

Center for Behavioral Health Statistics and Quality/Office of Evaluation Listening Sessions

Tribal Grantee Listening Session| March 5, 2024

Executive Summary

To inform the Substance Abuse and Mental Health Services Administration's (SAMHSA) redesign of the client-level performance management tools, the Center for Behavioral Health Statistics and Quality (CBHSQ) in collaboration with the Office of Tribal Affairs and Policy (OTAP) convened a listening session with grantees on March 5, 2024. Participants provided input on (1) how SAMHSA should decrease burden and increase data quality; (2) approaches to streamline reporting for the Government Performance and Results Act (GPRA); (3) parts of the tool that are valuable for participants; and (4) how participants use the data and constraints to using the data. SAMHSA also gave participants the opportunity to share written comments. There are eight main themes from the listening session and written comments:

1. SAMHSA should shorten the redesigned tool, so it focuses on necessary information and is less redundant.
2. SAMHSA should modify questions in the redesigned tool to achieve greater clarity and sensitivity.
3. SAMHSA should prioritize building a tool that is more intuitive and automated.
4. SAMHSA should provide funding for dedicated evaluators and data collectors.
5. SAMHSA should provide grantees with supports and resources to help improve the quality of GPRA data.
6. SAMHSA should revise the data collection timeline, so it aligns with service delivery and supports relationship building.
7. SAMHSA should give grantees the flexibility to allow clients to complete the redesigned tool.
8. SAMHSA and other agencies should share data to enhance supports for Native communities.

The organizations listed below participated in the discussion or submitted written comments to OTAP, but this list is not comprehensive because not all participants named their affiliations. Appendix A includes the names of participants who introduced themselves in the chat during the listening session, and Appendix B lists participants who provided written comments.

1. Alaska Native Tribal Health Consortium

2. A wellness court (no organization was specified)
3. Texas Targeted Opioid Response (TOR)
4. California Tribal Health Center
5. Chickasaw Nation Department of Health
6. Northwest Portland Area Indian Health Board
7. Southcentral Foundation

Introduction

The Substance Abuse and Mental Health Services Administration (SAMHSA) is committed to reducing burden related to grant performance data collection and reporting. To achieve this goal, SAMHSA is working to significantly redesign client-level performance management tools currently in use. SAMHSA plans to shift from client-level Government Performance and Results Act (GPRA) tools to a single, brief, client-level tool for all client-level grant programs. The agency is working toward standardization, transparency, and reduction in burden. To support their redesign efforts, SAMHSA seeks to incorporate partner input as much as possible. To this end, SAMHSA scheduled and facilitated four listening sessions with Tribes, Tribal organizations, and evaluators to better understand areas for burden reduction while ensuring equity and accuracy in the final tool. SAMHSA also gave participants the opportunity to provide written comments.

This document summarizes the session held with grantees on March 5, 2024, and it includes feedback that participants provided in writing.

Approach

The listening session occurred on Tuesday, March 5, 2024, from 2-3 pm ET. CAPT Kari Hearod, Director of the Office of Tribal Affairs and Policy (OTAP), and Brittany Barbara-Alexander, Public Health Advisor with OTAP, facilitated the discussion over Zoom. OTAP recorded the meeting. Participants included Tribal grantees and organizations that help Tribal grantees implement the SAMHSA grants. Sixteen participants engaged in the conversation, both verbally and via chat, and they provided approximately 46 responses. The following organizations were represented in the group:

1. Alaska Native Tribal Health Consortium
2. A wellness court (no organization was specified)
3. Texas Targeted Opioid Response (TOR)
4. California Tribal Health Center

Appendix A catalogues listening session participants' names and, when provided, their organizations. These data are not comprehensive, because not all participants introduced themselves, and not all chat introductions highlighted participants' affiliations. No participants

specified their Tribal membership.

Four (4) people provided written comments and feedback after the listening sessions, as presented in Appendix B. Two (2) of these participants attended the listening session with grantees on February 29, 2024. The following organizations were represented in the participants who shared written feedback, but one participant did not provide an organizational affiliation:

1. Chickasaw Nation Department of Health
2. Northwest Portland Area Indian Health Board
3. Southcentral Foundation

Participants responded to the following questions during the listening session and in writing:

1. What should SAMHSA consider as we prioritize decreased burden and high-quality data?
 - a. How can collecting and reporting client-level data be streamlined to enhance efficiently?
2. Which questions are most valuable for meeting your data collection requirements?
3. In what ways are you leveraging the data acquired from your SAMHSA grants to enhance and evaluate your programs? If not, what are the constraints preventing its utilization?

Considerations

Some methodological limitations affected data collection, as summarized below.

- **The information does not generalize to all Tribes.** The insights and recommendations from the listening session and written feedback capture perspectives from, or about, a small fraction of the many Tribes and Tribal-supporting organizations that SAMHSA works with. Tribes are diverse and unique, so the feedback cannot be generalized to all Tribes.
- **Self-selection bias might have influenced the insights and recommendations that participants offered.** People volunteered to provide written feedback and join the listening session, and within the discussion, they volunteered to share experiences with the client-level tools and recommendations for improvement. As a result, the data might reflect feedback from those who have very strong feelings about reporting and the client-level tools.

Results

Eight main themes emerged from the listening session and written comments, as presented below. Listening session participants shared these themes in approximately 10 verbal responses and 36 chat responses. Participants generally agreed about all recommendations, but they had different views about (1) how SAMHSA should achieve suggestions associated with the first recommendation, (2) whether to make any changes to demographic questions in the GPRA tools, and (3) the usefulness of aggregate and individual program data.

1. SAMHSA should shorten the redesigned tool, so it focuses on necessary information and is less redundant

- Many participants said the current tools do not capture information that is useful for Tribal communities and grantees. As a result, they said they do not use the GPRA data. A few participants raised the importance of streamlining the tools because they are burdensome and time intensive to complete.
- One (1) participant suggested only focusing on information that SAMHSA needs to know, rather than details that are “nice to know.” Similarly, one (1) participant used written feedback to encourage SAMHSA to collect only what is necessary to report to Congress.
- One (1) participant indicated that shortening the redesigned tool would help SAMHSA avoid duplicating other data collection efforts. In their written comments, this participant said the GPRA tool requests information their agency already collects and documents in their electronic health records. Another (1) participant’s written comments indicated that grantees have most of the answers to questions in the GPRA tools because they already collect them through intake instruments and ongoing interactions with clients.
- One (1) participant theorized that the tools became long because SAMHSA kept adding sections based on topics that interested parties wanted to prioritize.
- One (1) participant recommended that SAMHSA talk with more Tribal partners about the information the Tribal partners want to capture.
- Two (2) participants recommended data collection approaches that could reduce the time required to collect information:
 - One (1) participant shared written feedback about using a simple Excel spreadsheet or online survey to make the process less burdensome and time intensive.
 - One (1) participant suggested using a brief, quarterly report to collect aggregate data about a small list of data points from grantee program records, such as the number of new clients, substance use disorder diagnoses, and types of services provided.
- Participants provided several suggestions on how the tool could be revised, including items to drop, retain, and add to the tool (Exhibit 1).

Exhibit 1. Suggestions to make the tool more useful and streamlined

Recommendations	Justification and context
Items suggested to remove	
Remove section B10 (tool not specified)	In their written comments, one (1) participant recommended cutting this question. They said accurate and reliable awareness of diagnoses is variable, and that it is rare for clients to know this information.
Remove section H7 (tool not specified)	One (1) participant’s written comment indicated that it is “intense” to ask 26 questions about sexual partners, HIV, HPV, Hepatitis B, and referral to vaccination. They suggested removing this section.

Recommendations	Justification and context
Remove questions 9b and 9c in the GPRA Client Outcome Measures Tool	One (1) participant suggested removing questions about court ordered removals of children from custody. They said they are not inclusive of fostering or Tribal courts, so there is no need to ask the questions.
Reconsider the National Outcome Measures (NOMs) requirement	A few participants said the NOMs data are burdensome and not helpful for serving clients. One (1) participant said the NOMs requirement is unhelpful because the binary responses in the tool do not allow providers to measure change over time.
Item suggested to move	
Revise the placement of demographic and income questions	One (1) participant wrote feedback about moving these items to the first page.
Item suggested to retain with no revisions	
Retain questions about demographics, diagnoses, and service dosage	Two (2) participants thought it was helpful for SAMHSA’s Performance Accountability Reporting System (SPARS) data to capture this information, noting these are the data they actually use.
Items suggested to add	
Solicit information about culture, including culturally appropriate interventions and Indigenous Ways of Knowing	<p>A few participants said the data would be more useful if it captured cultural information. One (1) participant suggested giving space for providers to note how they gather cultural tools and practices. Another (1) participant recommended that SAMHSA develop a tool to resemble a “culturally appropriate quality of life inventory” that tracks clients’ wellbeing and progress in a culturally meaningful way.¹</p> <p><i>“From everything I understand about substance use in Indian Country, when you integrate cultural ways of knowing, that’s what really resonates with a lot of Tribal folks.”</i></p> <p><i>– Listening session participant</i></p>
Include questions that probe clients’ progress and experiences with services in a more holistic way	Multiple participants recommended adding items that would capture how clients are doing during and after treatment, as compared to where they started, and how they feel about services. For instance, one (1) participant suggested beginning the tool with a question about whether the provider or program is helping to heal Native communities, and, if not, how they can better help with healing. One (1) participant said the tool should allow clients to provide feedback about services because this could be a “morale booster for staff.”
Include questions that address protective factors and social determinants of health (SDOH)	A few participants raised protective factors and SDOH as an opportunity to make the data more valuable. One (1) participant suggested using a Recovery Capital Index to capture SDOH, and another (1) shared a link to the PRAPARE tool that tracks SDOH.
Collect qualitative data	One (1) participant said evaluation measures are frequently quantitative, but that they should collect qualitative data because they are valuable to

¹ One (1) participant said they have access to a Cultural Assessment Tool they would be willing to share with SAMHSA and others on the call. OTAP encouraged the participant to email the agency to share the tool with partners.

Recommendations	Justification and context
	<p>communities and capture stories and celebrations in a more concrete way. Another (1) participant used written comments to suggest that qualitative indicators from focus groups and interviews would help grantees improve their programs. They specifically recommended qualitative information about how clients' treatment and recovery experience are going, additional support that clients need, what keeps clients engaged in services, and barriers to engaging in services.</p> <p><i>"When people are evaluating their programs, yes, numbers are good, but numbers are people. These are stories, and these are lives and family members and relatives, and I think that piece should be highlighted."</i></p> <p>– Listening session participant</p>
<p>Add criminal justice measures or related items</p>	<p>One (1) participant said they use the GPRA data infrequently because they need to collect extensive criminal justice data for their wellness court participants, including offenses, treatment court sanctions/rewards, and other outcomes based on the 10 Key Components. Two (2) participants agreed with the recommendation to add criminal justice measures.</p>
<p>Add items that probe active harm reduction policies and programs</p>	<p>Two (2) participants raised this suggestion. One (1) participant said they do not currently provide SAMHSA with information about NARCAN administration, which all patients receive, because the participant's organization gets NARCAN from the state. As a result, they said SAMHSA does not know about their active harm reduction policy, although they provide this information in their semi-annual and annual narrative reports. In their written comments, another (1) participant said probing harm reduction programs might be important, such as provision of mouthpieces for pipes, clean syringe programs, and fentanyl testing strips. This participant said they would be interested in whether clients have used these services or would use them.</p>
<p>Add a question about treatment for other mental health illness</p>	<p>In their written comments, one (1) participant said SAMHSA could incorporate a question about if participants are currently being treated for their other mental health illnesses included in question 10a.</p>
<p>Include a question or item that probes trainings that grantees provide</p>	<p>One (1) participant said their organization provided trainings as part of a SAMHSA grant, but there was no place to enter this information in any of the data management systems.</p>
<p>Modify the level of reporting</p>	
<p>Reconsider requesting individual program data</p>	<p>In their written comments, one (1) participant said individual program reports are not helpful because the sample size is rarely big enough.</p>
<p>Reconsider requesting aggregate data</p>	<p>One (1) participant shared that they did not find the aggregate data helpful. They said that reporting data elements across grantees and different types of portfolios means that SAMHSA may not be adequately capture the different work that grantees are doing. They perceived that program-specific data are helpful for capturing clients' and programs' achievements. Another (1) participant wrote comments indicating that aggregate data are not useful because programs are diverse and provide disparate services.</p>

2. SAMHSA should modify questions in the redesigned tool to achieve greater clarity and sensitivity

- One (1) participant shared written feedback about the clarity of questions, noting that some of the items in the GPRA Client Outcome Measures tool are difficult for clients to understand, which can be frustrating.
- Two (2) participants raised sensitivity in their written feedback. One (1) participant said some items in the GPRA Client Outcome Measures tool are “downright disrespectful” in their wording. Another (1) participant said clients should have the option of not responding to questions in the redesigned tool, if they prefer, “out of respect” to clients.
- Exhibit 2 presents suggestions to improve the clarity of items in the tools.

Exhibit 2. Opportunities to increase clarity of tool items

Recommendation	Context
Revise questions about evidence-based medications and interventions	One (1) participant said the questions about evidence-based medications and interventions are difficult to answer, and that it might not be useful to know the specific medications people took and for how long. They said clients and some providers do not know the medications and interventions. They suggested rewording to ask, “Which have you received: I have received this in the past, I am currently receiving, I have never received it.”
Revise section B.1b 0 (tool not specified)	In written feedback, one (1) participant said these items are too specific and overlap, so there can be more than one answer.
Revise section B12 (tool not specified)	One (1) participant provided written feedback about these items. They said information about planned services contradicts the goal of providing ongoing assessment and treatment planning, because providers create treatment plans over time and clients’ needs change. In addition, the participant said the treatment services overlap. For example, they said providers complete screening, brief intervention, brief treatment, and referral to treatment in one appointment, which makes it difficult to break these apart and count them for subsequent questions.
Revise section K2 (tool not specified)	One (1) participant wrote feedback about this item. They said the answer to the question depends on the response about planned services in B12. They explained that, at the start of a client’s treatment, providers might only recommend substance use counseling, but after 3 months, they could add family treatment and individual mental health. Because of this variability, they were not sure what percent to calculate for the item; greater specificity would be helpful.

3. SAMHSA should prioritize building a tool that is more intuitive and automated

- One (1) participant indicated the data system associated with a particular grant now requires them to enter information into all fields, whereas an older version of the system automatically entered “NA” into fields that providers left blank. The participant said the lack of automation increased burden and time required for data entry. Another (1) participant said they prefer

an older iteration of the GPRA forms because they frontloaded the “important questions” and were simpler, more concise, and easier to use.

- One (1) participant said the SPARS system is not user friendly or easy to use, unlike other systems they have used, such as

SurveyMonkey. This participant recommended that SAMHSA prioritize a simple structure so that even people with no data experience or background can use the tool and find it accessible. A few participants agreed with this, with one (1) participant suggesting that SAMHSA find a way to securely transfer



SurveyMonkey data into the SPARS system. Someone with no knowledge of the system should be able to sit down and, within 30 minutes, with no instruction, [be able to] use it.

Listening session participant

4. SAMHSA should provide funding for dedicated evaluators and data collectors

- A few participants said it would be helpful for SAMHSA to fund positions dedicated to data collection, because the current tools are so time intensive that they decrease providers’ bandwidth to meet other responsibilities and directly support clients.
- In their written feedback, one (1) participant said providers who lead the GPRA interviews are stretched thin and “do not have the luxury of spending a lot of time on GPRA data collection that is not helpful to the program, that their programs do not use, [that] clients dislike,” and that diminishes time for service provision. This participant added that GPRA data collection, which “misuses provider time,” might contribute to staff turnover within communities that already struggle to hire staff.
- Another (1) participant who shared written feedback agreed that GPRA data collection takes resources from services, including providers and funding. They said their community needed to use grant funds to hire nurse case managers to administer the GPRA tools and enter them into SPARS.

5. SAMHSA should provide grantees with supports and resources to help improve the quality of GPRA data

- One (1) participant shared written feedback about the poor quality of GPRA data. They said data quality is likely poor because there is no training and support. They raised opportunities to (1) provide required and standard training for GPRA interviewers, (2) establish quality control and improvement processes, and (3) include detailed instructions in the Question- by-Question guide about how to code certain responses or address different scenarios. Without these supports, they said data quality would remain poor “from grantee to grantee, program to program, [and] from interviewer to interviewer.”

6. SAMHSA should revise the data collection timeline, so it aligns with service delivery and supports relationship building

- Two (2) participants said the current tools require them to enter data before their services are complete, which makes the information less valuable. For instance, one (1) participant said the 6-month follow-up data are not helpful because their program takes 18-24 months to complete. Another (1) participant said that in 2 years, they do not have enough data to see trends over time.
- Two (2) participants raised that providers often administer the tools when they have not built relationships with clients, and when clients might not be at their best.



As someone who collects the data from people, a lot of time, people are in a bad place and just want to go to treatment, but I am whipping out this form, and I'm asking them some of these questions, anyway, as part of assessments. But, it's a weird thing, especially if I've never met somebody before.

Listening session participant

7. SAMHSA should give grantees the flexibility to allow clients to complete the redesigned tool

- In their written comments, one (1) participant suggested that clients fill out the streamlined, redesigned tool, which they said should be a simple questionnaire. As presented in Exhibit 3, they highlighted specific questions from the GPRA Client Outcome Measures tool that clients could independently complete in the questionnaire, without support from staff.

Exhibit 3. Suggested items for Clients to Independently Complete in the Redesigned Tool

Section	Questions that clients can answer
A. Records Management-Demographics	1-14, except for 9b and 9c (participant suggested removing these items, as presented in Exhibit 1)
C. Living Conditions	1-12
D. Education, Employment, and Income	1-5
F. Mental and Physical Health Problems and Treatment Recovery	5-5a
H3. Program Specific Questions	1a-1d

8. SAMHSA and other agencies should share data to enhance supports for Native communities

- One (1) participant suggested that SAMHSA collaborate with federal agencies and Tribal Epidemiology Centers to discuss and share aggregate data and determine the interventions that agencies could offer based on what the data are showing. For example, they said funds could help the agencies work together to develop regional treatment centers for opioid use that are culturally meaningful.

Conclusion

Eight themes about SAMHSA's client-level performance management tools emerged from the listening session and written comments:

1. SAMHSA should shorten the redesigned tool, so it focuses on necessary information and is less redundant.
2. SAMHSA should modify questions in the redesigned tool to achieve greater clarity and sensitivity.
3. SAMHSA should prioritize building a tool that is more intuitive and automated.
4. SAMHSA should provide funding for dedicated evaluators and data collectors.
5. SAMHSA should provide grantees with supports and resources to help improve the quality of GPRA data.
6. SAMHSA should revise the data collection timeline, so it aligns with service delivery and supports relationship building.
7. SAMHSA should give grantees the flexibility to allow clients to complete the redesigned tool.
8. SAMHSA and other agencies should share data to enhance supports for Native communities.

Appendix A

List of listening session participants and their affiliations

Name	Agency and role	Tribal membership or citizen status
Torey Redwood	Not specified	Not specified
Teresa Brewington	Not specified	Not specified
Shirley Cain	Not specified	Not specified
Roy Pack	Not specified	Not specified
Hillary Strayer	Alaska Native Tribal Health Consortium, no role specified	Not specified
Payton Counts	Not specified	Not specified
Erin Cretens	Not specified	Not specified
Kit Van Stelle	Evaluator for a wellness court, no agency specified	Not specified
Ingrid Stevens	Not specified	Not specified
Dr. Larry MorningStar	Texas TOR	Not specified
Dedra Tsosie	Not specified	Not specified
Sara DeCoteau	Not specified	Not specified
Danielle Hodgson	Not specified	Not specified
Patricia Talbot	California Tribal Health Center, no role specified	Not specified
Marie Schuyler Dreaver	Not specified	Not specified
Kristi Silva	Not specified	Not specified

Appendix B

List of participants who provided written comments and their affiliations

Name	Agency and role	Tribal membership or citizen status
Brooke Tolle*	Chickasaw Nation Department of Health, GPRA and data coordinator	Not specified
Tamara Perkins*	Northwest Portland Area Indian Health Board, Tribal Opioid Response Consortium	Not specified
Not provided	Southcentral Foundation	Not specified
Not provided	Not provided	Not specified

*Participant attended the listening session on February 29, 2024.