

**Substance Abuse and Mental Health Services Administration
(SAMHSA)**

Policy and Procedure (P&P) Number: 04.01.01

P&P Title: Evaluation of SAMHSA Programs and Policies

Lead: Center for Behavioral Health Statistics and Quality (CBHSQ)

Approving Authority: Assistant Secretary for Mental Health and Substance Use

Effective Date: 05/26/2017

Revision Date: 05/31/2022

1.0 Purpose: In recognition of the need to formalize a systematic approach to planning, managing, and overseeing programmatic and policy evaluation activities within SAMHSA, this P&P provides guidance for SAMHSA evaluations of programs and policies.

1.1 This document outlines the process for evaluation development including the need for final evaluation proposal approval from SAMHSA leadership (Office of the Assistant Secretary). The SAMHSA Evidence and Evaluation Board (SEEB) will not be responsible for the approval of evaluation proposals. Please see additional information on the clearance and approval process in sections 7.5 and 7.6.

1.2 A SAMHSA P&P was originally developed in 2017 based on the recommendations of a SAMHSA Summer Evaluation Review to guide future SAMHSA evaluation. This revised P&P incorporates guidance provided by the Foundations for Evidence-based Policymaking Act, 2018 (Evidence Act). The Evidence Act defines evaluation as “an assessment using systematic data collection and analysis of one or more programs, policies, and organizations intended to assess their effectiveness and efficiency.”¹

2.0 Objectives: All program and policy evaluations, whether conducted by SAMHSA or a SAMHSA contractor, will be conducted consistent with the Evidence Act (<https://www.whitehouse.gov/wp-content/uploads/2020/03/M-20-12.pdf>). Evaluations will comply with both the spirit and relevant requirements that govern research involving human subjects. SAMHSA’s evaluation policy is focused on consistently achieving the following key objectives:

2.1 Alignment between the type of evaluation activity and evaluation questions with program maturity, complexity, and research goals. For example, different evaluation questions tend to be asked at different stages of program maturity and often reflect whether the purpose of the study is to assist program improvement or provide accountability (Source [GAO-12-208G, Designing Evaluations: 2012 Revision](#)).

2.2 Ensure evaluation goals are relevant, culturally appropriate, actionable, and defensible.

2.3 Match the degree of independence of the evaluation with the “significance” of the program, level of interest in the outcome from the key stakeholders (e.g., Congress, SAMHSA, center, grantee), size, scope, and complexity of the evaluation activity. The degree of independence might range from low or

moderate independence such as evaluation contracts that are overseen by center Contracting Officer's Representative (COR)s/Alternate CORs or outside of the center (CBHSQ) to high or complete independence when activities are overseen by other operating divisions, other agencies, or by the Government Accountability Office (GAO).

- 2.4 Utilize SAMHSA data to identify, monitor, and respond to behavioral health disparities and promote equity.
- 2.5 Collect and share meaningful and critical findings within SAMHSA, with SAMHSA leadership and staff, and relevant key stakeholders, including behavioral health and scientific communities. In some cases, only the executive summary of significant evaluations will be included on the webpage. All materials must be 508-compliant.
- 2.6 Incorporate the practices and considerations outlined in this document into all evaluation activities whether the evaluation activity is conducted by SAMHSA or through a contract.
- 2.7 Develop a "learning agenda" to identify and address priority questions relevant to the programs and policies of SAMHSA. These questions might include how SAMHSA programs and policies function, their effectiveness, efficiency, and value both individually and in combination (<https://www.whitehouse.gov/wp-content/uploads/2019/07/M-19-23.pdf>).

3.0 Scope:

- 3.1 This P&P covers program and policy evaluations and evidence building activities, types of evaluation mechanism being executed in fiscal year 2022 and beyond (e.g., evaluation contracts/task orders, optional tasks orders, in-house evaluations, Inter-Agency Agreements). This P&P also describes how SAMHSA will conduct evaluation and evidence building activities in line with the Evidence Act. The principles, guidelines, and processes identified within the P&P are applicable to all SAMHSA staff, interns, contractors, sub-contractors, and consultants.

4.0 Definitions and Establishing Acts:

- 4.1 **Contracting Officer's Representative (COR):** The COR facilitates proper development of requirements and assists Contracting Officers in developing and managing contracts (<https://www.fai.gov/certification/fac-cor/contracting-fac/fac-cor-policy-documents>). The COR plays an integral role in the planning, monitoring, and closing out of contracts that support evaluation activities.
- 4.2 **Dissemination:** Results of evaluations and evidence building activities for "significant" programs will be shared through an existing evaluation page within the SAMHSA website (<https://www.samhsa.gov/data/program-evaluations/evaluation-reports>).

4.3 Evaluation: The Evidence Act defines evaluation as an assessment using systematic data collection and analysis of one or more programs, policies, and organizations intended to assess their effectiveness and efficiency.¹ These systematic studies to assess a program or policy are conducted periodically or on an ad hoc basis by experts either inside or outside the agency, as well as by program or policy managers. An evaluation typically examines achievement of program or policy objectives in the context of other aspects of performance or in the context in which it occurs. There are several types of evaluations, but the most common types are²:

Formative Evaluations: Evaluations conducted prior to, or during, the early stages of implementation to determine if the program/policy can be implemented as intended and whether the program/policy will have an effect on participants.

Process/implementation Evaluations: Evaluations conducted to understand how the program/policy works and whether the program/policy was implemented with fidelity and reached the target population that it is intended to reach (coverage).

Summative (outcome/impact) Evaluations: Evaluations that assess the impact and outcomes of the program/policy and its effects on participants, the broader health care delivery system, or social service delivery system (if applicable).

Economic Evaluations: This group of evaluations compare costs and consequences of different interventions and might include a variety of approaches including a program/policy cost analysis or an estimation of the cost of implementing a program/policy or intervention per client served.

4.4 Evaluation Plan: An annual agency document outlining programs/policies to be evaluated during the fiscal year including evaluation questions, lead staff, and start and end dates. Programmatic Centers will recommend programs and policies for inclusion into the evaluation plan and in line with SAMHSA's learning agenda. The evaluation plan will be reviewed by the SAMHSA Evidence and Evaluation Board (SEEB) each year and is subject to modification in order to accommodate unanticipated evaluation needs

4.5 Foundational Fact Finding: Activities designed to contribute to evidence building (to support the learning agenda) but do not have the rigor of an evaluation. SAMHSA will include Reports to Congress, program profiles and spotlights as examples of fact-finding activities. Additional activities include: Community-Based, Participatory Research, Ethnography, Process or Journey Mapping, Correlational (Statistical) Analyses, (Administrative and Survey Data), Qualitative Interviews and Focus Groups, Document Reviews and Time Studies.

4.6 Foundations for Evidence-Based Policymaking Act of 2018 (Evidence Act):
The Evidence Act provides a framework for agencies to ensure that decisions are

based on rigorous evidence and data about what works. The Evidence Act emphasizes collaboration and coordination to advance evidence building within the federal government and includes four phases including the development of a learning agenda and an evaluation plan. The evaluation plan should describe “significant” evaluations with the federal agency defining programs considered significant. The Evidence Act describes evaluation as “an assessment using systematic data collection and analysis of one or more programs, policies, and organizations intended to assess their effectiveness and efficiency.”¹

Additional information on the Evidence Act can be found at:

<https://www.congress.gov/bill/115th-congress/house-bill/4174>.

<https://www.whitehouse.gov/wp-content/uploads/2020/03/M-20-12.pdf>

<https://www.whitehouse.gov/wp-content/uploads/2021/06/M-21-27.pdf>

<https://www.whitehouse.gov/wp-content/uploads/2019/07/M-19-23.pdf>

4.7 21st Century Cures Act: Legislation passed by Congress in December 2016 that requires the Assistant Secretary for Planning and Evaluation (ASPE) to develop an evaluation strategy that identifies priority programs to be evaluated and provide recommendations on improving programs and activities based on the evaluations conducted. Additionally, it requires ASPE to partner with SAMHSA and CBHSQ to “coordinate the Administration’s integrated data strategy [... and] coordinate evaluation efforts for the grant programs, contracts, and collaborative agreements of the Administration”² in consultation with SAMHSA’s Chief Medical Officer.

4.8 Learning Agenda: According to the Evidence Act, a learning agenda is a “systematic plan for identifying and addressing priority questions relevant to the programs, policies, and regulations of an agency. It is a coordination tool to engage stakeholders in evidence planning and building to help achieve an agency’s mission. The process to develop and implement a learning agenda can be a whole agency effort, fostering a culture of learning and continuous improvement. It is also an opportunity to enlist external stakeholders in an agency’s adoption of a learning culture.”¹

4.9 Performance measurement: Defined as the ongoing monitoring and reporting of program and policy accomplishments, challenges, and progress toward pre-established goals. For SAMHSA, this includes monitoring National Outcome Measure collected through discretionary and block grant programs. Performance measurement is typically conducted by program management. Performance measures may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). See GAO 2011 report on distinguishing evaluation from performance management ([GAO-11-646SP Performance Measurement and Evaluation: Definitions and Relationships \(Supersedes GAO-05-739SP\)](#)).

4.10 Rigorously Designed Evaluations: Evaluations should be rigorously designed to the fullest extent possible. The need for a rigorously designed evaluation will be balanced with the needs of the service organization, independence, cost, and

significance and take into account the need to conduct randomized-control trials, natural experiments, quasi-experimental, observational, or case study designs to include collection of additional data, targeting comparisons between subgroups and gathering a diverse body of evidence where feasible.

4.11 SAMHSA’s Evidence and Evaluation Board (SEEB): The SEEB is comprised of representatives from each of the SAMHSA Centers, the Evaluation Officer, Chief Data Officer, Statistical Officer, National Mental Health and Substance Use Policy Lab, Office of Tribal Affairs and Policy, Office of Behavioral Health Equity, Office of Recovery, and Office of Financial Resources. The development of a SEEB Charter was approved by voting members during the first meeting (February 2022).

4.12 Significant Program/Policies: As part of the Evidence Act, every agency will develop its own definition of “significant.” This definition might take into account a variety of factors, such as the extent to which an evaluation answers a learning agenda priority question, addresses a critical knowledge gap, or focuses on a high-profile program or policy (https://oes.gsa.gov/assets/toolkits/Annual_Evaluation_Plan_Overview_updated.pdf).

5.0 Standards: SAMHSA evaluation activities will:

- 5.1 Match the type of evaluation activity with program maturity, complexity, and research goals.
- 5.2 Determine the degree of independence of evaluation activities for different types of programs.
- 5.3 Incorporate Evidence Act practices and considerations into the contract planning process.
- 5.4 Collect and disseminate meaningful and critical findings to SAMHSA’s colleagues and to the behavioral health and scientific fields.
- 5.5 Develop a “learning agenda” to identify priorities for future evaluation activities.

6.0 Key Personnel and Responsibilities:

- 6.1 **Chief Data Officer:** Director, CBHSQ or
Center for Behavioral Health Statistics and Quality
- 6.2 **Evaluation Officer:** Director, Office of Evaluation
- 6.3 **Statistical Officer:** Senior CBHSQ Statistician
- 6.4 **P&P Responsible Party:** Director, Office of Evaluation

The Evidence Act requires the selection of an agency Evaluation Officer, Chief Data Officer, and Statistician.

The role of the Evaluation Officer is clearly stated in the Evidence Act: *“The Evaluation Officer of an agency shall, to the extent practicable, coordinate activities with agency officials necessary to carry out the functions required under subsection (d) ... The Evaluation Officer of each agency shall— “(1) continually assess the coverage, quality, methods, consistency, effectiveness, independence, and balance of the portfolio of evaluations, policy research, and ongoing evaluation activities of the agency; “(2) assess agency capacity to support the development and use of evaluation; “(3) establish and implement an agency evaluation policy; and “(4) coordinate, develop, and implement the plans required under section 312.”¹*

According to the Evidence Act, the Chief Data Officer role encompasses data management, governance (including creation, application, and maintenance of data standards), collection, analysis, protection, use, and dissemination including with respect to any statistical and related techniques to protect and de-identify confidential data. The Statistician will advise on statistical policy, techniques, and procedures. The Evidence Officer and members of the SEEB will play key roles in the development of the learning agenda, the annual evaluation plan, support agency evaluations, and provide components of evidence needed to inform the learning agenda.

7.0 Procedures:

7.1 Establish and Maintain Agency Learning Agenda: The Evidence Act is the driver for the learning agenda and requires agencies to set priorities for evidence building in collaboration with internal and external stakeholders. This agenda shall be reviewed regularly by the SEEB and updated annually.

7.2 Development of Evaluation Plan: SAMHSA’s Evaluation Officer, in partnership with members of the SEEB, shall develop an evaluation plan that aligns with the Evidence Act,¹ the 21st Century Cures Act, and Executive and HHS directives. In addition to significant evaluations planned for the fiscal year, the Evaluation Plan will include additional evidence building components, such as activities the Evidence Act considers Foundational Fact-Finding activities.

7.3 Grant Program Performance Monitoring: Monitoring is an evidence building component but is independent of the annual evaluation plan. The SAMHSA Performance Monitoring P&P outlines roles and responsibilities.

7.4 Evaluation Planning and Oversight: SAMHSA’s Evaluation Officer will lead the SEEB to review and provide oversight of significant evaluation activities. The SEEB will assist with defining “significant” programs and policies to be evaluated and will review other evaluation activities undertaken through planning to ensure that evaluation activities are consistent with program/policy maturity, research questions, and degree of independence to conduct a rigorous evaluation to the fullest extent possible. In addition, the SEEB will be responsible for examining evidence discovered through evaluations and ensuring the findings are shared with internal and external stakeholders. Additionally, the conclusion and recommendations will be considered when discussing future evaluations and future grant programs.

7.5 Evaluation Clearance: Once a center or office has confirmed that an evaluation of a program or policy is in line with SAMHSA’s strategic goals and objectives, the following should review the evaluation proposal/plan and sign the Evaluation Routing Form (see attached): Center Evaluation Lead (and/or Center COR), Center Director, CBSHQ Evaluation Advisor, Evaluation Officer (Director, Office of Evaluation) and the Chief Data Officer (Director, CBHSQ). The completed clearance form will be saved with the Evaluation Repository.

7.6 Evaluation Approval: Once the evaluation proposal has been approved by the originating Center or Office and CBHSQ leadership, the evaluation proposal will be sent by the originating Center or Office through SWIFT for SAMHSA leadership review. Once approved, the final proposal will be shared with the Evaluation Officer for including in the Evaluation Repository and the SEEB will be notified.

7.7 Evaluation Completion: The completion of a final report and submission of evaluation data files are the final steps in the process. All reports must be 508 compliant and available for posting publicly if approved by programmatic centers and the Office of the Assistant Secretary. If considered a significant evaluation, at least the executive summary should be considered for public accessibility on the SAMHSA website.

8.0 Renewal Frequency:

8.1 Policy & Procedures Renewal Frequency: This P&P should be reviewed in its entirety every two years from the effective date. It should also be reviewed annually to ensure hyperlinks are functioning and appropriate updates are made.

8.2 Evaluation Plan: As suggested by the Evidence Act, an Evaluation Plan will be developed annually.

9.0 Revision History:

Revision Date	Section	impact	Revision
January 2022	Sections 1 - 10	All sections remain from the original 2017 document, but the content has been modified to be in line with the Evidence Act of 2018	The revised document has been shared with Centers and OAS for comment and edits
April 2022	All section	All sections remain but edits were suggested by SAMHSA programmatic Centers and Offices.	The revised document was shared back with Centers and OAS for approval.
May 2022	Routing Form	Modified Routing Form and added the need for the final proposal to go through SWIFT	

10.0 References and Attachments:

1. PUBLIC LAW 115-435-JAN. 14, 2019, otherwise known as the Foundations for Evidence-Based Policymaking Act of 2018, TITLE 1 – FEDERAL EVIDENCE-BUILDING ACTIVITIES.
2. Centers for Disease Control and Prevention. (2020). Types of Evaluation. <https://www.cdc.gov/std/program/pupestd/types%20of%20evaluation.pdf>
3. [Evaluation Routing Form 2022](#)