

CSAT's GPRA STRATEGY

OVERVIEW

The Government Performance and Results Act of 1993 (Public Law-103-62), known as GPRA, requires all Federal departments and agencies to develop strategic plans that specify what they will accomplish over a three to five year period, to annually set performance targets related to their strategic plan, and to annually report the degree to which the targets set in the previous year were met. In addition, agencies are expected to regularly conduct evaluations of their programs and to use the results of those evaluations to explain their successes and failures based on the performance monitoring data. While the language of the statute talks about separate Annual Performance Plans and Annual Performance Reports, the Assistant Secretary for Management and Budget of the U.S. Department of Health and Human Services (ASMB/HHS) has chosen to incorporate the elements of the annual reports into the annual President's Budget and supporting documents. This document provides an overview of how the Center for Substance Abuse Treatment (CSAT), in conjunction with the Substance Abuse and Mental Health Services Administration's Office of the Administrator (SAMHSA/OA), Center for Mental Health Services (CMHS), and Center for Substance Abuse Prevention (CSAP), are addressing these statutory requirements.

DEFINITIONS

The following terms are used throughout this report:

Performance Monitoring	The ongoing measurement and reporting of program accomplishments, particularly progress towards pre-established goals. The monitoring can involve process, output, and outcome measures.
Evaluation	Individual systematic studies conducted periodically or as needed to assess how well a program is working and why particular outcomes have (or have not) been achieved.
Program	For GPRA reporting purposes, a set of activities that have a common purpose and for which targets can (will) be established.
Activity	A group of grants, cooperative agreements, and contracts that together are directed toward a common objective.
Project	An individual grant, cooperative agreement, or contract.

SAMHSA’S NATIONAL OUTCOMES MEASURES

In 2002, SAMHSA developed a matrix of program priorities and cross-cutting principles that has guided the agency’s overall program and management decisions, and daily operations. The matrix is presented in Appendix I. In addition, SAMHSA’s draft Strategic Plan identifies the agency goals as Accountability, Capacity, and Effectiveness (ACE). SAMHSA has categorized performance measures according to the Capacity and Effectiveness goals. The stated outcomes of SAMHSA’s draft strategic plan are:

- Complete implementation of Substance Abuse Prevention and Treatment Block Grant performance measures (Accountability);
- Achieve timely implementation of the Program Assessment Rating Tool (PART) program review findings (Accountability);
- Achieve and maintain a “green light” on all HHS Office of Management and Budget (OMB) management reviews (Accountability);
- Maintain the number of persons served in SAMHSA’s Targeted Capacity Expansion and Substance Abuse Prevention and Treatment Block Grant programs (Capacity);
- Double the number of service improvements implemented (Effectiveness)
- Expand the National Registry of Effective Programs to substance abuse treatment and to mental health (Effectiveness).

An essential component of SAMHSA’s data strategy is the development of “National Outcome Measures.” Through collaboration with the States, SAMHSA has identified ten key data domains that will become valuable in measuring how effective the implementation of substance abuse treatment services is in communities across the nation. Three of the outcome measures relate to mental health. The seven key domains related to CSAT are: (1) abstinence from drug use and alcohol abuse, or decreased mental illness symptomatology; (2) increased or retained employment and school enrollment; (3) decreased involvement with the criminal justice system; (4) increased stability in family and living conditions; (5) increased access to services; (6) increased retention in services for substance abuse treatment or decreased utilization of psychiatric inpatient beds for mental health treatment; and (7) increased social connectedness to family, friends, co-workers and classmates.

These national outcome measures will be aligned across all of SAMHSA’s programs, including the Community Mental Health Services Block Grant and the Substance Abuse Prevention and Treatment (SAPT) Block Grants. They are an attempt to provide greater flexibility and accountability. Ultimately this will ensure the data collected are relevant, useful and complete the Science to Services cycle.

GPRA REPORTING FOR CSAT PROGRAMS

CSAT's primary mission is to bring effective alcohol and drug treatment to every community. The number of people served reflects the extent to which CSAT funding has supported the provision of service. CSAT has set GPRA goals for each of its programs and a standard set of output measures has been identified to correspond with these goals. These measures will provide the basis for establishing targets and reporting performance for individual CSAT activities and the entire program.

Targeted Capacity Expansion

Each project that provides services to individuals, as a part of the major services activities of CSAT, is required to collect a uniform set of data from each individual at admission/intake to services, discharge, and six months after admission/intake. The GPRA measures for services are:

Percentage of adults or children/adolescents under age 18 receiving services who:

- a) were currently employed or engaged in productive activities/attending school;
- b) had a permanent place to live in the community/were residing in a stable living environment;
- c) had no/reduced involvement with the criminal/juvenile justice system;
- d) had increased access to services;
- e) had no past month substance use;
- f) were socially connected;
- g) were retained in services for substance abuse treatment.

An additional measure is currently collected to increase understanding of alcohol or illegal drug related health, behavioral, or social consequences of use.

Best Practices

The Best Practices Program, previously known as the Knowledge Application Program, was created to promote the adoption of best practices to improve the effectiveness of substance abuse treatment. These programs, such as the Addiction Technology Transfer Center and the Product Development and Targeted Dissemination contract, produce addiction-related publications to keep treatment professionals updated on the latest research and other cutting-edge issues that impact their work. These programs also provide ongoing education opportunities for those in the substance abuse field. The GPRA measures for Best Practices are:

Measure 1: Increase (a) the number of individuals trained per year and (b) the number of events held per year.

This is a key measure for tracking CSAT's mission of promoting effective treatment through the adoption of evidence-based practices. Tracking the number of training events is critical for documenting the delivery of service and dissemination of relevant information to the field. This is measured through the CSAT Training Satisfaction Survey.

Measure 2: Increase percentage of stakeholders who (a) would rate the quality of the events as good, very good, or excellent; (b) shared any of the information from the events with others; (c) have used information from "Best Practice" events or activities to promote or effect change.

Measure 3: Increase the percentage of grantees in appropriate cost bands.

SAPT Block Grant

The SAPT Block Grant, the cornerstone of States' substance abuse programs, is an integral part of the President's Drug Treatment Initiative. In the fall of 1999, CSAT developed an OMB-approved annual customer satisfaction survey with the States/Territories on the SAPT Block Grant activities. The measures for the SAPT Block Grant are:

Measure 1: Number of clients served (measured through the Treatment Episode Data Set.)

Measure 2: Increase the number of States and territories voluntarily reporting performance measures in their SAPT Block Grant application.

Measure 3: Increase the percentage of States that express satisfaction with Technical Assistance provided (measured through the annual customer satisfaction survey.)

Measure 4: Increase the percentage of Technical Assistance events that result in systems, program or practice change.

Measure 5: Increase the percentage of Block Grant applications that include needs assessment data. (The data source is the annual uniform SAPT Block Grant Electronic Application System that generates aggregated reports on States' submission of the treatment Needs Assessment Summary.)

Measure 6: Increase the percentage of States that indicate satisfaction with CSAT customer service, throughout the entire Block Grant process (measured through the annual customer satisfaction survey.)

Measure 7: Increase percentage of States reporting satisfaction with CSAT's responsiveness to State suggestions on services (measured through the annual customer satisfaction survey.)

Measure 8: Increase percentage of States in appropriate cost bands (to be captured in the FY 2005 application.)

Measure 9: Percentage of clients reporting change in abstinence at discharge (to be based on data received in the application on October 1, 2005.)

EVALUATION

Evaluation of GPRA activities refers to assessments of program performance through the routine monitoring and analysis of data that explores changes in the performance measures. These analyses can also address specific questions posed by program managers about their programs. These types of evaluations are explicitly described and conducted within the GPRA framework.

On a rotating basis, program evaluations will be conducted to validate the performance data and to extend our understanding of the impacts of the activities on the adoption of best practices.

APPENDIX I

<h1>SAMHSA Priorities: Programs & Principles Matrix</h1>		Cross-Cutting Principles									
		Science to Services/Evidence-Based Practices	Data for Performance Measurement & Management	Collaboration with Public & Private Partners	Recovery/Reducing Stigma & Barriers to Services	Cultural Competency/ Eliminating Disparities	Community & Faith-Based Approaches	Trauma & Violence (e.g. Physical & Sexual Abuse)	Financing Strategies & Cost-Effectiveness	Rural & Other Specific Settings	Workforce Development
Programs/Issues	Co-Occurring Disorders										
	Substance Abuse Treatment Capacity										
	Seclusion & Restraint										
	Strategic Prevention Framework										
	Children & Families										
	Mental Health System Transformation										
	Disaster Readiness & Response										
	Homelessness										
	Older Adults										
	HIV/AIDS & Hepatitis										
	Criminal & Juvenile Justice										

**A Life
In The
Community
For
Everyone**

**Building
Resilience &
Facilitating
Recovery**