**SAMHSA Standard Operating Procedure (SOP)**

**Program Evaluation SOP**

**Purpose:** Outline the Standard Operating Procedures (SOP) for program evaluation of SAMHSA’s discretionary grant programs using SAMHSA’s Performance Accountability and Reporting System (SPARS). Proper reporting of evaluation background, methodology, and results is a key step to fostering understanding of services and programs provided by SAMHSA and the positive impact they may have at the national levels.

**Background:** The Government Performance and Results Modernization Act (GPRA) of 2010 updated some aspects GPRA of 1993. Federal agencies are required to set long-term goals and objectives as well as specific near-term performance goals. As part of this federal mandate, all SAMHSA grantees are required to collect and report performance data using approved measurement tools. The GPRA Modernization Act further strengthened this requirement.

While most Departments and federal agencies elect to meet this requirement by reporting on a small subset of measures annually, SAMHSA has elected to do a more robust data collection from all grantees reflecting more of a program evaluation approach. SAMHSA requires that all service delivery discretionary grantees collect data on critical domains assessing the effectiveness of service delivery. These data elements include: abstinence from substance use, criminal justice status, employment, housing stability and social connectedness. Data are collected at the client-level at intake, six months post intake, and discharge. These data serve as a means to evaluate program performance for both individual grantees and grant portfolios. It is the policy of SAMHSA to utilize these data for program evaluation unless a separate evaluation is specified in statute. The specific policy action responds to concerns regarding increased
administrative burden for grantees required to participate in separate evaluations, allows for the prioritization of funding to direct service provision for those with mental and substance use disorders rather than contractor overhead, and still provides SAMHSA an ability to evaluate its programs using robust data. Further, evaluating data from a regular and real-time data entry and reporting system allows SAMHSA to make immediate quality improvements with its grantees.

Data collected through SPARS are used to monitor the progress of SAMHSA’s discretionary grants, serve as a decision-making tool on funding, and improve the quality of services provided through the programs. SPARS provides real-time performance monitoring of SAMHSA’s discretionary grant portfolio and allows SAMHSA to provide timely, accurate information to stakeholders and Congress. The system includes data entry, data validation and verification, data management, data utilization, data analysis support, and automated reporting. Client-level data are collected from grantees including demographics, ICD10 diagnostic categories, substance use and abuse, mental health and physical health functioning, and other key variables. SAMHSA will continue to implement the 21st Century Cures Act and make any necessary changes to improve the performance metrics used and to evaluate effectiveness of SAMHSA programs including updating client-level data collection tools and modernizing the SPARS data collections system.

**Roles & Responsibilities:** Within SAMHSA, the Office of Evaluation (OE) in the Center for Behavioral Health Statistics and Quality (CBHSQ) is responsible for improving access to valid and reliable information on evidence-based programs and practices, including information on the strength of evidence associated with such programs and practices, related to mental and substance use disorders.

The Office of Evaluation is a key part of the SAMHSA’s commitment to rigorous evaluation and maintains information on evidence-based programs and practices that have been reviewed by the

*This Standard Operating Procedure will be reviewed and updated on an annual basis*
Office of Assistant Secretary for Mental Health and Substance Use (OAS). The OE strives to evaluate programs in an integrated manner combining process, outcome, impact and cost-benefit analysis of program activities. This work is conducted in collaboration with the National Mental Health and Substance Use Policy Laboratory and the Centers.

**Procedures:** SAMHSA utilizes the data above on a regular and real-time basis to manage its grant programs. On an annual basis, SAMHSA produces and publishes SPARS informed Program Profiles to evaluate the performance of SAMHSA discretionary grant programs. The following steps comprise the procedures of updating the Program Profiles and other evaluation activities of SAMHSA’s discretionary grant portfolio.

1. OE, in collaboration with program Centers, identifies a set of performance indicators to track and evaluate each SAMHSA program in collaboration with program staff and the development of periodic evaluation reports for use in agency planning, program change, and reporting to departmental and external organizations.

2. Programs are identified in collaboration with the SAMHSA OAS and Office of Legislative Affairs, utilizing the calendar of upcoming due dates for Reports to Congress that is disseminated internally. Additional programs may be selected for evaluation as determined by SAMHSA leadership.

3. The program profiles are updated annually during the 1st Quarter of each Fiscal Year.

4. Rigorous quality review protocol is conducted at all levels within CBHSQ.

5. Final review and approval conducted by the OAS.

6. Profiles are cleared for posting to the SAMHSA website for access by stakeholders and the public.