients • Improved provider attitudes toward becoming client-focused and recovery-oriented • Improved ability to identify and apply for funding opportunities

Key Finding 5: The SAPT BG Program has contributed to the development and maintenance of successful State collaborations with other agencies and stakeholders concerned with preventing substance abuse and treating substance use disorders.

SSAs have increased the development and maintenance of collaborative working relationships with a variety of other Federal, State, and local agencies and providers. SSAs fostered many of these

partnerships as they worked to accomplish the Program's 17 legislative goals. These State collaborations serve five critical roles:

- To increase achievement of Synar Program goals and objectives
- To improve the coordination of prevention services
- To improve the coordination of treatment services with public and private health insurers
- To expand services and programs available through joint funding initiatives
- To increase the ability to address statewide critical public health or safety issues.

Outcome 1. Increased Achievement of Synar Program Goals and Objectives

The purpose of the Synar Program is to reduce the extent to which tobacco products are available to individuals under age 18 by enforcing laws that prohibit manufacturers, retailers, and distributors of tobacco products from selling or distributing these products to any individual under the age of 18. Successful implementation of the Synar Program is required under Goal 8 of the SAPT BG Program, and States that are not achieving specified vendor compliance rates can be subject to a strict withholding penalty of up to 40 percent of the State's SAPT BG funding award. States pursue the following key objectives for the Synar Program:

- Conduct annual random, unannounced inspections of retail tobacco outlets (also known as the Synar survey). This includes developing a random sample, maintaining lists of tobacco merchants, developing Synar protocols, and conducting the actual compliance checks
- Educate tobacco vendors about Synar-related laws and regulations
- Analyze Synar data to determine compliance at local, regional, and statewide levels and note regions that need to improve Synar compliance
- Develop and submit an annual report to SAMHSA that details State progress in reducing tobacco availability to youth, the methods used to identify outlets, inspection procedures, and plans for enforcing the law in the next fiscal year.

> "At first, everyone was grumbling about Synar and the extra work it meant for our staff. We didn't know how to go about all of the Synar activities. But we got a lot of great TA from SAMHSA, and we eventually made the connections we needed with the other State agencies [to implement the Synar program]. Now, Synar is one of our greatest success stories because we have hard data to show for our work."
>
> *– State BG Coordinator*

To realize Synar program goals, SSAs collaborated with a wide variety of State agencies, advisory committees, tobacco retailers, and research universities. SSAs reported that the Synar program fostered much collaboration that otherwise would not have been initiated or maintained with the following types of State agencies and local organizations:

- Department of Health or Public Health: Involved in oversight of all Synar activities
- Division of Health Statistics or Program Evaluation: Tasked with drawing the random sample of tobacco merchants and administering the survey
- Tobacco and alcohol control agencies: Maintained lists of tobacco merchants in the State, and conducted merchant compliance checks

- State and local law enforcement agencies: Assisted in conducting merchant compliance checks and any subsequent actions taken in violation cases
- Research universities: Analyzed Synar data to identify trends and compliance issues
- Synar workgroups or advisory committees: Provided feedback and guidance to the SSA
- Comptrollers and public accountants: Tracked tobacco sales
- Prevention providers: Assisted in the development of Synar protocols
- Subrecipient coordinating agencies: Submitted information for the Annual Synar Report.

> **Synar for Underage Alcohol Sales**
> One SSA collaborates with the State's alcoholic beverage control agency to use the Synar process and merchant lists for conducting compliance checks on alcohol vendors. The State is beginning to see modest decreases in underage alcohol sales as a result of Synar-like monitoring and enforcement.

In addition to performing tasks required by the Synar regulation, collaborating State agencies and organizations worked together to use and disseminate Synar findings. Examples of these activities included:

- Disseminating the Synar report to inform the legislature, media, and the public
- Presenting Synar results at national conferences (e.g., National Synar Conference, Liquor Control Board Conference)
- Planning future strategies to further decrease youth access to tobacco
- Involving additional stakeholders in decreasing youth tobacco use (e.g., tribal organizations, faith-based organizations, advocacy groups).

Outcome 2. Improved Coordination of Prevention Services

SSAs coordinated with a variety of agencies and organizations to ensure appropriate and effective statewide prevention services. Prevention education and community-based initiatives were among the prevention strategies that most commonly involved such collaboration.

Prevention Education

Prevention education directed at school-aged children and youth comprised a large proportion of SSA collaborative efforts. Working with State departments of education, public health, alcohol control, and public safety, SSAs and their subrecipients conducted the following types of activities:

- Offering classroom presentations focused on the characteristics and effects of substances and available prevention and treatment services
- Developing and producing grade-specific health education curricula on alcohol, tobacco, and other drugs

> **Addressing Substance Abuse, Violence, and School Dropout**
> One SSA contracts with the State Board of Education to administer a prevention and early intervention program in local school districts that aims to prevent substance abuse, decrease school violence and dropout rates, and increase academic achievement. The program is co-funded by the SAPT BG and the Federal Department of Education Safe and Drug Free Schools initiative.

- Developing educational materials to reach students K-12 and their parents on issues such as underage drinking and media literacy
- Conducting workshops, guest speaker presentations, and other schoolwide activities during Red Ribbon Week (an annual drug prevention campaign in schools)
- Providing peer leadership trainings to middle and high school students
- Offering training on drug prevention strategic planning and campus-based social marketing at colleges and universities.

Community-based Initiatives

Support of community coalitions and initiatives was another significant area for collaboration and coordination in prevention activities. Efforts were designed to increase the scope and efficacy of community-based activities and the influence of community coalitions in preventing substance abuse. Examples of community-based collaboration include:

- Working with smaller communities to build their capacity to develop, implement, and sustain comprehensive prevention programs
- Developing and using standardized coalition planning processes
- Implementing prevention EBPs at the community level
- Using a train-the-trainer approach to provide community coalitions with knowledge to implement science-based prevention education programs
- Training faith-based organizations and religious leaders to help them address prevention issues and build capacity to work effectively in their communities on youth substance use prevention
- Offering TA to help community coalitions more effectively address the needs of individuals who are deaf or hard of hearing.

Teen Institute
A community-based partnership in one large State comprised of prevention and treatment providers, educators, parents, and students sponsors an annual Teen Institute, which brings together hundreds of teens, parents, and educators for one week of learning and planning for school-based, peer-implemented prevention programs.

Outcome 3. Improved Coordination of Treatment Services

More than half of the States interviewed reported that coordination of State substance abuse treatment services and programs has improved significantly as a result of SAPT BG Program activities. States credited the BG and SAMHSA's oversight for a "long history" of collaboration among programs and State agencies. To achieve the treatment-related legislative goals of the SAPT BG Program, SSAs have developed interagency agreements (including memoranda of understanding (MOUs)) and required subrecipients to establish linkage agreements with one another.

The majority of States initiated interagency agreements, including formal MOUs, to improve the continuum of care for treatment program clients. They established interagency agreements to ensure that clients were provided services such as prenatal and child care; tuberculosis and HIV screening, education, and treatment; and vocational rehabilitation. In addition, these formal contractual relationships were critical to achieving high-level coordination among State agencies that interact frequently with individuals with substance use disorders. Linking agencies helps SSAs to ensure that

organizations provide comprehensive and holistic services to assist clients in all areas of their lives. SSAs have developed and maintained a large number of formal interagency and subrecipient agreements with several types of State and local agencies, as shown in Table 6.

Table 6. Interagency and Subrecipient Linkage Agreements

State Agencies with Formal Interagency	Local Agencies and Providers with Subrecipient Linkage Agreements
• Health or Public Health • Mental Health • Children and Families • Criminal Justice • Medicaid • Education • Adult and Child Protective Services • Social Services • Communicable Diseases • Rehabilitation • Disabilities • Tribal Health • Public Safety • Governor's Office	• Child Protective Services • Corrections/Drug Courts • Local Public Health Departments and Hospitals • Temporary Assistance to Needy Families (TANF) Offices • Domestic Violence Agencies • Aging Services • Mental Health Providers • Social Services

Several SSAs met periodically with subrecipients and agencies participating in statewide referral networks to review procedures to ensure thorough assessments, appropriate treatment planning, services related to treatment goals, and accurate data collection and documentation of services provided.

Outcome 4. Expanded Services and Programs Available through Joint Funding Initiatives

In addition to improving the coordination of treatment and prevention services, SSAs collaborated with other State agencies to expand access to substance abuse services through joint funding of programs and initiatives. Using SAPT BG funds, SSAs co-sponsored a variety of services and programs, including treatment programs for women, HIV services, and prevention services. Specific examples of successful collaboration include the following:

- ▲ Cosponsoring additional case management services for pregnant women with the State's Healthy Start program
- ▲ Developing a family drug court to address family and parenting issues among women who have substance use problems and their dependent children
- ▲ Collaborating with the State Medicaid office to change policies to increase the use of Medicaid funds for women's services
- ▲ Coordinating with the Department of Health to publish an RFP and subsequently select HIV service providers
- ▲ Funding regional grants with the Department of Education to support school-based education programs and peer leadership trainings targeted to middle and high school-aged youth

- Awarding competitive subcontracts for the provision of parent education with funding from the Safe and Drug Free Schools and Communities Governor's Grant.

Outcome 5. Increased Ability to Address Critical Public Health or Safety Issues Statewide

SSA collaborations with other State agencies and local stakeholders enabled them to address specific public health or public safety related concerns. A number of SSAs reported participation on task forces, interagency workgroups, and legislative committees designed to plan and implement strategic activities to mitigate public health problems. Specific examples of these types of collaboration include:

Reducing Substance Abuse on College Campuses
One SSA co-sponsored a summit with the State Attorney General's office, the Department of Public Health, and a consortium of college presidents and administrators to discuss and plan strategies to decrease underage alcohol use and abuse on college campuses.

- Participation on the Governor's task force for preventing substance abuse-related criminal activity
- Completion of a 5-year Governor's prevention initiative for youth designed to reduce substance use among 12 to 17 year-olds and improve coordination among organizations and agencies that work with them
- Participation in and leadership of interagency workgroups developed to address:
    - Fetal alcohol spectrum disorders
    - Treatment needs for children and adolescents
    - Alcohol misuse and abuse on college campuses
    - Co-occurring mental and substance use disorders
    - Inhalant abuse
    - Prescription drug abuse
    - Housing and homelessness
    - Tribal health
    - Substance-related crime
- Participation in legislative committees and workgroups designed to educate policymakers and advise on substance abuse related legislation and policy, including:
    - Drug demand reduction
    - Mandated use of EBPs for substance abuse treatment
    - Alternatives to incarceration
    - Underage drinking

Alleviating Prison Overcrowding
Members of one SSA participated on a legislatively-created workgroup on prison overcrowding. Based on this work, legislation was enacted to alleviate overcrowding and provide early release to treatment facilities for offenders with mental health or substance use disorders. These efforts led to future cooperation between the SSA, the Department of Corrections, and the Judicial Branch.

- Driving under the influence
- Tobacco access.

Key Finding 6: Although baseline data support the need for prevention services and activities, the use of national survey State estimates data alone to assess the NOMs limits CSAP's ability to attribute changes in the NOMs to SAPT BG-funded prevention services and activities.

As part of the NOMs initiative to increase accountability and improve the ability to demonstrate program outcomes, CSAP collaborated with national, State, and local prevention organizations to develop outcome measures. These measures examine attitudes toward substance use, abstinence, school or employment participation, criminal justice involvement, and social connectedness. To reduce the data collection burden for State and local prevention agencies (which receive only 20 percent of SAPT BG funds), CSAP uses data from the NSDUH to fulfill NOMs data requirements. There are two significant difficulties inherent in this strategy:

- Conclusions about NOMs changes as a result of BG-funded prevention services and activities cannot be made based primarily on the results of national survey State estimates that do not identify individuals or groups who may have been affected by BG-funded activities. Additional data are needed to link changes in NOMs measures to interaction with BG-funded prevention services and activities.
- The NSDUH is limited by small sample sizes in many States, which leads to under coverage of some populations, including individuals and groups who have been affected by prevention services and activities.

States may request to substitute data instead of utilizing the NSDUH survey State estimates. States also provide their own specific data on EBP implementation and the number of persons served. CSAP has convened an expert panel that has provided recommendations on revising the NOMs data collection and analysis strategy in order to demonstrate the effectiveness of SAPT BG-funded prevention activities. In FY 2007, CSAP began requiring the collection and reporting of prevention NOMs. Results of the baseline analysis for the following outcome measures are presented in this section: age of first substance use, perception of risk or harm from substance use, disapproval or perceived disapproval of substance use, and attitude toward random drug and alcohol testing. Analysis of data from future years will enable the assessment of general population change related to these measures; however, without a data source more proximal to prevention interventions, it will not be possible to determine the extent to which changes can be attributed to BG-funded prevention services and activities.

Measure 1. Age of First Substance Use

This measure assesses age of first substance use by youth aged 12 to 17 years. Table 7 shows that young ages of first use were reported for all substances, supporting the need for prevention programs to delay first use of substances.

Table 7. Average Age of First Use of Substances among Youth Aged 12 to 17 Years, FY 2008

Substance	Age of First Use
Cigarettes	12.4

Alcohol	13.0
Tobacco products other than cigarettes	13.3
Marijuana or hashish	13.6
Other illegal drugs	12.7

Measure 2. Perception of Risk/Harm from Substance Use

This prevention measure assesses the perception of risk or harm from substance use among 12 to 17 year-olds. As shown in Table 8, more than three-quarters of survey respondents reported perceiving risk or harm from the use of cigarettes, marijuana, and alcohol. The percent reporting moderate to great risk was significantly higher for cigarettes (93 percent) than for alcohol (83 percent) and marijuana (76 percent). However, the perception of risk or harm from substance use may not lead to delayed first use of substances (shown in Table 7). These results indicate the need for prevention strategies that go beyond education to delay first use of substances.

Table 8. Perception of Risk/Harm from Substance Use among Youth Aged 12 to 17, FY 2008

Perception of Risk/Harm from Substance Use	Percent Reporting
Moderate or great risk from cigarettes	93.1
Moderate or great risk from marijuana	82.7
Moderate or great risk from alcohol	76.3

Measure 3. Disapproval or Perceived Disapproval of Substance Use

This measure assesses youth disapproval or perception of others' disapproval of youth substance use. As Table 9 shows, more than 80 percent of youth aged 12 to 17 years reported disapproval or perceived disapproval associated with youth use of cigarettes, marijuana, and alcohol. However, as with the results for perception of risk or harm, an increase in disapproval or perceived disapproval may not be leading to an increase in the average age of first substance use. Prevention approaches are needed that will delay age of first use and in turn lead to lower rates of substance misuse and abuse and related deleterious consequences.

Table 9. Perception of Substance Use among Youth Aged 12 to 17 Years, FY 2008

Perception by Substance	Percent Reporting
Disapproval of cigarette use	88.2
Perception of disapproval of cigarette use	85.4
Disapproval of alcohol use	85.1
Disapproval of using marijuana regularly	81.6
Disapproval of using marijuana experimentally	80.7

Measure 4. Attitude toward Random Drug and Alcohol Testing

This measure assesses youth perception of workplace policies related to alcohol and other drug use. At baseline, 22 percent of 15 to 17 year-olds reported that they would be more likely to work for an employer who randomly conducted drug and alcohol tests. Questions have been raised regarding the validity of this measure for addressing the school/employment participation domain because many 15 to 17 year-olds lack a frame of reference for judging employers and workplace policies. Measures of school attendance, as well as suspensions and expulsions related to substance use, would be more relevant measures for this age group.

Program Challenges and Recommendations for Improvement

The complexity of the SAPT BG Program presents many challenges to its implementation and ability to demonstrate outcomes. Interviews with Federal and State staff pointed to many issues that present obstacles to achieving Program goals. Program challenges and recommendations for improvement are separated into the following overarching areas:

- Communication and management processes
- Data collection strategies and processes
- Improvement of State data infrastructures.

Specific challenges and recommendations for improvement in each of these areas are presented in Table 10. Recommendations are based on the results of this independent evaluation and the incorporation of Federal and State staff reflections and insights.

Table 10. SAPT BG Program Challenges and Recommendations for Improvement

Communication and Management Processes	
Challenges	**Recommendations for Improvement**
Need for improved communication and a consistent message from Federal to State staff about some Program goals and requirements. States commented about the lack of unified, consistent messages from CSAT and CSAP in some specific areas, including: • NOMs data definitions and standard data collection processes • The reporting of financial information and MOE compliance • Expectations for BG applications • Acceptable fulfillment of the 17 legislative goals.	• Clarify Program data definitions and requirements, including "what counts" for achievement of the 17 goals, MOE and other financial calculations, and the NOMs data elements. • Develop unified Federal guidance about Program requirements and expectations and a data dictionary with uniform and realistic definitions. • Offer more comprehensive training for States, such as online tutorials and regional meetings. • Continue to seek State input and develop better definitions for required outcome data elements. • Provide opportunities for internal communication within CSAT and CSAP, training, and mentoring to ensure that consistent guidance is provided to States. • Strengthen ongoing communication between State Project Officers and their assigned states via devoted resources for knowledge management.
Need for clarification about the roles and responsibilities of Federal, State, and contractor staff related to CSAT Core Technical Reviews and Technical Assistance (TA). • Although CSAT State Project Officers (SPOs) work with States to refine their BG applications and address the 17 goals, it appears that CSAT SPOs are not involved in substantive aspects of State Core Technical Reviews. To ensure an objective assessment of compliance, CSAT SPOs typically attend the Core Technical Review but remain in the background, which is confusing for States. • In addition, States perceive that decision-making authority for CSAT TA requests lies in the hands of the TA contractor, the TA contract Government Project Officer (GPO), and the Branch Chief, rather than with the CSAT SPOs, who typically know the most about individual State issues and TA needs.	• Explain the role of the CSAT SPO in the Technical Review process (presite and onsite) to avoid confusion on the part of State and Federal staff. • Explain the TA review and approval process to State and Federal staff and regularly reiterate communication about the TA process to ensure that State staff have the needed information regardless of State staff turnover. • Include CSAT SPO State-specific expertise in the decision-making process. • Provide thorough explanations to States when TA is reduced or disapproved.

<table>
<tr><th colspan="2">Communication and Management Processes</th></tr>
<tr><th>Challenges</th><th>Recommendations for Improvement</th></tr>
<tr><td>High level of burden on States to provide information for the Program.
• Each year, States are required to produce an SAPT BG application that describes the activities conducted to achieve the 17 legislative goals. The length of the report reflects the collection of information for reports to Congress. Federal and State staff report that while existing questions or areas in the application are rarely deleted, new questions or areas are frequently added. This leads to an application that is duplicative and cumbersome.
• The majority of States spend 6 to 9 months each year gathering information for and developing the BG application, using staff resources that States argue could be better spent on TA for providers and other BG subrecipients.
• States also are asked to provide a large amount of background information in preparation for the TRs and SPSSRs – information that States say can be obtained from their applications and online resources.</td><td>• Consider implementing a multiple-year application cycle (every 3 to 5 years) that would require States to submit a multiple-year plan and provide annual progress reports based on plan objectives.
• Revisit the primary purpose of the BG application and eliminate questions or areas that do not address it.
• Encourage TR and SPSSR reviewers to obtain information from WebBGAS or online resources to reduce State administrative burden.</td></tr>
<tr><td>Limited utility of Program monitoring reports and recommendations for some States.
• The time lag associated with the finalization of TR and SPSSR monitoring reports (6 to 12 months) makes information obsolete by the time it reaches the States. Delays are most pronounced when the TR/SPSSR contractor, SPO, and States disagree about review findings, which must be resolved before a report can be finalized. The time lag forces many States to move forward with system enhancements and decisions that cannot wait for several months while reports are being vetted.
• Some States claim that TR and SPSSR report recommendations are too general because reviewers do not always consider the unique combination of political, social, and economic forces that affect the State's prevention and treatment system.
• Some States report that TA recommendations in the TR reports seem motivated by contractor interests and skills rather than what is in the best interest of the State.</td><td>• Consider expediting the report review process by instituting a process through which States are able to contest review findings without delaying the finalization of the review report. In this way, disagreement about one area of the report will not delay the development and implementation of TA activities to address uncontested areas.
• Set and enforce deadlines for submission of report comments and report revisions so that reports are not delayed by any one individual.
• Select and train reviewers to ensure that they possess a comprehensive understanding of the State systems that they may be assigned to review.
• Further involve CSAT SPOs in reviewing TA recommendations to ensure that they address State concerns and are not motivated by contractor interests.</td></tr>
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<table>
<tr><th colspan="2">Communication and Management Processes</th></tr>
<tr><th>Challenges</th><th>Recommendations for Improvement</th></tr>
<tr><td>Unmet TA needs.
• Many States do not know how to make formal requests for Federal TA and training and are not aware of the potential areas in which TA is available.
• Several States believe that only TA requests related to NOMs data collection and reporting will be approved, so they do not submit TA requests in other areas.
• There is a disconnect between Federal TA providers and CSAT SPOs; several States reported receiving approval for a TA request from their CSAT SPO only to have it denied by the CSAT TA contract GPO or Branch Chief.
• TRs and SPSSRs produce useful TA recommendations, but the TA is either not approved or not conducted to the satisfaction of the State.</td><td>• Clarify the TA and training request process and regularly inform States about the process. With the high turnover rate for State staff, frequent communication is needed to ensure that all States understand the availability and process for requesting TA.
• Increase efforts to market TA and training to the States so that they understand what is available.
• Expand the scope of Federal TA provided to States. States reported that they would benefit from Federal TA designed to: identify and meet the needs of diverse populations, address EBP implementation challenges, and assist with State infrastructure enhancements.
• Clarify the role of the CSAT SPO in TA provision and encourage direct communication between States and CSAT TA decisionmakers in order to improve responsiveness to States. Promote a team approach.
• To improve TA access and satisfaction, provide additional resources for the following TA and training formats:
  ◦ Guidelines and support for train-the-trainer models, regular training cycles, and a helpdesk
  ◦ Distance learning, Web-based trainings, and online tutorials
  ◦ Peer-to-peer TA at workshops, conferences, and regional meetings
  ◦ Wider dissemination of “off-the-shelf” TA tools and materials.</td></tr>
</table>

<table>
<tr><th colspan="2">Data Collection Strategies and Processes</th></tr>
<tr><th>Challenges</th><th>Recommendations for Improvement</th></tr>
<tr><td>Limited ability to demonstrate the effect of the Program in some areas.
• NSDUH data used for prevention NOMs do not account for interaction with BG-funded prevention services and activities. Thus, Federal and State staff cannot claim that changes in the NOMs are due in part to BG-funded prevention services and activities.
• Use of TEDS for the treatment NOMs presents the following challenges: Not all States participate in the TEDS initiative and questions remain about the consistency of data collection and data quality procedures across States.
• The Program needs some system-level outcome measures in order to demonstrate infrastructure development, collaboration with other State agencies and organizations, and effectiveness of TA and other program support activities.</td><td>• Develop prevention outcome measures that assess attitudes and behaviors pre- and post-interaction with BG-funded services and activities when the prevention strategy supports this evaluation design.
• Compare NSDUH results on the NOMs for respondents who did and did not report experience with prevention services and messages to determine whether exposure to prevention services or messages can be associated with more desirable NOMs results.
• Strongly encourage States to participate in TEDS and use TEDS data definitions to improve the reliability of NOMs data.
• Conduct monitoring and TA activities to ensure that interpretation of TEDS questions is uniform across States and providers. Develop materials, host Web-based and in-person trainings, and provide onsite TA to States and subrecipients to ensure that data definitions are being interpreted correctly and consistently.
• Continue close collaboration with State substance abuse and other appropriate State agencies (e.g., data and statistics, corrections) to develop more valid and effective outcome measures
• Because one of the key purposes of the SAPT BG Program is to improve State systems, consider the development of a few system-level indicators to demonstrate Program effects on State systems development and enhancement.</td></tr>
<tr><th colspan="2">Improvement of State Data Infrastructures</th></tr>
<tr><th>Challenges</th><th>Recommendations for Improvement</th></tr>
<tr><td>Need for additional resources to further improve State data infrastructures.
• Many States are still struggling to develop data collection, information, and monitoring systems that will enable them to track outcomes effectively.
• States have received modest funding to create new or overhaul existing data collection and reporting systems; however, in the words of one State Director, “These funds are a drop in the bucket compared to what is needed for infrastructure development.”
• States cited a need for improved networking opportunities among States so that States can learn from each other and not have to “reinvent the wheel.”</td><td>• Invest additional resources to help States complete the development and maintenance of sophisticated data collection systems that will increase their ability to demonstrate SAPT BG Program outcomes and make data-driven decisions at the State and Federal levels.
• Create more opportunities for State-to-State TA regarding the development and maintenance of State data collection and reporting systems. States experiencing difficulties developing functional data systems can learn from States that have already developed systems that fulfill their data collection, reporting, and dissemination needs. Additional opportunities for State-to-State TA, regional trainings, and networking at conferences will help more States develop and maintain effective data systems.</td></tr>
</table>

Conclusion

The SAPT BG Program has had a positive effect on the health and well-being of individuals and communities it serves, demonstrating real improvements in participant- and client-level outcomes. Under the effective management of CSAP and CSAT, the Program has achieved its purpose of providing flexible funds to States to improve and enhance their substance abuse prevention and treatment systems, and it has contributed significantly to State progress in infrastructure and capacity development, implementation of EBPs, leveraging of BG resources, fostering of collaborations, and performance measurement and improvement. Without the SAPT BG Program, many communities would lack the resources to sustain evidence-based treatment programs or implement any prevention services, and the ability of our Nation to address the issue and negative consequences of substance abuse would be severely compromised.

The Program has led States to develop specific outcome measures and comprehensive data collection and reporting systems to assess access to services, service quality, and client status. Absent the leadership of the SAPT BG Program, the collection and reporting of outcomes data related to States' substance abuse treatment systems would not be occurring at its current level. Program requirements also have spurred the development and maintenance of State data systems that enable State and subrecipient partners to identify needs, measure outcomes, and make data-driven decisions.

Authorizing legislation for the SAPT BG Program prescribed 17 different requirements related to State spending of BG funds on prevention and treatment services. These requirements became known as the "17 goals," which represent the SAPT BG Program's main activities and its expectations of States[9]. Accomplishing these goals reflects the Program's ability not only to carry out its legislative mandate, but to touch upon and improve the lives of people with substance abuse problems and the communities in which they live. This evaluation found that States are overwhelmingly meeting these legislative requirements; in fact, for 15 of the 17 goals, they have met or exceeded expectations. This achievement reflects the remarkable efforts of individuals and organizations nationwide to prevent, treat, and reduce the problems of substance use and abuse.

> "Because of the women's treatment requirement, the treatment field has made so much progress in successfully treating women. We've had excellent leadership from CSAT in terms of [funding] model programs and [identifying] best practices, and at the State level, we've trained many practitioners in women's treatment approaches. I don't think we would have come so far so fast without the Block Grant requirement."
> – *Women's Treatment Coordinator*

Federal, State, and subrecipient staff described a variety of activities pursued in their work to accomplish the 17 legislative goals. These programs reflect the resources and imagination of State program planners, who have developed programs that range from school-based prevention education to housing services for pregnant women and their children.

Table 11 reflects the level at which States achieved the 17 goals. To be categorized as having exceeded expectations for accomplishing one of the 17 goals, Federal, State, and subrecipient staff were required to meet all of the following criteria:

- A high level of Federal and State leadership and assistance was provided
- States and subrecipients planned and conducted activities that met the specific language of the legislative requirement

- State staff reported significant improvements in State system capacities and capabilities due to goal achievement.

For two of the goals, additional information is needed from States to determine the degree of goal achievement. For Goal 10, States were asked to describe improvements made to their referral processes and procedures. Most States described their existing referral processes but did not elaborate in BGAS about improvements. For Goal 15, States were asked to describe how their independent peer review process contributed to the improvement of the quality and appropriateness of treatment services provided. Instead, most States described the independent peer review process without providing much detail about either peer review findings or how these findings were being used to improve the quality of services provided. Further information that directly addresses the goal statements will be helpful in determining the degree to which Goals 10 and 15 are being achieved in States.

The fact that so many States are meeting or exceeding the requirements for the 17 goals reflects the degree to which Federal and State leaders have worked together with subrecipients to develop and promote programs that meet the multiple needs of diverse individuals and communities.

Table 11. Achievement of the 17 Legislative Program Goals

Goal Short Title	Degree of Goal Achievement		
	Exceeded	Met	Additional Info Needed
Goal 1: Continuum of substance abuse treatment services	X		
Goal 2: Spending on primary prevention programs	X		
Goal 3: Spending on services for pregnant women and women with dependent children	X		
Goal 4: Treatment for intravenous drug abusers	X		
Goal 5: Tuberculosis services for people in substance abuse treatment	X		
Goal 6: Early intervention services for HIV for people in substance abuse treatment	X		
Goal 7: Group homes for recovering substance abusers	X		
Goal 8: State efforts to reduce the availability of tobacco products	X		
Goal 9: Preferential admission of pregnant women to substance abuse treatment		X	
Goal 10: Improved process for referring individuals to substance abuse treatment			X
Goal 11: Continuing education		X	
Goal 12: Coordination of services	X		
Goal 13: Needs assessment by State and locality		X	
Goal 14: Ensuring that needles and syringes are not provided for illegal drug use	X		
Goal 15: Improving the quality and appropriateness of treatment services through independent peer review			X
Goal 16: Protecting patient records from inappropriate disclosure	X		
Goal 17: Adherence to Charitable Choice Provisions and Regulations		X	

A program as complex as the SAPT BG Program encounters a variety of challenges to its successful implementation and management. This evaluation identified challenges that include: need for improved communication from Federal to State staff about Program goals and requirements; administrative burden

on States; need for improved timeliness and utility of Program monitoring reports and recommendations; unmet TA and training needs; limited ability to demonstrate system-level outcomes; and a lack of resources to further improve State data infrastructures.

By addressing these challenges, Federal and State staff will be able to improve the effectiveness and efficiency of Program communication and management; demonstrate a wider array of participant- and system-level Program outcomes; make data-driven decisions related to services and systems; and increase the implementation and dissemination of EBPs and other successful approaches for substance abuse prevention and treatment. These improvements will lead to increased quality and effectiveness of Program services provided to individuals and communities and will enable SAMHSA to make further progress toward its vision of "a life in the community for everyone" affected by substance abuse.

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[1] Substance Abuse and Mental Health Services Administration. (2008). Results from the 2007 National Survey on Drug Use and Health: National Findings. http://www.oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.pdf

[2] U.S. Department of Health and Human Services. (2006). *Healthy People 2010*: Midcourse Review. http://www.healthypeople.gov/Data/midcourse/pdf/FA26.pdf

[3] For simplicity, we will use the term "State" within this document to refer to States, Territories, the District of Columbia, Pacific Jurisdictions, and the American Indian Tribe.

[4] Omnibus Budget Reconciliation Act of 1981 (Public Law 97-35)

[5] States whose rate of AIDS cases is 10 or more per 100,000 individuals as confirmed by the Centers for Disease Control and Prevention. For legislation, refer to Title XIX, Part B, Subparts II, Section 1924, 300(b)(4)(A)(i), 300(b)(4)(A)(ii), and 300(b)(4)(B).

[6] http://www.samhsa.gov/about/. Accessed December 1, 2008.

[7] http://www.nationaloutcomemeasures.samhsa.gov. Accessed December 1, 2008.

[8] Gottheil E, McLellan AT, Druley KA. (1992.) Length of Stay, Patient Severity and Treatment Outcome: Sample Data from the Field of Alcoholism. *Journal of Studies on Alcohol, 53*: 69-75.
Greenfield L, Burgdorf K, Chen X, Porowski A, Roberts T, Herrell J. (2004). Effectiveness of Long-term Residential Substance Abuse Treatment for Women: Findings from Three National Studies. *The American Journal of Drug and Alcohol Abuse, 30*(3): 537-550.
McCusker J, Bigelow C, Vickers-Lahti M, Spotts D, Garfield F, Frost R. (1997). Planned Duration of Residential Drug Abuse Treatment: Efficacy versus Effectiveness. *Addiction, 92*(11), 1467-1478.

[9] 42 U.S.C. 300x-21–300x-31 and 300x-53; 45 C.F.R. 96.122–96.136; 42 C.F.R. part 2; and 42 C.F.R. part 54

Appendix A

Legislative Goals of the SAPT BG Program

The 17 Legislative Goals of the SAPT BG Program	
Goal Short Title	**Goal Description**
Goal 1: Continuum of substance abuse treatment services	Maintain a continuum of substance abuse treatment services that meets the needs for services identified by the State
Goal 2: Spending on primary prevention programs	Spend not less than 20 percent on primary prevention programs for individuals who do not require treatment for substance abuse and specify activities proposed for each of the six prevention strategies
Goal 3: Spending on services for pregnant women and women with dependent children	Establish new programs or expand the capacity of existing programs to make available treatment services designed for pregnant women and women with dependent children
Goal 4: Treatment for intravenous drug abusers	Provide treatment to intravenous drug abusers and fulfill requirements of 90 percent capacity reporting, 14- to 120-day service provision, interim services, outreach activities, and monitoring
Goal 5: Tuberculosis services for people in substance abuse treatment	Make tuberculosis services available routinely to each individual receiving treatment for substance abuse and monitor such service delivery
Goal 6: Early intervention services for HIV for people in substance abuse treatment	For designated States, make available within existing programs early intervention services for HIV in areas of the State that have the greatest need for such services and monitor such service delivery
Goal 7: Group homes for recovering substance abusers	Provide for and encourage the development of group homes for individuals recovering from substance abuse through the operation of a revolving loan fund (this goal is voluntary)
Goal 8: State efforts to reduce the availability of tobacco products	Reduce the extent to which tobacco products are available to individuals under age 18 through enforcement of the Synar amendment
Goal 9: Preferential admission of pregnant women to substance abuse treatment	Ensure that each pregnant woman be given preference in admission to treatment facilities and, when a facility has insufficient capacity, ensure that the pregnant woman be referred to the State, which will refer the woman to a facility that does have the capacity to admit the woman or, if no such facility has the capacity to admit the woman, will make available interim services within 48 hours
Goal 10: Improved process for referring individuals to substance abuse treatment	Improve the process in the State for referring individuals to the treatment modality that is most appropriate for the individual
Goal 11: Continuing education	Provide continuing education for the employees of facilities that provide prevention activities or treatment services
Goal 12: Coordination of services	Coordinate prevention activities and treatment services with the provision of other appropriate services
Goal 13: Needs assessment by State and locality	Submit an assessment of the need for both treatment and prevention in the State for authorized activities, both by locality and by the State in general
Goal 14: Ensuring that needles and syringes are not provided for illegal drug use	Ensure that no program funded through the block grant will use funds to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs
Goal 15: Improving the quality and appropriateness of treatment services through independent peer review	Assess and improve, through independent peer review, the quality and appropriateness of treatment services delivered by providers that receive funds from the block grant.

The 17 Legislative Goals of the SAPT BG Program	
Goal Short Title	**Goal Description**
Goal 16: Protecting patient records from inappropriate disclosure	Ensure that the State has in effect a system to protect patient records from inappropriate disclosure (Compliance with the Health Insurance Portability and Accountability Act)
Goal 17: Adherence to Charitable Choice Provisions and Regulations	For States that distribute SAPT BG funds to faith-based or charitable organizations, ensure that the State has in effect a system to comply with 42 C.F.R. part 54

(Sources: 42 U.S.C. 300x-21 to 35 and 300x-51 to 66 and *Uniform Application, FY 2008, Substance Abuse Prevention and Treatment Block Grant*, Substance Abuse and Mental Health Services Administration.)

Appendix B

Evaluation Advisory Workgroup Membership

The Independent Evaluation of the SAPT BG Program benefitted from the knowledge and experience of a variety of State substance abuse agency representatives, treatment and prevention specialists, and evaluation experts. SAMHSA would like to acknowledge and thank the following Evaluation Advisory Workgroup members who provided their time and expertise for the evaluation:

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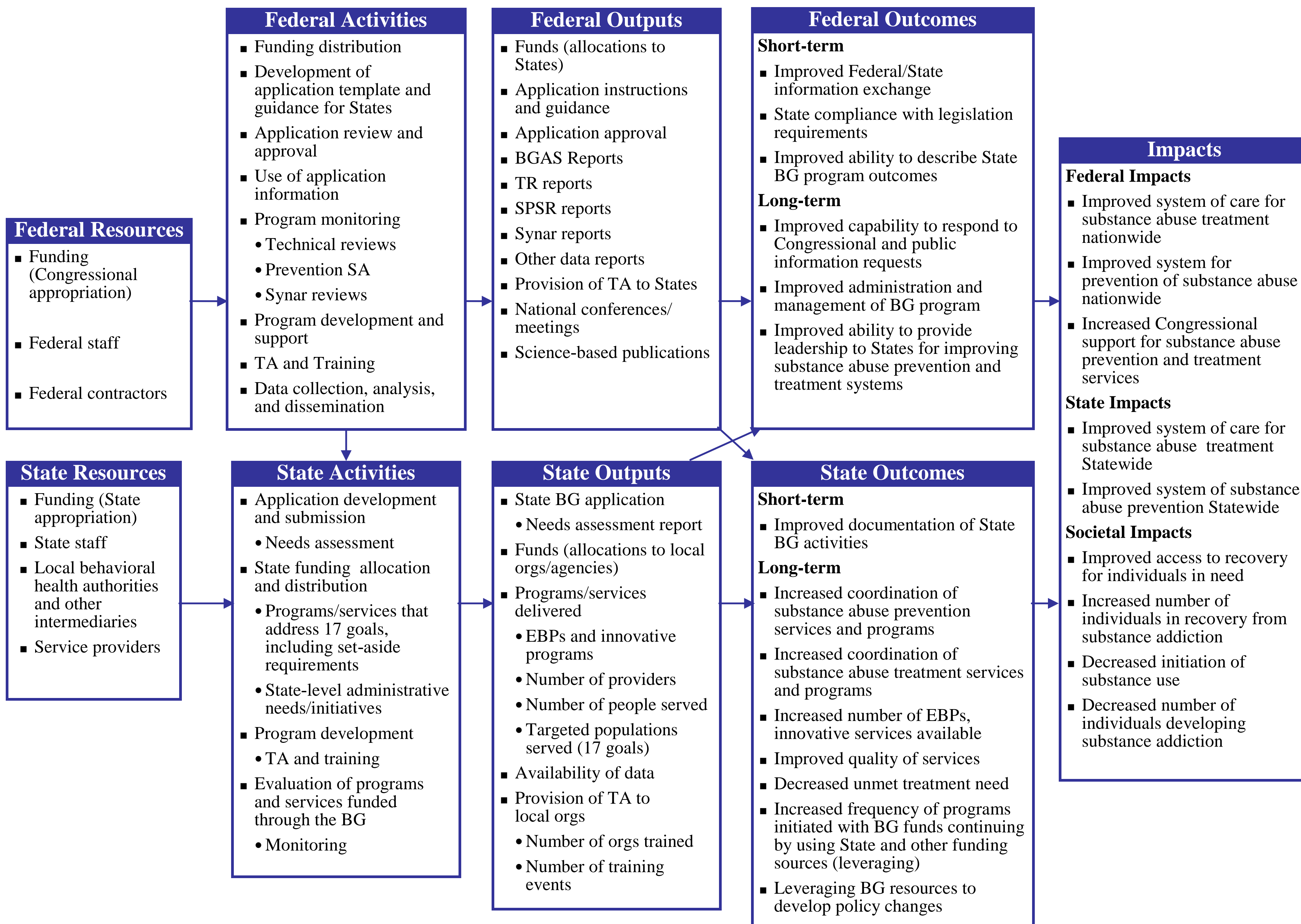
Appendix C

Program Logic Model and Evaluation Framework

Logic Model for the Substance Abuse Prevention and Treatment Block Grant Program Evaluation



Appendix C

Evaluation Framework

Independent Evaluation of the Substance Abuse Prevention and Treatment Block Grant Program
Evaluation Framework

SAPT BG Program Implementation

Federal Implementation

Federal Funding Distribution

What is the process by which the Federal government allocates BG funds to States?

What Federal activities are supported by the administrative set aside?

Development of Application Template and Guidance for States

What is the process for the development of the application template and guidance for States?

- Who is involved?
- Is BGAS used in this process? If so, how?
- If there are Federal staff members who are not involved, how are changes to the template and guidance communicated to them?
- Is there a process for Federal staff to obtain feedback about the application template and guidance? If so, what is it?
- What is involved in order to change the application template and guidance? (e.g., the process for obtaining OMB approval)
- How are any revisions to the application template and guidance communicated to States?
- What is the timeframe for the development and distribution of the application template and guidance for each year? (e.g., Are there challenges related to keeping the timeframe?)
- What is the intended purpose of the Application Template and Guidance (e.g., to guide the States' planning processes? To establish federal expectations of the States' performance?)

What are the strengths of the process for the development of the application template and guidance for States?

What are the challenges of the process for the development of the application template and guidance for States?

What are supports to the process for the development of the application template and guidance for States?

What are the barriers to the process for the development of the application template and guidance for States?

What are recommended changes to the process for the development of the application template and guidance for States?

Application Review and Approval

What is the process by which applications are reviewed and approved?

What role do State Project Officers play in the review of applications?

Is BGAS used in this process? If so, how?

How is approval status communicated to other Federal staff and to the States?

What are the strengths of the process by which applications are reviewed and approved?

What are the challenges of the process by which applications are reviewed and approved?

What are recommended changes to the process for the development of the application template and guidance for States?

Use of Application Information

How do Federal staff use States' application information?

How is BGAS used in this process?

What reports are generated from BGAS on a regular basis?

What reports are generated from BGAS on a one-time basis?

Other than the SPOs, who requests information that can be obtained from States' applications?

Program Monitoring

What are the goals of program monitoring for the SAPT BG program?

How do CSAT and CSAP monitor State compliance to the BG requirements (legislation and CSAT/CSAP policies)?

Are States' intended use plans compared to States' annual reports and progress reports to assess the degree to which planned activities were implemented? If so, how?

How are potential issues with State compliance identified?

Who decides what potential issues require Federal or State action?

How are issues that require action communicated to the States?

How often do SPOs visit States to monitor compliance to the BG program? What activities do they conduct onsite?

What are the strengths of the process by which CSAT and CSAP monitor State compliance with the BG program?

What are the weaknesses of the process by which CSAT and CSAP monitor State compliance with the BG program?

What are recommendations for improving the process by which CSAT and CSAP monitor compliance with the BG program?

How useful is the monitoring process to the State? How could it be more useful?

What are unintended positive or negative results of the monitoring process?

Technical Reviews

What role do the technical reviews play in the verification of State compliance with the BG program?

Are there policies governing the technical review process? If so, what are they?

Who conducts the technical reviews?

How are the reviewers identified?

Do the reviewers receive training about how to conduct the technical reviews? If so, what training do they receive?

What is the timeframe for this training (e.g., how long before the actual technical reviews does the training occur)?

What guidance does Federal staff provide to States concerning the technical review process?

What materials are provided?

What instructions are provided?

What products result from the technical reviews? (e.g., technical review report and recommendations)

What is the timeliness of the submission of technical review products?

How do Federal staff (program staff and grants management) use technical review products?

Do States receive the technical review reports? If so, what do States do with the reports?

How do States use the technical review process to improve their BG program implementation? (e.g., request TA, obtain policy guidance)

What are the strengths of the technical review?

What are the weaknesses of the technical review?

What are recommendations for improving the technical review?

To what extent does the technical review process improve Federal/State information exchange?

What are any unintended positive or negative results of the technical review?

State Prevention and Synar System Reviews (SPSSRs)

What role do the SPSSRs play in the verification of State compliance with the BG program?

Are there policies governing the SPSSR process? If so, what are they?

Who conducts the SPSSRs?

How are the reviewers identified?

Do the reviewers receive training about how to conduct the SPSSRs? If so, what training do they receive? What is the timeframe for this training (e.g., how long before the actual SPSSR does the training occur)?

What guidance does Federal staff provide to States concerning the SPSSR process?

What materials are provided?

What instructions are provided?

What products result from the SPSSR? (e.g., SPSSR report and recommendations)

What is the timeliness of the submission of products?

Do States receive the SPSSR reports? If so, what do States do with the reports?

How do Federal staff (program staff and grants management) use SPSSR products?

How do States use the SPSSR process to improve their BG program implementation? (e.g., request TA, obtain policy guidance)

What are the strengths of the SPSSR?

What are the weaknesses of the SPSSR?

What are recommendations for improving the SPSSR?

To what extent does the SPSSR process improve Federal/State information exchange?

What are any unintended positive or negative results of the SPSSR?

Grants Management

What role does SAMHSA Grants Management staff play in the monitoring of State compliance with the BG program?

Are there grants management policies that govern monitoring of State compliance with the BG program? If so, what are they? How are they enforced?

BG Development and Support

How does SAMHSA provide BG program development and support to States?

- What type of support is provided?
- What resources are available (e.g., TA, training)?
- Who provides BG program development and support (including TA, training)?
  - SPOs? If so, in what areas?
  - Federal contractors? If so, through what vehicles and in what areas?

What are the strengths of BG program development and support provided by CSAT and CSAP to States?

What are the weaknesses of BG program development and support provided by CSAT and CSAP to States?

What are recommendations for improving BG program development and support provided by CSAT and CSAP to States?

Data Collection, Analysis, Reporting, and Dissemination (e.g., TEDS, NOMs)

How do CSAT and CSAP collect data on the BG program?

- What types of data are collected?
- Do CSAT and CSAP solicit feedback from States about BG data collection? If so, what are some examples of State feedback?

How do CSAT and CSAP analyze data on the BG program?

- Who analyzes data on the BG program?
- To what extent were BG data used to improve Federal administration and management of the BG program?

How do CSAT and CSAP report data on the BG program?

- What are examples of reports that are developed on BG program data?
- Who are the audiences for these reports on BG program data?

How are SAPT BG program data disseminated?

How do Federal staff use BG program data?

How do State staff use Federally-disseminated SAPT BG program data?

What are the strengths of SAPT BG data collection, analysis, and reporting?

What are the weaknesses of SAPT BG data collection, analysis, and reporting?

What are recommendations for improving SAPT BG data collection, analysis, and reporting?

What are unintended positive or negative results of SAPT BG data collection, analysis, reporting, and dissemination?

State Implementation: For all State implementation categories: How do State implementation activities fulfill the SAPT BG legislative requirements?

Application Development and Submission

What is the process for the development and submission of the State BG application (including the intended use plan, progress report, and annual report)?

- Who is involved?
- What is the timeframe?
- Who approves the application on the State level?
- How are modifications made?

What is the process for conducting a State needs assessment required by the BG program?

- Who is involved?
- How are State needs assessments funded?
- How often do States conduct needs assessments?
- How do States use needs assessment information?

Is the State BG application used for any purpose other than obtaining Federal BG funds? If so, what are the other uses?

What are the strengths of the process for developing the State BG application?

What are the weaknesses of the process for developing the State BG application?

What are supports that facilitate the SAPT BG State application and development process?

What are barriers to the SAPT BG State application and development process?

What are recommendations for improving the process for developing the State BG application?

What are unintended positive or negative results of the SAPT BG application development and submission process?

Annual Synar Report

What is the process for the development and submission of the annual Synar report?

Is the annual Synar report used for any purpose other than obtaining Federal SAPT Block Grant funds?
If so, what are the other uses?

What are the benefits of the annual Synar report process to States?

What are the weaknesses of the annual Synar report process?

What are recommendations for improving the process for developing the annual Synar report?

What are the unanticipated positive or negative results from producing the annual Synar report?

State Funding Allocation and Distribution

What is the process by which States allocate BG funds?

- Who is involved?
- What is the timeframe?
- How do States allocate funds to meet the BG set-aside requirements?

How do States allocate funds to meet the 17 goals of the BG program?

Are there State laws that impact how BG funds are allocated?

Who approves the allocation of funds on the State level?

How do States distribute BG funds to subrecipients?

By which mechanisms?

How frequently are funds distributed?

How many subrecipients receive BG funds? What are their funding allocations?

What are the strengths of the process for allocating and distributing BG funds?

What are the weaknesses of the process for allocating and distributing BG funds?

What are recommendations for improving the process for allocating and distributing BG funds?

How does the allocation of BG funds affect the way that other funds are distributed in the State?

Programs and Services

What service modalities are funded through the SAPT BG?

What types of programs are funded through the SAPT BG?

What target populations do they serve?

What types of EBPs and innovative programs are funded through the SAPT BG?

How many individuals receive services funded through the BG?

What are the issues involved in knowing this information?

Have any programs developed and/or supported by BG funds been funded subsequently by other means?

State-level Administrative Needs and Initiatives

What State administrative activities are supported by the SAPT BG?

Program Development

Do States use BG resources to provide program development and support to subrecipients? If so, how?

How are needs identified?

Who provides BG program development and support (including TA, training)?

State staff? If so, in what areas?

State contractors? If so, in what areas?

How many TA and training events occurred in the past year?

How many subrecipient organizations received State TA and training in the past year?

What are some examples of changes that have been made as a result of BG-related TA?

What are the strengths of BG program development and support provided by States to subrecipients?

What are the weaknesses of BG program development and support provided by States to subrecipients?

What are recommendations for improving BG program development and support provided by States to subrecipients?

What are unintended positive or negative results of BG program development/support provided by States to subrecipients?

Evaluation of Programs and Services Funded through the BG

How do States collect data on the BG program from subrecipients?

What types of data are collected?

Do States solicit feedback from subrecipients about data collection? If so, what are examples of this feedback?

Do States analyze data on the BG program? If so, for what purposes?

Do States develop reports using data on the BG program? If so, what are examples of this?

Who are the audiences for these reports?

What are the strengths of State BG data collection, analysis, and reporting?

What are the weaknesses of State BG data collection, analysis, and reporting?

What are recommendations for improving State BG data collection, analysis, and reporting?

What are unintended positive or negative results of State BG data collection, analysis, and reporting?

SAPT BG Program Outcomes

Federal Outcomes

Short-term

To what extent do States submit complete applications, State plans, and implementation reports?

To what extent is the technical review process useful for Federal program monitoring? To what extent does the technical review process improve Federal/State information exchange?

To what extent is the SPSSR process useful for Federal program monitoring? To what extent does the SPSSR process improve Federal/State information exchange?

To what extent is there State compliance with statutory requirements?

As a result of the data collection activities, to what extent does the Federal government have an improved ability to describe State BG program outcomes?

To what extent were BG program data used to improve Federal administration and management of the BG program?

Long-term

As a result of BG data collection and analysis activities, to what extent does the Federal government have an improved capability to respond to Congressional information requests?

To what extent were BG data used to make major improvements in Federal administration and management of the BG program?

To what extent and how have BG resources been used to leverage Federal policy and priority changes?

Do CSAT and CSAP provide leadership to States related to the SAPT BG program? If so, how?

Through the SAPT BG program, do CSAT and CSAP play a national leadership role in improving the substance abuse prevention and treatment system? If so, how?

State Outcomes

Short-term

To what extent has the target population specified in the legislation been served using BG funds?

As a result of BG activities, to what extent have States improved their documentation of State prevention and treatment activities?

Has there been an increase in positive client perceptions of care?

Long-term

As a result of BG activities, to what extent have States improved their coordination of State substance abuse prevention and treatment services/programs?

To what extent has there been an increase in the number of EBPs and innovative services available because of the BG program?

To what extent has the BG program contributed to improving the quality of States' substance abuse prevention and treatment services?

To what extent has the BG program contributed to a decrease in unmet treatment need?

To what extent have programs initiated with SAPT BG funds been continued using State and other funding sources (e.g., leveraging)?

To what extent have States leveraged SAPT BG resources to implement policy change?

Client Outcomes

To what extent have clients achieved abstinence from drug and alcohol use due to participation in BG-funded programs?

To what extent have clients increased their employment and school participation due to BG-funded programs?

To what extent have clients decreased their criminal justice involvement due to participation in BG-funded programs?

To what extent have clients increased their housing stability due to participation in BG-funded programs?

To what extent have clients increased their social support and connectedness due to participation in BG-funded programs?
(treatment only)

Appendix D

Evaluation Instruments

OMB #0930-0291
Expiration Date: 3/31/2011

INTERVIEW GUIDE FOR FEDERAL STAFF INVOLVED WITH THE SAPT BG PROGRAM

Estimates of Burden for the Collection of Information.
An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0291. Public reporting burden for this collection of information is estimated to average 90 minutes per interview, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

Introduction

Thank you so much for taking the time to participate in this interview. We know that you are extremely busy, and we greatly appreciate your input. As you know, the Centers for Substance Abuse Treatment (CSAT) and Prevention (CSAP) have contracted with Altarum Institute to conduct an evaluation of the Substance Abuse Prevention and Treatment Block Grant Program (SAPT BG). The purpose of our discussion today is to learn how the SAPT BG is implemented at the Federal level and to understand the impact of the SAPT BG within States.

Your agency's name and location and your general job title (e.g., Public Health Advisor) may be identified in reports prepared for this study and in data files provided to CSAT and CSAP. However, none of your responses during the interview will be released in a form that identifies you or any other Federal staff member by name. Please remember that this study is not part of an audit or management review of Federal operations. Your participation in the interview is completely voluntary.

The estimated total time to complete this interview is 90 minutes.

Do you have any questions before we begin?

Background

1. What is your title, and how long have you been in this position?

2. Briefly describe your responsibilities with regard to the SAPT BG.

Federal Funding Distribution

3. How do CSAT and CSAP allocate SAPT BG funds to States?
   Probes:
   a) Is there an allocation formula? If so, on what is the allocation formula based?
   b) Who is involved? What roles do they play?

c) What is the time frame for the allocation process?
d) What role do State Project Officers (SPOs) play in the allocation of SAPT BG funds?
e) Do you feel the allocation formula can be improved? If so, in what ways?

4. What Federal activities are supported by the SAPT BG 5 percent administrative set-aside?

Development of Application Template and Guidance for States

5. What is the intended purpose of the application template and guidance?

6. What is the process for the development of the application template and guidance for States?

   Probes:
   a) Who is involved?
   b) How are changes to the template and guidance communicated to stakeholders (e.g., other Federal staff members, State stakeholders)?
   c) What is involved in order to make changes to the application template and guidance?
   d) What have been some of the most recent changes, and why? What future changes are anticipated?
   e) What is the time frame for the development and distribution of the application template and guidance each year?
   f) Are there challenges related to adhering to the time frame? If so, please describe.

7. What are the strengths of the application template and guidance document?

8. What are the weaknesses of the application template and guidance document?

9. Is the application template and guidance used by States beyond its intended purpose? If so, what are other uses?

10. How would you improve the application template and guidance document?
11. How would you improve the process of developing the application template and guidance?

Application Review and Approval

12. How are SAPT BG applications reviewed and approved?

    Probes:
    a) What role do SPOs play in the review and approval of applications?
    b) Is the Block Grant Application System (BGAS) used in this process? If so, how?

c) How is approval status communicated to other Federal staff members and to the States?

13. What are the strengths of the application review and approval process?

14. What are the weaknesses of the application review and approval process?

15. How would you improve the application review and approval process?

16. Have there been any unintended positive or negative results of the application review and approval process? If so, please describe.

Use of Application Information

17. How do you use States' application information?

18. How is BGAS used in this process?

19. What reports are generated from BGAS:
    a) On a regular basis?
    b) On a one-time basis?

20. Other than the SPOs, who requests information that can be obtained from States' applications?

Annual Synar Report (ASR)

21. What is the intended purpose of the ASR?

22. What is the process by which guidance is given to States on developing their ASR?

23. How is the ASR reviewed and approved?

24. How are the ASRs used?

25. Other than SPOs, who requests information obtained from the ASRs?

26. What are the strengths of the ASR process?

27. What are the weaknesses of the ASR process?

28. How would you improve the ASR process?

29. Have there been any unintended positive or negative results of the ASR process? If so, please describe.

Program Monitoring

Technical Reviews

[Interviewers: The following questions should be administered to Federal staff members who work in substance abuse treatment. If you are not speaking with any treatment staff involved with CSAT Technical Reviews, skip to the next section.]

30. Please describe your role in the Technical Reviews.
    Probes:
    a) What is your role in the Core Elements Technical Review?
    b) What is your role in the State Requested Technical Review?

31. What is the purpose of the Technical Reviews?
    Probes:
    a) What is the purpose of the Core Elements Technical Review?
    b) What is the purpose of the State Requested Technical Review?

32. Are there policies governing the technical review process? If so, what are they?
    Probes:
    a) How are States selected for Core Elements Technical Reviews each year?
    b) What is the process for handling a State-Requested Technical Review? Who decides what issues will be addressed?

33. Who conducts the technical reviews?

34. How are the reviewers identified?

35. Do the reviewers receive training about how to conduct the technical reviews? If so, what training do they receive? What is the time frame for this training (e.g., how long before the actual technical reviews does the training occur)?

36. What guidance do you provide to States concerning the technical review process?
    Probes:
    a) What materials are provided?
    b) What instructions are provided?

37. What products result from the technical reviews (e.g., technical review report and recommendations)?

38. What is the timeliness of the submission of technical review products?

39. How do you (program staff and grants management) use technical review products?

40. Do States receive the technical review reports? If so, do you know what States do with the reports?

State Prevention and Synar Systems Reviews \
[Interviewers: The following questions should be administered to Federal staff members who work in substance abuse prevention. If you are not speaking with any prevention staff, skip to the Grants Management section.]

41. Please describe your role in the State Prevention and Synar System Reviews.

42. What is the purpose of the State Prevention and Synar System Reviewss?

43. Are there policies governing the State Prevention and Synar System Review process? If so, what are they?
    Probe:
    a) How are States selected for State Prevention and Synar System Reviews each year?

44. Who conducts the State Prevention and Synar System Reviews?

45. How are the reviewers identified?

46. Do the reviewers receive training about how to conduct the State Prevention and Synar System Reviews? If so, what training do they receive? What is the time frame for this training (e.g., how long before the actual State Prevention and Synar System Review does the training occur)?

47. What guidance do you provide to States concerning the State Prevention and Synar System Review process?
    Probes:
    a) What materials are provided?
    b) What instructions are provided?

48. What products result from the State Prevention and Synar System Reviews (e.g., State Prevention and Synar System Review report and recommendations)?

49. What is the timeliness of the submission of products?

50. How do you (program staff and grants management) use State Prevention and Synar System Review products?

51. Do States receive the State Prevention and Synar System Review reports? If so, do you know what States do with the reports?

Grants Management

52. What role does Grants Management play in monitoring compliance with the SAPT BG program?
    Probes:
    a) Are there specific grants management policies that govern the monitoring of compliance with the SAPT BG program?
    b) If so, what are they?
    c) How are they enforced?

53. How would you improve the services provided by Grants Management to States?

Other Program Monitoring

54. In what other ways do CSAT and CSAP monitor State compliance with the SAPT BG requirements?

55. How are potential issues with State compliance identified?
    Probes:
    a) Are States' intended use plans compared to States' annual reports and progress reports to assess the degree to which planned activities were implemented? If so, please describe this process.
    b) Who decides what potential issues require Federal or State action?
    c) How are issues that require action communicated to States?
    d) Is there followup from CSAT and CSAP to determine if potential issues have been addressed?

56. What are the strengths of SAPT BG program monitoring?

57. What are the weaknesses of SAPT BG program monitoring?

58. How would you improve SAPT BG program monitoring?

59. Have there been any unintended positive or negative results of SAPT BG program monitoring? If so, what are they?

SAPT BG Development and Support

60. How do CSAT and CSAP provide SAPT BG-related support (e.g., training, technical assistance) to States?
    Probes:
    a) What types of support are provided?
    b) Who provides SAPT BG-related support to States?
    c) If SPOs, in what areas do they provide support?
    d) If contractors, in what areas and through what vehicles do they provide support?

61. What are the strengths of the SAPT BG-related support that CSAT and CSAP provide to States?

62. What are the weaknesses of the SAPT BG-related support that CSAT and CSAP provide to States?

63. How would you improve the SAPT BG-related support that CSAT and CSAP provide to States?

Data Collection (e.g., Treatment Episode Data Set, Voluntary Prevention and Treatment Measures, National Outcome Measures), Analysis, and Dissemination

64. How do CSAT and CSAP collect data on the SAPT BG program, and for what purposes?
    Probes:
    a) What types of data are collected?

65. Do CSAT and CSAP solicit feedback from States about SAPT BG data collection? If so, how?

66. Do CSAT and CSAP incorporate State feedback about SAPT BG data collection? If so, please provide examples of State feedback that CSAT and CSAP have incorporated.

67. How do CSAT and CSAP analyze data on the SAPT BG program?
    Probe:
    a) Who analyzes data on the SAPT BG program?

68. How do CSAT and CSAP disseminate data on the SAPT BG program?
    Probes:
    a) What are examples of reports that are developed using SAPT BG program data?
    b) Who are the audiences for these reports on SAPT BG program data?
    c) Do CSAT and CSAP share SAPT BG data with States? If so, how?
    d) What other stakeholders receive SAPT BG program data, and for what purposes?

69. Do you use SAPT BG program data? If so, in what ways (e.g., Federal administration and management)?

70. What are the strengths of SAPT BG data collection, analysis, and dissemination?

71. What are the weaknesses of SAPT BG data collection, analysis, and dissemination?

72. How would you improve SAPT BG data collection, analysis, and dissemination?

73. Have SAPT BG program data been used for purposes other than those originally intended? If so, please describe.

74. As a result of data collection, analysis, and dissemination activities, to what extent has the Federal Government improved its ability to describe State BG program outcomes?

75. Have SAPT BG data been used to make improvements in Federal administration and management of the SAPT BG program? If so, please describe the changes.

76. Have there been any unintended positive or negative results of SAPT BG data collection, analysis, and dissemination? If so, please describe.

Federal-level SAPT BG Outcomes

77. Do the Technical Reviews and State Prevention and Synar System Reviews improve State and Federal communication and information exchange? Please explain.

78. Have SAPT BG resources been used to leverage Federal policy and priority changes? If so, please describe.

79. Do CSAT and CSAP play a leadership role in improving the substance abuse prevention and treatment system? In guiding the States in the SAPT BG? If yes, please describe.

80. In what other ways has the SAPT BG had an impact at the Federal level?

Closing

Thank you very much for your time. Your participation is greatly appreciated. If you think of anything else you would like to add, please contact me by phone or e-mail.

INTERVIEW GUIDE FOR STATE STAFF INVOLVED WITH THE SAPT BLOCK GRANT PROGRAM

OMB Clearance Number: 0930-0291 **Expiration Date: 3/31/2011**

Estimates of Burden for the Collection of Information.
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this collection is 0930-0291. The time required to complete this information collection is estimated to average 3.5 hours per interview, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected.

INTRODUCTION

Thank you so much for taking the time to participate in this interview. We know that you are extremely busy, and we greatly appreciate your input. As you know, the Centers for Substance Abuse Treatment (CSAT) and Prevention (CSAP) have contracted with Altarum Institute to conduct an evaluation of the Substance Abuse Prevention and Treatment Block Grant Program. The purpose of our discussion today is to learn how SAPT Block Grant activities are implemented and to understand the impact of the SAPT Block Grant in your State.

As described in the letter we sent you earlier, your agency's name and location and your general job title (e.g., State Mental Health Commissioner, State Planner) may be identified in reports prepared for this study and in data files provided to CSAT and CSAP. However, none of your responses during the interview will be released in a form that identifies you or any other State staff member by name. Please remember that this study is not part of an audit or management review of State operations. Your participation in the interview is completely voluntary. Failure to complete the interview will not affect your State's SAPT Block Grant in any way.

The estimated total time to complete this interview is 3.5 hours. When we are halfway through the interview protocol, we will have a 10-minute break. It will be important to keep the break to 10 minutes in order to complete the interview within the allotted time. In addition, if we are spending too long on any given section of the protocol, I will interrupt gently to move us forward so that we can complete the interview within the allotted timeframe. We greatly appreciate your detailed feedback; however, we want to be respectful of your busy schedules.

Do you have any questions before we begin?

BACKGROUND

1. What is your title, and how long have you been in this position?

2. Briefly describe your responsibilities with regard to the SAPT Block Grant. [Interviewers: Please be sure to gather this information from all State participants.]

FEDERAL ACTIVITIES

Application Template and Guidance for States

3. Is there a formal mechanism for your State to provide feedback on the application guidance and template?

4. In past years, there were changes to both the application template and the application guidance. Was there any official notification regarding these changes prior to the release of the application template and the guidance?

5. How far in advance of the application deadline did your State receive the template and the guidance? Were you satisfied with this time frame?

6. How would you improve the application template and guidance? Their dissemination?

Application Review and Approval

7. What are the benefits to the State of the application review and approval process?

8. What are the weaknesses of the application review and approval process?

9. How would you improve the application review and approval process?

Program Monitoring

Technical Reviews

[Interviewers: The following questions should be administered to State staff members who work in substance abuse treatment. If you are not speaking with any State staff involved with CSAT Technical Reviews, skip to the next section.]

Core Elements Technical Reviews

10. When was your State's most recent Federally required Core Elements Technical Review site visit?

11. Prior to a Core Elements Technical Review site visit, does your State receive guidance from Federal staff about expectations for the site visit (for example, materials that should be prepared)? If so, please describe.

12. What products does your State receive after a Core Elements Technical Review site visit? Approximately how long after a site visit do you receive the products? Are you satisfied with this time frame?

13. What changes, if any, have been made as a result of a Core Elements Technical Review site visit and the subsequent products (e.g., report, recommendations)?

14. How does your State use the Core Elements Technical Review reports?

15. What are the benefits of the Core Elements Technical Review? Are these reviews useful to your State? If so, how?

16. What are the weaknesses of the Core Elements Technical Review?

17. How would you improve the Core Elements Technical Review? How could these reviews be more useful to your State?

18. Have there been any unintended positive or negative results of the Core Elements Technical Review? If so, please describe.

19. Do the Core Elements Technical Reviews improve State and Federal communication and information exchange? Please explain.

State-Requested Technical Reviews

20. Has your State participated in a State-Requested Technical Review? [Interviewer: If yes, continue. If no, skip to the next section.]

21. Please describe the most recent State-Requested Technical Reviews in which your State has participated.
    Probes:
    a) Why did your State request a technical review?
    b) What issues did your State wish to address through the technical review?
    c) What was the process for requesting and receiving a State-requested site visit?

22. What were the results of any State-Requested Technical Reviews? Was your State satisfied with the requested technical reviews? Please explain.

23. How could the State-Requested Technical Reviews have been more helpful to your State?

24. What products did your State receive after a State-Requested Technical Review site visit? Approximately how long after the site visit did you receive the products? Were you satisfied with this time frame?

25. What changes, if any, have been made as a result of State-Requested Technical Review site visits and the subsequent products (for example, reports or recommendations)?

26. Were there any unintended positive or negative results of the State-Requested Technical Reviews? If so, please describe.

27. Do the State-Requested Technical Reviews improve State and Federal communication and information exchange? Please explain.

[FACILITATORS: IF MORE THAN 1 HOUR HAS PASSED, SPEED UP THE INTERVIEW.]

State Prevention and Synar System Reviews

[Interviewers: The following questions should be administered to State staff members who work in substance abuse prevention. If you are not speaking with any prevention staff, skip to the next section.]

28. When was your State's most recent State Prevention and Synar System Review conducted?

29. Prior to a State Prevention and Synar System Review site visit, does your State receive guidance from Federal staff about expectations for the site visit (for example, materials that should be prepared)? If so, please describe.

30. What products does your State receive after a State Prevention and Synar System Review site visit? Approximately how long after a site visit do you receive the products? Are you satisfied with this time frame?

31. What changes, if any, have been made as a result of a State Prevention and Synar System Review site visit and the subsequent products (for example, report or recommendations)?

32. How does your State use the State Prevention and Synar System Review reports?

33. What are the benefits of the State Prevention and Synar System Reviews? Are the State Prevention and Synar System Reviews useful to your State? If so, how?

34. What are the weaknesses of the State Prevention and Synar System Reviews?

35. How would you improve the State Prevention and Synar System Reviews? How could the State Prevention and Synar System Reviews be more useful to your State?

36. Are there any unintended positive or negative results of the State Prevention and Synar System Reviews? If so, please describe.

37. Do the State Prevention and Synar System Reviews improve State and Federal communication and information exchange? Please explain.

Grants Management

38. What role does Grants Management play in monitoring compliance with the SAPT Block Grant program?
    Probes:
    d) Are there specific grants management policies that govern the monitoring of State compliance with the SAPT Block Grant program?
    e) If so, what are they?
    f) How are they enforced?

39. How would you improve the services provided by Grants Management to States?

Other Program Monitoring

40. What is the purpose of any other Federal program monitoring (e.g., compliance, program improvement)?

41. How are potential issues with State compliance identified?
    Probes:
    e) Who decides what potential issues require Federal or State action?
    f) How are issues that require action communicated to States?
    g) Is there followup from CSAT and CSAP to determine if potential issues have been addressed?

42. What are the strengths of any other SAPT Block Grant program monitoring?

43. What are the weaknesses of any other SAPT Block Grant program monitoring?

44. How would you improve any other SAPT Block Grant program monitoring?

45. Have there been any unintended positive or negative results of any other SAPT Block Grant program monitoring? If so, what were they?

SAPT Block Grant Technical Assistance (TA) and Training (Federal to State)

[Interviewer: Make sure to ask about both prevention and treatment TA and training, depending on the composition of the interview group.]

46. In the past few years, has your State received TA and training through Federal SAPT Block Grant resources? If yes, in what areas? In what formats?

47. Was your State satisfied with the TA and training received through Federal SAPT Block Grant resources? Why or why not?

48. In the past few years, has your State utilized any off-the-shelf Federal TA products supported by the SAPT Block Grant? If yes, which products?

49. What, if any, specific changes has your State made as a direct result of Federal TA or training? Were they were made as a result of in person TA delivered by consultants or as a result of the Federal TA products?

50. How would you improve consultant-based Federal TA and training to States?

51. How would you improve the Federal TA products currently available?

[FACILITATORS: TAKE A 10-MINUTE BREAK NOW; IF MORE THAN 2 HOURS HAVE PASSED, BE PREPARED TO SPEED UP THE SECOND HALF OF THE INTERVIEW]

Data Collection (e.g., Treatment Episode Data Set, National Outcome Measures), Analysis, and Dissemination

52. Do CSAT and CSAP solicit feedback from the States about Federally required data collection? If so, how?

53. Has your State ever provided feedback – either officially or unofficially – about SAPT Block Grant data collection for the Treatment Episode Data Set and National Outcome Measures? If so, please describe. Were CSAT and CSAP responsive to your feedback? Please explain.

54. How prepared is your State to respond to NOMS? What is the current status of your State's capacity to collect data for NOMS?

55. Does your State receive Federal reports based on data from the SAPT Block Grant Program? If so, how does your State use these reports?

56. Have there been any unanticipated positive or negative results from complying with SAPT Block Grant data collection, analysis, and reporting? If so, please describe.

57. What are the strengths of the Federally required SAPT Block Grant data collection?

58. What are the weaknesses of the Federally required SAPT Block Grant data collection?

59. How would you improve the data collection process?

STATE ACTIVITIES

SAPT Block Grant Application Development

60. Please describe the SAPT Block Grant application development process.
    Probes:
    a) Who is involved (roles rather than names)?
    b) How long does the process take?
    c) What feedback is sought?

61. What is the process for conducting the State needs assessment required by the SAPT Block Grant program?
    Probes:
    a) Who is involved?
    b) How are your State's needs assessments funded?
    c) How often does your State conduct needs assessments?
    d) How does your State use needs assessment information?

62. Is your State Block Grant application used for any purpose other than obtaining Federal SAPT Block Grant funds? If so, what are the other uses?

63. What are the benefits of the application process to your State?

64. What are the weaknesses of the application process?

65. How would you improve the SAPT Block Grant application process?

66. Have there been any unanticipated positive or negative results from producing the SAPT Block Grant application? If so, please describe.

Annual Synar Report

67. Please describe the annual Synar report development process.
    Probes:
    a) Who is involved (roles rather than names)?
    b) How long does the process take?
    c) What feedback is sought?

68. Is your annual Synar report used for any purpose other than obtaining Federal SAPT Block Grant funds? If so, what are the other uses?

69. What are the benefits of the annual Synar report process to your State?

70. What are the weaknesses of the annual Synar report process?

71. How would you improve the annual Synar report process?

72. Have there been any unanticipated positive or negative results from producing the annual Synar report? If so, please describe.

State Funding Allocation

73. What is the process by which your State allocates SAPT Block Grant funds (e.g., allocation formula)?
    Probes:
    a) Who is involved (roles rather than names)?
    b) How long does the process take?

74. Does the allocation of SAPT Block Grant funds affect the way that other funds are distributed in the State? If so, please describe.

75. What are the advantages of your State's SAPT Block Grant funding allocation process?

76. What are the disadvantages of your State's SAPT Block Grant funding allocation process?

77. How would you improve your State's process for allocating SAPT Block Grant funds?

[FACILITATORS: IF MORE THAN 3 HOURS HAVE PASSED, MOVE THE INTERVIEWEES ALONG MORE QUICKLY IN THE LAST QUARTER OF THE INTERVIEW.]

Programs and Services Funded Through the SAPT Block Grant

78. Are there any programs that have been developed or supported originally using SAPT Block Grant funds that have been continued using other means of support? If so, please describe the program and the other means of support.

79. Are there any State-level administrative activities that are directly supported by SAPT Block Grant funds? If so, please describe.

TA and Training Provided to Subrecipients

[Interviewer: Make sure to ask about prevention, treatment, and Synar TA and training, depending on the composition of the interview group.]

80. In the past few years, has your State used SAPT Block Grant resources to provide TA or training to subrecipients (organizations that receive SAPT Block Grant funds)? If so, please describe the types of TA and training that your State has provided.

81. What is the process for deciding what TA and training should be offered to SAPT Block Grant subrecipients?
    Probe:
    a) Who identifies training or TA needs?

82. Who has provided TA or training? State staff, contractors, other?

83. Using your best estimate, how many TA and training events were conducted in the past year?

84. Using your best estimate, how many different subrecipients or providers participated in the TA and training events in the past year?

85. To the extent that you are aware, please describe any programmatic changes that have occurred as a result of receiving TA or training.

86. How would you improve TA and training to subrecipients?

87. Have there been any unanticipated positive or negative results from providing TA and training to subrecipients? If so, please describe.

Performance Monitoring of Programs and Services that Receive SAPT Block Grant Funding

88. How does your State collect prevention and treatment data from subrecipients?
    Probe:
    a) Does your State provide data collection forms or templates to subrecipients? If so, please describe.
    b) Does your State conduct onsite monitoring site visits? If so, please describe.
    c) How does your State ensure that providers and subrecipients are collecting data in accordance with Block Grant requirements (for example, using TEDS definitions for admission and discharge)?
    d) Do State staff review data submitted by providers before passing the data on to CSAT? If so, please describe the review process.

89. How does the State analyze data collected for the SAPT Block Grant Program?

90. How does your State use the data provided by SAPT Block Grant subrecipients (e.g., produce SAPT Block Grant State application, the annual Synar report, and other reports)?

91. Is there a formal process for subrecipients to provide feedback to the State about the data collection for the SAPT Block Grant? If so, please describe the process.

92. What types of feedback have subrecipients provided to the State about data collection?

93. Has this feedback been incorporated? If so, please provide examples of incorporated feedback.

94. Have there been any unanticipated positive or negative results from collecting, analyzing, and reporting subrecipient SAPT Block Grant data? If so, please describe.

95. How would you improve the subrecipient-to-State data collection process?

SAPT BLOCK GRANT PROGRAM OUTCOMES

Federal Outcomes

96. Do CSAT and CSAP play a leadership role in improving the substance abuse prevention and treatment system? In guiding the States in the SAPT Block Grant? If yes, please describe.

State Outcomes

97. As a result of SAPT Block Grant activities, has your State improved its coordination of substance abuse prevention and treatment services and programs? If so, please describe any improvements and how the SAPT Block Grant contributed to them.

98. Has there been an increase in the number of evidence-based practices and innovative services available because of the SAPT Block Grant program? If so, please describe the newer services and how the SAPT Block Grant contributed to their availability.

99. Has your State leveraged SAPT Block Grant requirements and resources to implement State policy or funding changes? If so, please provide examples.

CLOSING

Thank you very much for your time. Your participation is greatly appreciated! If you think of anything else you would like to add, please contact me by phone or e-mail.

The Independent Evaluation of the SAPT BG Program

Estimates of Burden for the Collection of Information.
An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0291, which expires March 31, 2011. Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

Dear Technical Reviewer:

As you know, the Substance Abuse Prevention and Treatment Block Grant (SAPT BG) Program was authorized by Congress to provide funds to States, Territories, and one Indian Tribe for the purpose of planning, implementing, and evaluating activities to prevent and treat substance abuse and is the largest Federal program dedicated to improving substance abuse prevention and treatment systems. The sponsors of the program, the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention and Center for Substance Abuse Treatment, have contracted with Health Systems Research, Inc., a public policy consulting firm in Washington D.C., to conduct an independent evaluation of this program.

We are soliciting feedback about the SAPT BG from key program stakeholders. As a past Technical Reviewer, you have important insights and views about the intent, implementation, and impact of the SAPT BG from your site visits to States. We would greatly appreciate your assistance with the evaluation through the completion of this survey. Most of the questions are closed-ended questions where you will be asked to check the appropriate answer or answers. In addition, there are several open-ended questions where you have the opportunity to comment. We urge you to be as honest and thorough as possible.

Please be assured that your answers will be strictly confidential. We will only report aggregated responses to the questions, and we will never attribute specific comments to particular individuals. Your responses will not be used by CSAP to assess State compliance with the requirements and will not have any repercussions for any particular State; they will be used solely for the purpose of evaluating the overall SAPT BG Program.

Thank you very much for taking the time to participate.

1) **Have you participated in Core Elements Technical Reviews?** [If yes, continue. If no, skip to question 28.]

- [ ] Yes
- [ ] No
- [ ] Cannot answer

2) **If yes, which of the following was your role? (Check all that apply)**

- [ ] Management reviewer
- [ ] Clinical reviewer
- [ ] Fiscal Team Leader
- [ ] Other (please describe): ______________________________
- [ ] Team Leader

3) **What is the purpose of the Core Elements Technical Review?**

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4) **How often does a State representative identify compliance issues for the reviewers during the Core Elements Technical Review site visit?**

- [ ] Never
- [ ] Rarely
- [ ] Sometimes
- [ ] Usually
- [ ] Always
- [ ] Cannot answer

5) **When conducting Core Elements Technical Review site visits, how often do you identify potential issues for Federal action?**

- [ ] Never
- [ ] Rarely
- [ ] Sometimes
- [ ] Usually
- [ ] Always
- [ ] Cannot answer

6) When conducting Core Elements Technical Review site visits, how often do you identify potential issues for State action?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ Cannot answer

7) How are issues that require action communicated to the States? (Check all that apply)

- ☐ E-mail contact
- ☐ Phone contact
- ☐ Exit interview at the conclusion of site visit
- ☐ Site visit report
- ☐ Other site visit products (please describe) ______________________
- ☐ Other (please describe) ______________________

8) How are issues that require action communicated to CSAT? (Check all that apply)

- ☐ Email contact
- ☐ Phone contact
- ☐ Exit interview at the conclusion of site visit
- ☐ Site visit monitoring report
- ☐ Other site visit products (please describe) ______________________
- ☐ Other (please describe) ______________________

9) What are the strengths of the Core Elements Technical Review process?

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10) What are the weaknesses of the Core Elements Technical Review process?

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11) To what extent do you agree that the Core Elements Technical Review site visits are useful to States?

- ☐ Strongly disagree
- ☐ Somewhat disagree
- ☐ Neither disagree nor agree
- ☐ Somewhat agree
- ☐ Strongly agree
- ☐ Cannot answer

12) Please list any ways in which you feel the Core Elements Technical Review site visits could be more useful to States.

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13) What types of training, if any, did you receive to prepare you for conducting the Core Elements Technical Review site visits? (Check all that apply)

- ☐ In-person training
- ☐ Written instructions
- ☐ No training received
- ☐ Shadowing of experienced site visitors
- ☐ Other (please describe) ______________________________

14a) If you received in-person training, please rate how useful you feel the training you received was.

- ☐ Not useful
- ☐ A little useful
- ☐ Somewhat useful
- ☐ Mostly useful
- ☐ Extremely useful
- ☐ Cannot answer

14b) If you received in-person training, how long before the actual site visits began did the training occur? (Check one)

- ☐ Within 1 week
- ☐ Within 2-3 weeks
- ☐ Within 1 month
- ☐ Within 2 months
- ☐ Longer than 2 months
- ☐ Other (please describe) ______________________________
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15a) Do you have any recommendations for improving the training and preparation for the site visits to make you a more effective reviewer?

- ☐ Yes
- ☐ No

15b) If yes, what are they?

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16a) If you received written instructions, please rate how useful they were.

- ☐ Not useful
- ☐ A little useful
- ☐ Somewhat useful
- ☐ Mostly useful
- ☐ Extremely useful
- ☐ Cannot answer

16b) If you received written instructions, how long before the actual site visits began did you receive them? (Check one)

- ☐ Within 1 week
- ☐ Within 2-3 weeks
- ☐ Within 1 month
- ☐ Within 2 months
- ☐ Longer than 2 months
- ☐ Other (please describe) ____________________

____

16c) How useful was the Core Element Review Protocol in helping to gather the information needed to prepare the report?

- ☐ Not useful
- ☐ A little useful
- ☐ Somewhat useful
- ☐ Mostly useful
- ☐ Extremely useful
- ☐ Cannot answer

17a) Were you provided any other materials in preparation for the site visits?

- ☐ Yes
- ☐ No

17b) If yes, what other materials?

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18a) Do you think that there are requirements of the SAPT BG program that are not addressed adequately in the protocols for the Core Elements Technical Reviews?

- ☐ Yes
- ☐ No

18b) If yes, please discuss.

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19a) Did you receive information about the State's responsibilities in the Core Elements Technical Review site visit?

- ☐ Yes
- ☐ No
- ☐ Cannot answer

19b) If yes, what information did you receive?

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20) On average, how prepared are the States that you have visited on Technical Review site visits?

- ☐ Very unprepared
- ☐ Somewhat unprepared
- ☐ Minimally prepared
- ☐ Very prepared
- ☐ Completely prepared
- ☐ Cannot answer

21) What products result from the Core Elements Technical Review site visits to States?

- ☐ Site visit report and recommendations
- ☐ Technical assistance plan
- ☐ Strategic plan
- ☐ Other (please describe) ______________________________

____

22) How long after a site visit do you typically submit your drafts of site visit products to CSAT? (Check one)

- ☐ Within 1 week
- ☐ Within 2-3 weeks
- ☐ Within 1 month
- ☐ Within 2 months
- ☐ Longer than 2 months
- ☐ Other (please describe) ______________________________

____

23) How long after the submission of the technical review report draft to CSAT do States typically receive a copy of the site visit report? (Check one)

- ☐ Within 1 week
- ☐ Within 2-3 weeks
- ☐ Within 1 month
- ☐ Within 2 months
- ☐ Longer than 2 months
- ☐ Other (please describe) ______________________________

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24a) Do you know if Federal program staff and grants management use site visit products?

- ☐ Yes
- ☐ No
- ☐ Don't know

24b) If yes, how?

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25a) Do you know if States use site visit products?

- ☐ Yes
- ☐ No
- ☐ Don't know

25b) If yes, how?

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26a) Do you have any recommendations for improving the dissemination of Core Elements Technical Review site visit products?

- ☐ Yes
- ☐ No
- ☐ Don't know

26b) If yes, what are they?

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27a) Do you have any recommendations for more effective uses of the Core Elements Technical Review site visit products?

- ☐ Yes
- ☐ No
- ☐ Don't know

27b) If yes, what are they?

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28) Have you participated in State-Requested Technical Reviews? [If yes, continue. If no or cannot answer, the survey is complete.]

- ☐ Yes
- ☐ No
- ☐ Cannot answer

29) **What is the purpose of the State-Requested Technical Review?**

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30) **For what issues have you conducted a State-Requested Technical Review?**

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31) **What have been the results of the State-Requested Technical Reviews in which you have participated?**

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32) **What are the strengths of the State-Requested Technical Reviews?**

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33) **What are the weaknesses of the State-Requested Technical Reviews?**

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34) To what extent do you agree that the State-Requested Technical Review site visits are useful to States?

- ☐ Strongly disagree
- ☐ Somewhat disagree
- ☐ Neither disagree nor agree
- ☐ Somewhat agree
- ☐ Strongly agree
- ☐ Cannot answer

35) Please list any ways in which you feel the State-Requested Technical Review site visits could be more useful to States.

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36) What types of training, if any, did you receive to prepare you for conducting the State-Requested Technical Review site visits? (Check all that apply)

- ☐ In-person training
- ☐ Written instructions
- ☐ No training received
- ☐ Shadowing of experienced site visitors
- ☐ Other (please describe) ______________________________

____

37a) If you received in-person training, please rate how useful you feel the training you received was.

- ☐ Not useful
- ☐ A little useful
- ☐ Somewhat useful
- ☐ Mostly useful
- ☐ Extremely useful
- ☐ Cannot answer

37b) If you received in-person training, how long before the actual State-requested site visits began did the training occur? (Check one)

- ☐ Within 1 week
- ☐ Within 2-3 weeks
- ☐ Within 1 month
- ☐ Within 2 months
- ☐ Longer than 2 months
- ☐ Other (please describe) ____________________

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38a) If you received written instructions, please rate how useful they were.

- ☐ Not useful
- ☐ A little useful
- ☐ Somewhat useful
- ☐ Mostly useful
- ☐ Extremely useful
- ☐ Cannot answer

38b) If you received written instructions, how long before the actual State-requested site visits began did you receive them? (Check one)

- ☐ Within 1 week
- ☐ Within 2-3 weeks
- ☐ Within 1 month
- ☐ Within 2 months
- ☐ Longer than 2 months
- ☐ Other (please describe) ____________________

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39a) Were you provided any other materials in preparation for the State-requested site

- ☐ Yes
- ☐ No

39b) If yes, what other materials?

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40) Please rate how prepared the last State you visited was for the State-requested site visit.

- ☐ Very unprepared
- ☐ Somewhat unprepared
- ☐ Minimally prepared
- ☐ Very prepared
- ☐ Completely prepared
- ☐ Cannot answer

41) What products resulted from the State-Requested Technical Review site visits to States? (Check all that apply)

- ☐ Site visit report and recommendations
- ☐ Technical assistance plan
- ☐ Strategic plan
- ☐ Other (please describe) ______________________________

____

42) How long after a State-requested site visit do you typically submit your drafts of site visit products to CSAT? (Check one)

- ☐ Within 1 week
- ☐ Within 2-3 weeks
- ☐ Within 1 month
- ☐ Within 2 months
- ☐ Longer than 2 months
- ☐ Other (please describe) ______________________________

____

43) How long after the submission of the draft State-requested technical review report to CSAT do States typically receive a copy of it? (Check one)

- ☐ Within 1 week
- ☐ Within 2-3 weeks
- ☐ Within 1 month
- ☐ Within 2 months
- ☐ Longer than 2 months
- ☐ Other (please describe) ______________________________

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44a) Do you know if Federal program staff and grants management use State-requested site visit products?

- ☐ Yes
- ☐ No
- ☐ Don't know

44b) If yes, how?

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45a) Do you know how States use State-Requested Technical Review products?

- ☐ Yes
- ☐ No
- ☐ Don't know

45b) If yes, how?

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46a) Do you have any recommendations for improving the dissemination of State-Requested Technical Review site visit products?

- ☐ Yes
- ☐ No
- ☐ Don't know

46b) If yes, what are they?

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47a) Do you have any recommendations for more effective uses of the State-Requested Technical Review site visit products?

- ☐ Yes
- ☐ No
- ☐ Don't know

47b) If yes, what are they?

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The Independent Evaluation of the SAPT BG Program

Estimates of Burden for the Collection of Information.
An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0291, which expires March 31, 2011. Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

Dear State Prevention Systems Assessment Reviewer:

As you know, the Substance Abuse Prevention and Treatment Block Grant (SAPT BG) Program was authorized by Congress to provide funds to States, Territories, and one Indian Tribe for the purpose of planning, implementing, and evaluating activities to prevent and treat substance abuse and is the largest Federal program dedicated to improving substance abuse prevention and treatment systems. The sponsors of the program, the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention and Center for Substance Abuse Treatment, have contracted with Health Systems Research, Inc., a public policy consulting firm in Washington D.C., to conduct an independent evaluation of this program.

We are soliciting feedback about the SAPT BG from key program stakeholders. As a past State Prevention and Synar System Reviewer, you have important insights and views about the intent, implementation, and impact of the SAPT BG from your site visits to States. We would greatly appreciate your assistance with the evaluation through the completion of this survey. Most of the questions are closed-ended questions where you will be asked to check the appropriate answer or answers. In addition, there are several open-ended questions where you have the opportunity to comment. We urge you to be as honest and thorough as possible.

Please be assured that your answers will be strictly confidential. We will only report aggregated responses to the questions, and we will never attribute specific comments to particular individuals. Your responses will not be used by CSAP to assess State compliance with the requirements and will not have any repercussions for any particular State; they will be used solely for the purpose of evaluating the overall SAPT BG Program.

Thank you very much for taking the time to participate.

1) What is the purpose of the State Prevention and Synar System Review?

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2) In what roles did you serve on the State Prevention and Synar System Reviews? (Check all that apply)

☐ State Prevention and Synar System Review Lead
☐ Prevention Consultant
☐ Synar Consultant
☐ Other (please describe) ____
____

3) How often does a State representative identify compliance issues for the State Prevention and Synar System Reviewers during the visits?

☐ Never
☐ Rarely
☐ Sometimes
☐ Usually
☐ Always
☐ Cannot answer

4) When conducting State Prevention and Synar System Review site visits, how often do you identify potential issues for Federal action?

☐ Never
☐ Rarely
☐ Sometimes
☐ Usually
☐ Always
☐ Cannot answer

5) When conducting State Prevention and Synar System Review site visits, how often do you identify potential issues for State action?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ Cannot answer

6) How are issues that require action communicated to CSAP? (Check all that apply)

- ☐ E-mail contact
- ☐ Phone contact
- ☐ In-person meeting
- ☐ Site visit report
- ☐ Other (please describe) ______________________________
____

7) How are issues that require action communicated to States? (Check all that apply)

- ☐ E-mail contact
- ☐ Phone contact
- ☐ Exit interview at the conclusion of site visit
- ☐ Site visit report
- ☐ Other (please describe) ______________________________
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8) What are the strengths of the current State Prevention and Synar System Review process?

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9) What are the weaknesses of the current State Prevention and Synar System Review process?

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10) To what extent do you agree that the State Prevention and Synar System Review site visits are useful to States?

- ☐ Strongly disagree
- ☐ Somewhat disagree
- ☐ Neither disagree nor agree
- ☐ Somewhat agree
- ☐ Strongly agree
- ☐ Cannot answer

11) Please list any ways in which you feel the State Prevention and Synar System Review site visits could be more useful to States.

____

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12) What types of training, if any, did you receive to prepare you for conducting the State Prevention and Synar System Review site visits? (Check all that apply)

- ☐ In-person training
- ☐ Written instructions
- ☐ Shadowing of experienced site visitors
- ☐ No training received
- ☐ Other (please describe) ______________________________

____

13a) If you received in-person training, please rate how useful you feel the training you received was.

- ☐ Not useful
- ☐ A little useful
- ☐ Somewhat useful
- ☐ Mostly useful
- ☐ Extremely useful
- ☐ Cannot answer

13b) If you received in-person training, how long before the actual site visits began did the training occur? (Check one)

- ☐ Within 1 week
- ☐ Within 2-3 weeks
- ☐ Within 1 month
- ☐ Within 2 months
- ☐ Longer than 2 months
- ☐ Other (please describe) ______________________________

____

14a) Do you have any recommendations for improving the training and preparation for the site visits to make you a more effective reviewer?

- ☐ Yes
- ☐ No

14b) If yes, what are they?

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15a) If you received written instructions, please rate how useful they were.

- ☐ Not useful
- ☐ A little useful
- ☐ Somewhat useful
- ☐ Mostly useful
- ☐ Extremely useful
- ☐ Cannot answer

15b) If you received written instructions, how long before the actual site visits began did you receive them? (Check one)

- ☐ Within 1 week
- ☐ Within 2-3 weeks
- ☐ Within 1 month
- ☐ Within 2 months
- ☐ Longer than 2 months
- ☐ Other (please describe) ______________________________

____

16) How useful was the State Prevention and Synar System Review Guide in helping to gather the information needed to prepare the State Prevention and Synar System Review site visit report?

- ☐ Not useful
- ☐ A little useful
- ☐ Somewhat useful
- ☐ Mostly useful
- ☐ Extremely useful
- ☐ Cannot answer

17a) Were you provided any other materials in preparation for the site visits?

- ☐ Yes
- ☐ No

17b) If yes, what other materials?

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18a) Do you have any suggestions for improving the State Prevention and Synar System Review Guides?

- ☐ Yes
- ☐ No

18b) If yes, please discuss.

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19a) Did you receive information about the State's responsibilities for the State Prevention and Synar System Review site visit?

☐ Yes
☐ No
☐ Cannot answer

19b) If yes, what information did you receive?

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20) Please rate how prepared the last State you visited was for the State Prevention and Synar System Review site visit.

☐ Very unprepared
☐ Somewhat unprepared
☐ Minimally prepared
☐ Very prepared
☐ Completely prepared
☐ Cannot answer

21) What products result from the State Prevention and Synar System Review site visits to States? (Check all that apply)

☐ State Prevention and Synar System Review report and recommendations
☐ Technical assistance plan
☐ Strategic plan
☐ Other (please describe) ______________________________
____

22) How long after a site visit do you typically submit your drafts of site visit products to CSAP? (Check one)

- ☐ Within 1 week
- ☐ Within 2-3 weeks
- ☐ Within 1 month
- ☐ Within 2 months
- ☐ Longer than 2 months
- ☐ Other (please describe) ______________________________

____

23) How long after the submission of the draft site visit report do States typically receive a copy of it (after CSAP staff edits are made)? (Check one)

- ☐ Within 1 week
- ☐ Within 2-3 weeks
- ☐ Within 1 month
- ☐ Within 2 months
- ☐ Longer than 2 months
- ☐ Other (please describe) ______________________________

____

24a) Do you know if Federal program staff and grants management use site visit products?

- ☐ Yes
- ☐ No
- ☐ Don't know

24b) If yes, how?

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25a) Do you know if States use site visit products?

- ☐ Yes
- ☐ No
- ☐ Don't know

25b) If yes, how?

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26a) Do you have any recommendations for improving the dissemination of State Prevention and Synar System Review site visit products?

- ☐ Yes
- ☐ No
- ☐ Don't know

26b) If yes, what are they?

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27a) Do you have any recommendations for more effective uses of the State Prevention and Synar System Review site visit products?

- ☐ Yes
- ☐ No
- ☐ Don't know

27b) If yes, what are they?

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Thank you very much for your participation.

Appendix E

Complete Discussion of Evaluation Methods and Limitations

To collect and analyze information for the independent evaluation of the Substance Abuse Prevention and Treatment (SAPT) Block Grant (BG) Program, the following methods were developed and implemented:

Review of SAPT BG Program documents. Information related to the achievement of the 17 legislative goals, Program expenditures, and systems improvement efforts was abstracted from States' Federal Fiscal Year (FFY) 2007 BG applications in the Web-based Block Grant Application System (WebBGAS). An abstraction form was developed and used to standardize the collection of information about each State's progress towards achieving the 17 goals. Data collection staff were trained in data abstraction processes used during the review of Program documents. For each State, a team of two staff members abstracted data individually, then compared and combined their abstractions to ensure thorough and accurate information for each State. Completed abstractions were reviewed by senior evaluation staff to ensure quality and consistent application of data abstraction techniques. Technical Review (TR), State Prevention and Synar System Review (SPSSR), and Center for Substance Abuse Treatment (CSAT)/Center for Substance Abuse Prevention (CSAP) internal reports were examined for common themes across States, which were documented and incorporated into the analysis of TR, SPSSR, and 17-goal activities.

Collection of NOMs/TEDS/NSDUH data. SAPT BG regulations require that States collect and report data for the National Outcome Measures (NOMs) into WebBGAS. The vast majority of the 60 SAPT BG recipients use pre-populated Treatment Episode Data Set (TEDS) data (for treatment measures) and National Survey of Drug Use and Health (NSDUH) data (for prevention measures) to fulfill the NOMs requirements. The WebBGAS contractor uploads these States' TEDS data into the WebBGAS system. A few BG recipients use their own State-collected data to adhere to the NOMs requirements and are required to use TEDS data definitions to ensure valid and consistent data collection. States that do not use TEDS data definitions for all measures are required to document their data definitions in WebBGAS. In early 2008, the WebBGAS contractor provided all of the NOMs data contained in WebBGAS for BG applications for FYs 2004 to 2008 as well as related documentation to the evaluation team.

Interviews with State staff. In-person interviews were conducted with 21 groups of State staff during site visits to State offices in May through July 2008. The 99-question State staff interview protocol was initially administered in three States to assess its validity and reliability and to determine a timeframe for interview completion. The interview was originally designed to be administered via telephone to individual State employees familiar with different areas of BG implementation. However, during the initial site visits to test the protocol, it was determined that one 3-hour group interview conducted in person would be the best way to ensure accurate and thorough responses to interview questions. The group interviews also mitigated the impact of State staff turnover on the ability to provide information – in a group setting, there was at least one State employee who had been with the State through at least two BG cycles.

Directors of the Single State Authorities (SSAs) formally responsible for SAPT BG Program administration were asked to select State staff who were the most knowledgeable about the Program to participate in the interviews. Size of interview groups ranged from 4 to 12 State staff members and always included the SSA Director. Roles of other State staff who participated in

the group interviews included the Treatment Supervisor/Lead, Prevention Supervisor/Lead, BG Coordinator/completer of the SAPT BG application, Lead Data Analyst, Program Evaluator/Monitor, and Technical Assistance (TA) and Training Manager. Prior to the site visits, data collection team members were provided with thorough training about interview techniques and each question in the interview protocol. Site visit teams consisted of two data collection team members, at least one of whom was a senior evaluator.

Site visit selection. Due to time constraints and costs associated with site visits, a sample of 21 SAPT BG recipients was selected for onsite interviews. To narrow the number of potential States to be visited, Alaska, Hawaii, and the Territories/Jurisdictions were omitted due to the high costs and logistical burden associated with their visits. To select 21 of the remaining States for site visits, the States were first separated into five regions: Midwest, Northeast, Southeast, Southwest, and West. Each region contained approximately the same number of States. Then the following criteria were applied for each region to select representative States:

- At least one large State with a metropolitan area
- At least one rural State with a relatively small population
- At least one State with racial/ethnic diversity in population
- At least one State where the SAPT BG comprises a large percentage (>60 percent) of total State funds for substance abuse services
- At least one State where the SAPT BG comprises a small percentage (<40 percent) of total State funds for substance abuse services.

At least four States were selected in each region with the exception of the West region, which had three States selected as representatives. The West region contains all of the Pacific Jurisdictions, Alaska, and Hawaii.

Interviews with Federal staff. Federal staff associated with the SAPT BG Program were interviewed individually at their offices by a team of two data collection staff members, at least one of whom was a senior evaluator. All State Project Officers (SPOs), Government Project Officers (GPOs), and SAPT BG Federal management staff were selected for in-person interviews, which occurred in May 2008. The Federal staff interview protocol consisted of 79 open-ended questions and took an average of 90 minutes to complete. Prior to the site visits, data collection team members were provided with thorough training about interview techniques and each question in the interview protocol. A total of 28 Federal staff were interviewed for the evaluation.

Web-based surveys. To collect information from TR and SPSSR reviewers in a convenient manner, a web-based survey and survey platform was developed and launched for the evaluation. The web-based survey system contained a user-friendly interface and a secure e-mail function that alerted and reminded the reviewers to access the survey. The virtual survey system was thoroughly tested to ensure optimal functioning and compliance to SAMHSA DMS-IT and other Federal guidelines. A total of 6 TR reviewers completed the 47-question TR survey, and 4 SPSSR reviewers completed the 27-question SPSSR survey. Each survey contained closed and open-ended questions and took less than 1 hour to complete. Multiple attempts were made to

increase the pool of respondents for the survey; however, only 10 reviewer names were provided to the web-based survey team. Surveys were completed in June through August of 2008.

Data storage, cleaning, and analysis. Quantitative data for the evaluation, including NOMs data, financial data, and responses to the web-based surveys, initially were stored and cleaned in Microsoft Excel® spreadsheets and subsequently imported to SPSS 16.0 software for statistical analysis. Frequencies and percentages were calculated for all data, and trend analysis was conducted for the NOMs.

Qualitative data, including interview responses and abstracted program information, initially were stored and cleaned in Microsoft Word and subsequently imported to NVivo 7 software for content analysis. The data from were analyzed for key themes and differences in responses across respondents. Themes were aggregated across all interviews, surveys, and program information, and themes mentioned most frequently were reported. Specific qualitative examples that illustrated Federal and State accomplishments and outcomes for the SAPT BG Program also were stored in NVivo; many are included in this final evaluation report.

Appendix F

Secondary Analysis of the National Outcome Measures (NOMs)

In an effort to address issues of access, capacity, service quality, client satisfaction, and objective outcomes, the Substance Abuse and Mental Health Services Administration (SAMHSA) collaborated with the National Association of State Alcohol/Drug Abuse Directors (NASADAD) to develop the National Outcome Measures (NOMs). The goal was to select outcome measures that could be utilized to manage and measure performance and to determine whether the agency's vision is being achieved.[1]

Specific NOMs were identified by SAMHSA for substance abuse treatment and prevention. These measures include the following "domains" or target areas: Abstinence from Alcohol and Other Drugs, Employment/Education, Crime and Criminal Justice, Retention, Social Support/Social Connectedness, Cost Effectiveness, and Use of Evidence-Based Practices. These NOMs are related to services provided to youth aged 12 to 17 and adults aged 18 and older. SAMHSA required Block Grant (BG) funding recipients to report data for the NOMs starting in FY 2008; States that are not in compliance may lose up to 5 percent of their BG funding.

Purpose

The purpose of this analysis was to measure the impact of the Substance Abuse Prevention and Treatment (SAPT) BG program on access to services, service quality and client satisfaction, and determine the extent to which the program is achieving its goals.

Methodology

Data utilized to pre-populate NOMs were drawn primarily from SAMHSA's Treatment Episode Data Set (TEDS) and the National Survey on Drug Use and Health (NSDUH); these data were accessed through the SAPT Web-based Block Grant Application System (WebBGAS).

Treatment Episode Data Set (TEDS). The TEDS is an administrative data system that provides descriptive information about admissions to providers of substance abuse treatment. TEDS is sponsored by the Office of Applied Studies (OAS) at SAMHSA. The TEDS system includes records for approximately 1.5 million substance abuse treatment admissions annually. TEDS consists of data that are routinely collected by States in monitoring their individual substance abuse treatment systems. In general, facilities reporting TEDS data are those that receive State alcohol and/or drug agency funding, including Federal Block Grant funds, for the provision of substance abuse treatment. The TEDS system excludes facilities that are operated by private for profit agencies, hospitals, and the State correctional system, if they are not licensed through the State substance abuse agency.

National Survey of Drug Use and Health (NSDUH). The NSDUH is an annual survey of the civilian, noninstitutionalized population of the United States aged 12 or older. This survey is planned and managed by SAMHSA's OAS, and data collection is conducted under a Federal contract.[2]

[1] https://www.nationaloutcomemeasures.samhsa.gov
[2] https://nsduhweb.rti.org/

The NSDUH is the primary source of information on the use of illicit drugs, alcohol, and tobacco in residents of households (e.g., living in houses/townhouses, apartments, condominiums); persons in noninstitutional group quarters (e.g., shelters, rooming/boarding houses, college dormitories, migratory workers' camps, halfway houses); and civilians living on military bases. The survey is conducted with approximately 67,500 persons 12 years of age and older each year.

Analysis

Quantitative analysis of secondary data was conducted using the previously described data sources. Simple descriptive statistics such as frequencies, percent changes, and averages were calculated for each NOM. Percent changes were calculated for NOMs treatment domains to understand changes in values from admission to discharge. Calculations were made by subtracting the admission value from the discharge value, then dividing by the admission value and multiplying the result by 100. Analysis of trends within and across years also was conducted.

Data Definitions and Assumptions

Treatment NOMs are collected using the following TEDS data definitions:

- **Client**: An individual who has an alcohol or drug related problem, has completed the screening and intake process, has been formally admitted for treatment or recovery service, and has his or her client record
- **Admission**: The first date of service, prior to which no service has been received for 30 days
- **Discharge**: The last date of service, subsequent to which no service has been received for 30 days.
- Data for the criminal justice involvement domain is based on clients arrested for any charge in the past 30 days at admission versus discharge. The question to address this data element in FY 2007 was framed as: “What is your current involvement with the legal system (police, court or jail)?” Possible responses included:
    - In lock-up facility, mandatory hospitalization involuntary commitment, or youth facility
    - On probation or parole, felony charges pending or conviction, awaiting sentencing, in a half-way house, contested divorce or custody issues
    - Misdemeanor charges pending or conviction, court-ordered outpatient treatment, in detention
    - Non-criminal problems, informal probation, truancy, minor litigation, mutually agreeable divorce/custody issues, no threat of jail
    - No legal involvement at all.
- The employment and school attendance domain was developed to measure the employment status of persons treated in the States’ substance abuse treatment systems. This domain is measured by the change in all clients receiving treatment who reported being employed (including part-time) at admission and discharge.

The question phrased in FY 2007 was a measure of productive use of time, not paid employment: "How often do you do activities such as hunting, fishing, berry picking, work, school, sports, or treatment activities?" A traditional paid employment question was added in FY 2008.

Limitations

The following limitations to TEDS and NSDUH data collection and analysis should be taken into account before drawing conclusions about outcomes:

TEDS

- The number and client mix of TEDS admissions does not represent the total demand for substance abuse treatment nor the prevalence of substance abuse in the general population.
- Because States were not required to report on NOMs prior to FY 2008, data for several domains are missing from FY 2004 to FY 2006.
- It is impossible to determine the reasons why individuals were discharged from treatment. Discharges include program completers, but also include people who leave against medical advice and people who leave for personal or family reasons. If data were collected and analyzed with respect to length of stay or degree of program completion, it is likely that client progress would be more pronounced for program completers and near-completers.
- Currently, when a client moves from one treatment modality to another, for the purposes of TEDS collection, he/she is discharged from the first modality and "newly" admitted to the next one. This makes the average percent change from admission to discharge smaller than it would be if admission were considered to be the beginning of service provision and discharge were the conclusion of treatment services, regardless of modality.

NSDUH

- The NSDUH is utilized as a data source to populate a number of NOMs prevention domains. The main limitations of using NSDUH data to determine prevention outcomes are small sample sizes in many States, which lead to underreporting and under coverage of some populations, and the inability of the survey to identify participants in BG-funded prevention programs. This precludes drawing the conclusion that NOMs changes are associated with participation in BG-funded prevention services and activities.
- Across different measures, years, and States, a large number of data fields were missing.
- From FY 2004 to FY 2008, NSDUH data were collected differently for some prevention domains, including perceptions of risk or harm from substance use and attitudes about substance use at work or school. Therefore, it was not appropriate to conduct an analysis of these outcomes across years.