

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment**

**Guidance for Applicants (GFA) No. TI 01-009
Part I - Programmatic Guidance**

**American Indian/Alaskan Native Community Planning
Program**

Short Title: AI/AN Planning Grants

Application Due Date:
July 10, 2001

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[Note to Applicants: To prepare a complete application, PART II - “General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements” (February 1999), must be used in conjunction with this document, PART I - “Programmatic Guidance.”]

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Agency

Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.

Action and Purpose

The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) announces the availability of Fiscal Year (FY) 2001 funds for grants to American Indian and Alaskan Native (AI/AN) communities to support community planning and consensus building, leading to the development of local substance abuse treatment system plans. The plans would describe how tribal governments, organizations providing services to urban Indian communities, and other indigenous community organizations will work together to deliver integrated substance abuse treatment and related services, such as HIV/AIDS prevention, mental health services, primary care, and other public health services.

Approximately \$1,000,000 will be available in FY 2001 to support 8-10 grants. The average award is expected to range from \$100,000 to \$150,000 in total costs (direct and indirect). Actual funding levels will depend on the availability of funds to SAMHSA. **Grants will be awarded for a period of 12 months.**

The CSAT American Indian/Alaskan Native Planning Grants Program is made up of two types of grants:

Phase I: Development of a community planning process.

Phase II: Implementation of a services integration plan.

This Guidance for Applicants is only for Phase I grants. Contingent upon future funding and the accomplishments of Phase I projects, CSAT may issue a future, "Phase II" announcement to support implementation of plans developed during Phase I.

Background

Many American Indian and Alaskan Native communities experience exceptionally high rates of substance abuse disorders, and of co-occurring substance abuse and mental disorders. AI/AN communities may also face unique difficulties in planning for, developing, and implementing comprehensive treatment services, and may lack the resources and collaborations needed to apply successfully to Federal or other grant sources for funds to provide substance abuse services.

Culturally relevant treatment services, building local service capacity, and providing alternatives to the criminal and juvenile justice systems will be highly beneficial in reducing substance abuse, preserving native peoples, and fostering community values.

SAMHSA/CSAT desires to provide grants to American Indian and Alaskan Native communities to develop or strengthen local infrastructures and collaborations that can lead

to improved local substance abuse treatment programs and systems.

The AI/AN grant program addresses a key element of “Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative” (NTP), released by SAMHSA/CSAT on November 28, 2000. It addresses NTP Strategy “Build Partnerships” by requiring collaboration among disparate human services that focus on those with substance abuse and dependence problems.

For additional information about the NTP and how to obtain a copy, see Appendix A.

This grant program supports the Mental Health and Community Safety Initiative involving the Departments of Justice, Education, and Health and Human Services to enhance effective strategies in developing integrated services, including substance abuse systems, in AI/AN communities.

Who Can Apply

Applications may be submitted by Tribes, Tribal governments, or other Tribal authorities, tribal colleges and universities, or by public and domestic private non-profit entities, including faith based organizations, that serve American Indian or Alaskan Native communities.

Application Kit

Application kits have several parts. The grant announcement (GFA) has two parts. Part I is individually tailored for each GFA. Part II contains important policies and procedures that apply to all SAMHSA applications for

discretionary grants. Responding to both Parts I and II is necessary for a complete application. The application kit also includes the blank forms PHS 5161 and SF-424 that you will need to complete your application.

To get a complete application kit, including Parts I and II, you can:

- C Call the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686, or
- C Download from the SAMHSA web site at: www.SAMHSA.gov

Where to Send the Application

Send the original and 2 copies of your grant application to:

SAMHSA Programs

Center for Scientific Review
National Institutes of Health
Suite 1040
6701 Rockledge Drive MSC-7710
Bethesda, MD 20892-7710

Change the zip code to 20817 if you use express mail or courier service.

Please note:

- , Use application form PHS 5161-1.
- , Be sure to type: “TI 01-009 AI/AN Planning Grants” in Item Number 10 on the face page of the application form.

Application Dates

Your application must be received by July 10, 2001.

Applications received after July 10, 2001 will only be accepted if they have a proof-of-mailing date from the carrier by July 3, 2001.

Private metered postmarks are not acceptable as proof of timely mailing. Late applications will be returned without review.

Grant awards are expected to be made by September 30, 2001.

How to Get Help

For questions on *program issues*, contact:

Maria E. Burns
Treatment and Systems Improvement Branch
Division of Practice and Systems Development
Center for Substance Abuse Treatment
SAMHSA
Rockwall II, Suite 740
5600 Fishers Lane
Rockville, MD 20857
(301) 443-7611
E-Mail: mburns@samhsa.gov

For questions on *grants management issues*, contact:

Kathleen Sample
Division of Grants Management, OPS
Substance Abuse and Mental Health Services
Administration
Rockwall II, 6th floor
5600 Fishers Lane
Rockville, MD 20857
(301) 443-9667

E-Mail: ksample@samhsa.gov

Developing Your Grant Application

Grants can be used for **community planning and consensus development**.

The following are some examples of activities that may be supported.

- C Involving local community leaders, consumers, families, providers, and other stakeholders in the implementation of a community planning process designed to integrate and improve the delivery of substance abuse treatment and related services, such as HIV/AIDS prevention, mental health services, primary care, and other public health services.
- C Convening an executive advisory committee, involving members from Tribal, community, public, private, and corporate sectors.
- C Developing community-wide agreement on the priorities and plans for improving the delivery of substance abuse treatment and related services.
- C Helping communities identify service gaps and assess and prioritize substance abuse treatment needs.
- C Assisting communities to propose actions to meet new and emerging substance abuse treatment needs and evaluate how treatment and systems changes occurred.

- C Building local autonomy and creating shared expectations and commitments, while preserving the interdependence among surrounding communities and service providers, fostering local ownership of the treatment systems, and honoring tribal sovereignty.
- C Providing community education; for example, training on community planning and community change strategies.
- C Providing expert consultation and technical assistance on developing effective substance abuse treatment systems for American Indian or Alaskan Native populations.
- C Funding travel and other logistical costs for consumers, family members, and others to enable their participation on committees or in programs.
- C Evaluating the community planning process.
- C Developing and implementing other activities that focus on community planning and consensus building.
- C Advancing CSAT’s goal of providing quality community-based substance abuse services and furthering science-based best practices for diverse populations.
- C Providing information for SAMHSA’s AI/AN services data base, creating a body of evidence for improving treatment and determining culturally sensitive and relevant services.

Funding Restrictions

Grant funds may **not** be used to support direct substance abuse or related treatment services.

Funding Criteria

Decisions to fund a grant are based on:

1. The strengths and weaknesses of the application as determined by a peer review committee.
2. Concurrence of the CSAT National Advisory Council.
3. Availability of funds.
4. Overall program geographic balance.

Reporting/Evaluation Requirements

There are two evaluation components for grants awarded through this announcement – “GPRA” and local evaluation.

Government Performance and Results Act (GPRA)

The Government Performance and Results Act (GPRA), which mandates accountability and performance-based management by Federal agencies, focuses on results or outcomes in evaluating the effectiveness of Federal activities and on measuring progress toward achieving national goals and objectives. Grantees must comply with GPRA data collection and reporting requirements. Appendix B contains a

detailed description of CSAT's GPRA strategy.

CSAT is in the process of applying to the Office of Management and Budget (OMB) for approval of the following reporting requirements for this grant.

- 1) Number of consensus building events (e.g., committee meetings, meetings with stakeholders, etc.);
- 2) Percentage of stakeholders satisfied with these consensus building events;
- 3) Percentage of stakeholders that report using information from these consensus building events.

CSAT cannot require collection of common data for GPRA until OMB approval is obtained.

Local Evaluation

In addition to GPRA requirements, grantees must conduct a local evaluation to determine the effectiveness of the project in meeting its specific goals and objectives. The local evaluation must incorporate but should not be limited to GPRA requirements. The local evaluation should be designed to provide regular feedback to the project to help the project improve the planning processes. Because different projects will employ different planning approaches, no single evaluation plan or design will apply to all applicants.

Reports

Grantees must submit **quarterly reports** and a **final report**. Evaluation results must be included in each required **quarterly and final report**. CSAT program staff will use this information to determine progress of the grantee toward meeting its goals.

Suggested elements of required reports are:

- C Description of activities conducted;
- C Number of persons participating, what groups, organizations, etc., they represented;
- C Emerging issues and consensus;
- C Problems encountered; planned resolution of problems;
- C GPRA and local evaluation findings during the reporting period; and
- C Activities planned for the next quarter.

The final report must summarize information from the quarterly reports and describe the accomplishments of the project and planned next steps for implementing plans developed during the grant period.

Post Award Requirements

If you are funded, you must attend two 2-day national grantee meetings. Funding for attending must be included in your budget. The first meeting will be held within the first 3 months of the award. The second meeting will be held during the 10th or 11th month of the grant.

A minimum of three persons (Program Director, a representative community stakeholder, and the evaluator) are expected to attend. These meetings will probably be held in the Washington, D.C., area.

What to Include in Your Application

For your application to be **complete and eligible**, it must include the following in the order listed. Check off areas as you complete them for your application.

' 1. FACE PAGE

Use Standard Form 424. See Appendix A in Part II for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

' 2. ABSTRACT

Your total abstract may not be longer 35 lines. In the first 5 or fewer lines of your abstract, write a summary of your project that can be used in publications, reporting to Congress, or press releases, if funded.

' 3. TABLE OF CONTENTS

Include page numbers for each of the major sections of your application and for each appendix.

' 4. BUDGET FORM

Standard Form 424A. See Appendix B in Part II for instructions.

' 5. PROGRAM NARRATIVE AND SUPPORT DOCUMENTATION

The program narrative is made up of Sections A through D. More detailed information on A-D follows #10 of this checklist. Sections A-D may not be longer than 25 pages.

— **Section A - Project Narrative:**

Project description and justification of need

— **Section B - Project Narrative:**

Project impact and feasibility.

— **Section C - Project Narrative:**

Evaluation design and analysis plan.

— **Section D - Project Narrative:**

Project management: implementation plan, organization, staff, equipment/facilities, and other support.

The support documentation for your application is made up of sections E through H. There are no page limits for the following sections, except for Section G, the Biographical Sketches/Job Descriptions.

— **Section E- Supporting Documentation:**

Literature citations

This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

— **Section F - Supporting Documentation:**

Itemized description of expenditures, existing resources, other support

Fill out sections B, C, and E of the Standard Form 424A. Follow instructions in Appendix B, Part II.

— **Section G - Supporting Documentation:**

Biographical sketches and job descriptions

C Include a biographical sketch for the project director and for other key positions. Each sketch should not be longer than **2 pages**. If the person has not been hired,

include a letter of commitment from him/her with his/her sketch.

- C Include job descriptions for key personnel. They should not be longer than **1 page**.

Sample sketches and job descriptions are listed in Item 6 in the Program Narrative section of the PHS 5161-1.

Section H - Supporting Documentation:
*Confidentiality and SAMHSA
Participant Protection (SPP)*

The seven areas you need to address in this section are outlined after the Project Narrative description in this document.

6. APPENDICES 1 THROUGH 4

- C Use only the appendices listed below.
- C Don't** use appendices to extend or replace any of the sections of the Program Narrative.
- C **Don't** use more than **30 pages** (plus all instruments) for the appendices.

Appendix 1:

Letters of Coordination and Support.

Appendix 2:

Copy of Letter(s) to the Single State Agencies (SSAs). Please refer to Part II.

Appendix 3:

Data Collection Instruments and Protocols

Appendix 4:

Sample Consent Forms

7. ASSURANCES

Non- Construction Programs. Use Standard form 424B found in PHS 5161-1.

8. CERTIFICATIONS

9. DISCLOSURE OF LOBBYING ACTIVITIES

Please see Part II for lobbying prohibitions.

10. CHECKLIST

See Appendix C in Part II for instructions.

Project Narrative – Sections A Through D Highlighted

Your application consists of addressing sections A through H. In sections A through D, the project narrative parts of your application, describe what you intend to do with your project. Detailed information on how to respond to sections A through D follows.

- / Sections A through D may not be longer than 25 pages.
- / A peer review committee will assign a point value to your application based on how well you address these sections.
- / The number of points after each main heading shows the maximum points a review committee may assign to that category. For example, a perfect score for section A will result in the award of 30 points.
- / Reviewers will be instructed to review and evaluate each relevant criterion in relation to cultural competence. Points will be

deducted from applications that do not adequately address the cultural aspects of the criteria. **See Appendix D in Part II for guidelines for applicants and peer reviewers that will be used to assess cultural competence.**

Section A:

Project Description and Justification of Need (30 points)

- ' List your project goals and objectives. State what you want to accomplish in your grant project. Describe how your goals relate to the purpose and goals of this GFA.
- ' Identify the specific geographic location that will be included in your project.
- ' Describe any existing strategic or community actions plans, and how the proposed planning process will supplement or complement them.
- ' Describe and demonstrate the need for community planning activities. If the applicant agency or any major partners in the proposed project have previously received SAMHSA grants or grants from other Federal agencies to support planning or substance abuse treatment, justify the current need for an AI/AN Planning Grant.
- ' Describe your program's target population. Explain why this group has been selected for your project. Present data demonstrating the extent of the problem. Document the nature of the local problem and extent of the need. Documentation

may come from a variety of qualitative and quantitative sources. The quantitative data could come from locally generated data or trend analyses, from State data such as that available through State Needs Assessments, and/or through national data such as that available from the National Household Survey on Drug Abuse (NHSDA), the Drug Abuse Warning Network (DAWN), the Drug and Alcohol Services Information System (DASIS), or the Treatment Episode Data Set (TEDS).

- ' Describe substance abuse and related services currently available for the target population in your proposed target area.
- ' List the civic, community, professional, consumer, faith-based, or other stakeholder organizations in the targeted community that will be involved in your proposed project.

Section B:

Project Impact/Feasibility (40 points)

- ' Describe the processes and activities that will achieve project goals and objectives.
- ' Describe how your proposed planning project will help your target audience.
- ' Describe how key stakeholders support this project. Stakeholders must include providers of substance abuse treatment services, and may include providers of mental health, HIV/AIDS, or other health care services; consumers and their families; representatives of other systems involved in the project, such as education, social services, or criminal or juvenile justice; representatives of State, local, or tribal

governments; representatives of the faith community; or representatives from the business community.

[Put letters and documents from stakeholders in Appendix 1, “Letters of Coordination and Support.”]

- ' Discuss anticipated problems you may have in implementing the planning process, and strategies for overcoming them.
- ' Describe how you will address age, culture, language, sexual orientation, and gender issues in your planning process.

***Section C:
Evaluation Design and Analysis Plan
(10 points)***

- ' Describe your local project evaluation plan. Specify how you will:
 - / Show progress in achieving your goals and objectives.
 - / Evaluate the consensus building and decision processes used in your program plans.
 - / Identify factors contributing to the successes and shortfalls of the planning process.
 - / Measure extent of buy-in and participation by key community stakeholders.
- ' Describe plans for collecting and reporting required GPRA data, and for integrating the local evaluation with GPRA requirements.

- ' Describe plans for using interim evaluation findings to improve the planning process.
- ' Describe data you will collect and processes and timelines for qualitative and quantitative data collection. Discuss instruments to be used, including their psychometric properties and cultural appropriateness.
- ' Describe how the data will be analyzed, interpreted, and reported, including plans to involve participants in the planning process and members of the target population in the interpretation of findings.

***Section D:
Project Management: Implementation
Plan, Organization, Staff,
Equipment/Facilities, and Other Support
(20 points)***

- ' Describe the relevant qualifications and experience of the project director, evaluator, and other key personnel.
- ' Describe the applicant agency’s capability and experience with similar projects and populations.
- ' Describe the relevant experiences, capability, and commitment of proposed collaborators, consultants, and subcontractors.
- ' Describe the project management plan, with a time line for tasks and a staffing pattern; justify proposed time commitments of key personnel and consultants.

- ' Describe the relevant resources available, such as computer facilities. Grantees must have hardware, software, and personnel capabilities for word processing, electronic data analysis, e-mail, and internet access. Applicants lacking current capabilities should include a budget for acquiring these resources.

NOTE: Although the budget for the proposed project is not a review criterion, the Review Group will be asked to comment on the budget after the merits of the application have been considered.

Confidentiality and SAMHSA Participant Protection (SPP)

You must address 7 areas regarding confidentiality and participant protection in your supporting documentation. If any area does not apply to your project, you must explain why. No points will be assigned to this section.

This information will:

- / Reveal if the protection of participants is adequate or if more protection is needed.
- / Be considered when making funding decisions.

Some projects may expose people to risks in many different ways. In this section of your support documentation you will need to:

- C Report any possible risks for people in your project.

- C State how you plan to protect them from those risks.
- C Discuss how each type of risk will be dealt with, **or why it does not apply to the project.**

The following 7 issues must be discussed:

Ø Protect Clients and Staff from Potential Risks:

- C Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects.
- C Discuss risks which are due either to participation in the project itself, or to the evaluation activities.
- C Describe the procedures that will be followed to minimize or protect participants against potential health or confidentiality risks. Make sure to list potential risks in addition to any confidentiality issues.
- C Give plans to provide help if there are adverse effects to participants, if needed in the project.
- C Where appropriate, describe alternative treatments and procedures that might be beneficial to the subjects.
- C Offer reasons if you do not decide to use other beneficial treatments.

Û Fair Selection of Participants:

- C Describe the target population(s) for the proposed project. Include age, gender, racial/ethnic background. Address other

important factors such as homeless youth, foster children, children of substance abusers, pregnant women, or other special population groups.

- C Explain the reasons for using special types of participants, such as pregnant women, children, institutionalized or mentally disabled persons, prisoners, or others who are likely to be vulnerable to HIV/AIDS.
- C Explain the reasons for including or excluding participants.
- C Explain how you will recruit and select participants. Identify who will select participants.

U Absence of Coercion:

- C Explain if participation in the project is voluntary or required. Identify possible reasons why it is required. For example, court orders requiring people to participate in a program.
- C If you plan to pay participants, state how participants will be awarded money or gifts.
- C State how volunteer participants will be told that they may receive services and incentives even if they do not complete the study.

U Data Collection:

- C Identify from whom you will collect data. For example, participants themselves, family members, teachers, others. Explain how you will collect data and list the site. For example, will you use school records,

interviews, psychological assessments, observation, questionnaires, or other sources?

- C Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation and research or if other use will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- C Provide in Appendix No. 3, "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that you plan to use.

U Privacy and Confidentiality:

- C List how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- C Describe:
 - How you will use data collection instruments
 - Where data will be stored
 - Who will or will not have access to information
 - How the identity of participants will be kept private. For example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

Note: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of Title 42 of the Code of Federal Regulations, Part II.

Y Adequate Consent Procedures:

C List what information will be given to people who participate in the project. Include the type and purpose of their participation. Include how the data will be used and how you will keep the data private.

C State:

- If their participation is voluntary
- Their right to leave the project at any time without problems
- Risks from the project
- Plans to protect clients from these risks.

C Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

Note: If the project poses potential physical, medical, psychological, legal, social, or other risks, you should get written informed consent.

C Indicate if you will get informed consent from participants or from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

C Include sample consent forms in your Appendix 4, titled "Sample Consent Forms." If needed, give English translations.

Note: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

C Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both the treatment intervention and for the collection of data. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

P Risk/Benefit Discussion:

C Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

Special Considerations and Requirements

SAMHSA's policies and special considerations and requirements can be found in **Part II** in the sections by the same names. The policies, special considerations, and requirements related to this program are:

- C Population Inclusion Requirement
- C Government Performance Monitoring
- C Healthy People 2010 focus areas related this program are in Chapter 26: Substance Abuse.
- C Consumer Bill of Rights

- C Promoting Nonuse of Tobacco
- C Letter of Intent
- C Single State Agency Coordination (include documentation in **Appendix 2**)
- C Intergovernmental Review
- C Confidentiality/SAMHSA Participant Protection

APPENDIX A.

The National Treatment Plan Initiative (NTP)

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) initiated *Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative (NTP)* to build on recent advances in the field, to bring together the best ideas about improving treatment, and to identify action recommendations that could translate ideas into practice.

The NTP combines the recommendations of five Expert Panels, with input from six public hearings and solicitation of experience and ideas through written and online comments, into a five-point strategy: (1) Invest for Results; (2) No Wrong Door to Treatment; (3) Commit to Quality; (4) Change Attitudes; and (5) Build Partnerships. The recommendations represent the collective vision of the participants in the NTP "conversation" over the past year. The goal of these recommendations is to ensure that an individual needing treatment—regardless of the door or system through which he or she enters—will be identified and assessed and will receive treatment either directly or through appropriate referral. Systems must make every door the right door.

The NTP is a document for the entire substance abuse treatment field, not just CSAT. Implementing the NTP's recommendations go beyond CSAT or the Federal Government and will require commitments of energy and resources by a broad range of partners including State and local governments, providers, persons in recovery, foundations, researchers, the academic community, etc.

Copies of the NTP may be downloaded from the SAMHSA web site—www.samhsa.gov (click on CSAT and then on NTP) or from the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686.

APPENDIX B.

CSAT's GPRA STRATEGY

Overview

The Government Performance and Results Act of 1993 (Public Law-103-62) 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 success and failures based on the performance monitoring data. While the language of the statute talks about separate Annual Performance Plans and Annual Performance Reports, ASMB/HHS has chosen to incorporate the elements of the annual reports into the annual President’s Budget and supporting documents. The following provides an overview of how the Center for Substance Abuse Treatment, in conjunction with the Office of the Administrator/SAMHSA, CMHS, and CSAP, are addressing these statutory requirements.

Performance Monitoring	The ongoing measurement and reporting of program accomplishments, particularly progress towards preestablished 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. ¹
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.

¹GPRA gives agencies broad discretion with respect to how its statutory programs are aggregated or disaggregated for GPRA reporting purposes.

CENTER (OR MISSION) GPRA OUTCOMES

The mission of the Center for Substance Abuse Treatment is to support and improve the effectiveness and efficiency of substance abuse treatment services throughout the United States. However, it is not the only agency in the Federal government that has substance abuse treatment as part of its mission. The Health Care Financing Administration, Department of Veterans Affairs, and the Department of Justice all provide considerable support to substance abuse treatment. It shares with these agencies responsibility for achieving the objectives and targets for Goal 3 of the Office of National Drug Control Policy's Performance Measures of Effectiveness:

Reduce the Health and Social Costs Associated with Drug Use.

Objective 1 is to support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse. The individual target areas under this objective include reducing the treatment gap (Goal 3.1.1), demonstrating improved effectiveness for those completing treatment (Goal 3.1.2), reducing waiting time for treatment (Goal 3.1.3), implementing a national treatment outcome monitoring system (Goal 3.1.4), and disseminating treatment information (Goal 3.1.5). Objective 4 is to support and promote the education, training, and credentialing of professionals who work with substance abusers.

CSAT will be working closely with the OAS/SAMHSA, ONDCP, and other Federal demand reduction agencies to develop annual targets and to implement a data collection/information management strategy that will provide the necessary measures to report on an annual basis on progress toward the targets presented in the ONDCP plan. These performance measures will, at an aggregate level, provide a measure of the overall success of CSAT's activities. While it will be extremely difficult to attribute success or failure in meeting ONDCP's goals to individual programs or agencies, CSAT is committed to working with ONDCP on evaluations designed to attempt to disaggregate the effects. With regard to the data necessary to measure progress, the National Household Survey on Drug Abuse (conducted by SAMHSA) is the principal source of data on prevalence of drug abuse and on the treatment gap. Assessing progress on improving effectiveness for those completing treatment requires the implementation of a national treatment outcome monitoring system (Target 3.1.4). ONDCP is funding an effort to develop such a system and it is projected in Performance Measures of Effectiveness to be completed by FY 2002.

Until then, CSAT will rely on more limited data, generated within its own funded grant programs, to provide an indication of the impact that our efforts are having in these particular target areas. It will not be representative of the overall national treatment system, nor of all Federal activities that could affect these outcomes. For example, from its targeted capacity expansion program (funded at the end of FY 1998), CSAT will present baseline data on the numbers of individuals treated, percent completing treatment, percent not using illegal drugs, percent employed, and percent engaged in illegal activity (i.e.,

measures indicated in the ONDCP targets) in its FY 2001 report with targets for future years. As the efforts to incorporate outcome indicators into the SAPT Block Grant are completed over the next several years, these will be added to the outcomes reported from the targeted capacity expansion program.

In addition to these “end” outcomes, it is suggested that CSAT consider a routine customer service survey to provide the broadest possible range of customers (and potential customers) with a means of providing feedback on our services and input into future efforts. We would propose an annual survey with a short, structured questionnaire that would also include an unstructured opportunity for respondents to provide additional input if they so choose.

CSAT’s “PROGRAMS” FOR GPRA REPORTING PURPOSES

All activities in SAMHSA (and, therefore, CSAT) have been divided into four broad areas or “programmatic goals” for GPRA reporting purposes:

- ! Goal 1: Assure services availability;
- ! Goal 2: Meet unmet and emerging needs;
- ! Goal 3: Bridge the gap between research and practice;
- ! Goal 4: and Enhance service system performance²

The following table provides the crosswalk between the budget/statutory authorities and the “programs”:

	KD&A	TCE	SAPT BG	N.C.
Goal 1			X	
Goal 2		X		
Goal 3	X			
Goal 4			X	X

²Goal 4 activities are, essentially, those activities that are funded with Block Grant set-aside dollars for which SAMHSA seeks a distinction in the budget process (i.e., National Data Collection/Data Infrastructure).

KD - Knowledge Development
KA - Knowledge Application
N.C. - National Data Collection/Data Infrastructure

SAPT BG - Substance Abuse Prevention and Treatment Block Grant
TCE - Targeted Capacity Expansion

For each GPRA [program] goal, a standard set of output and outcome measures across all SAMHSA activities is to be developed that will provide the basis for establishing targets and reporting performance. While some preliminary discussions have been held, at this time there are no agreed upon performance measures or methods for collecting and analyzing the data.³ In the following sections, CSAT's performance monitoring plans for each of the programmatic areas are presented. It should be understood that they are subject to change as the OF and other Centers enter into discussion and negotiate final measures. In addition, at the end of the document, a preliminary plan for the use of evaluation in conjunction with performance monitoring is presented for discussion purposes.

1. ASSURE SERVICES AVAILABILITY

Into this program goal area fall the major services activities of CSAT: the Substance Abuse Prevention and Treatment Block Grant. In FY 2000 the Block grant application was revised and approved by the Office of Management and Budget to permit the voluntary collection of data from the States. More specifically:

- Number of clients served (unduplicated)
- Increase % of adults receiving services who:
 - (a) were currently employed or engaged in productive activities;
 - (b) had a permanent place to live in the community;
 - (c) had no/reduced involvement with the criminal justice system.
- Percent decrease in
 - (a) Alcohol use;
 - (b) Marijuana use;
 - (c) Cocaine use;
 - (d) Amphetamine use
 - (e) Opiate use

³Only measures of client outcomes have been developed and agreed to by each of the Centers. However, these measures are really only appropriate for "services" programs where the provision of treatment is the principal purpose of the activity (i.e., Goals 2 and 3). The client outcome measures will be presented under Goals 2 and 3.

In addition, in the Fall of 1999 a customer satisfaction survey was designed and approved for collection from each state on the level of satisfaction with Technical Assistance and Needs Assessment Services provided to the States. More specifically:

- Increase % of States that express satisfaction with TA provided
- Increase % of TA events that result in systems, program or practice improvements

2. MEET UNMET OR EMERGING NEEDS

Into this program goal area fall the major services activities of CSAT: Targeted Capacity Expansion Grants. Simplistically, the following questions need to be answered about these activities within a performance monitoring context:

- ! Were identified needs met?
- ! Was service availability improved?
- ! Are client outcomes good (e.g., better than benchmarks)?

The client outcome assessment strategy mentioned earlier will provide the data necessary for CSAT to address these questions. The strategy, developed and shared by the three Centers, involves requiring each SAMHSA project that involves services to individuals to collect a uniform set of data elements from each individual at admission to services and 6 and 12 months after admission. The outcomes (as appropriate) that will be tracked using this data are:

- ! Percent of adults receiving services increased who:
 - a) were currently employed or engaged in productive activities
 - b) had a permanent place to live in the community
 - c) had reduced involvement with the criminal justice system
 - d) had no past month use of illegal drugs or misuse of prescription drugs
 - e) experienced reduced alcohol or illegal drug related health, behavior, or social consequences, including the misuse of prescription drugs
- ! Percent of children/adolescents under age 18 receiving services who:
 - a) were attending school
 - b) were residing in a stable living environment
 - c) had no involvement in the juvenile justice system
 - d) had no past month use of alcohol or illegal drugs
 - e) experienced reduced substance abuse related health, behavior, or social consequences.

These data, combined with data taken from the initial grant applications, will enable CSAT to address each of the critical success questions.

3. BRIDGE THE GAP BETWEEN RESEARCH AND PRACTICE

This “program” or goal covers that set of activities that are knowledge development/research activities. Initially funded in FY1996, CSAT’s portfolio in this area currently includes multi-site grant and cooperative agreement programs, several of which are being conducted in collaboration with one or more of the other two Centers. These activities cover a broad range of substance abuse treatment issues including adult and adolescent treatment, treatments for marijuana and methamphetamine abuse, the impact of managed care on substance abuse treatment, and the persistence of treatment effects. In FY1999, a general program announcement to support knowledge development activity will be added to the CSAT portfolio.

The purpose of conducting knowledge development activities within CSAT is to provide answers to policy-relevant questions or develop cost-effective approaches to organizing or providing substance abuse treatment that can be used by the field. Simplistically then, there are two criteria of success for knowledge development activities:

- ! Knowledge was developed; and
- ! The knowledge is potentially useful to the field.

While progress toward these goals can be monitored during the conduct of the activity, only after the research data are collected, analyzed, and reported can judgments about success be made.

CSAT proposes to use a peer review process, conducted after a knowledge development activity has been completed, to generate data for GPRA reporting purposes. While the details remain to be worked out, the proposal would involve having someone (e.g., the Steering Committee in a multi-site study) prepare a document that describes the study, presents the results, and discusses their implications for substance abuse treatment. This document would be subjected to peer review (either a committee, as is done for grant application review or “field reviewers”, as is done for journal articles). The reviewers would be asked to provide ratings of the activity on several scales designed to represent the quality and outcomes of the work conducted (to be developed).⁴ In addition, input on other topics (such as what additional work in the area may be needed, substantive and “KD process” lessons learned, suggestions for further dissemination) would be sought. The data would be aggregated across all activities completed (i.e., reviewed) during any given fiscal year and reported in the annual GPRA report.

3.1 PROMOTE THE ADOPTION OF BEST PRACTICES

⁴The ratings would include constructs such as adherence to GFA requirements, use of reliable and valid methods, extent of dissemination activities, extent of generalizability, as well as the principal GPRA outcome constructs.

This “program” involves promoting the adoption of best practices and is synonymous currently with Knowledge Application.⁵ Within CSAT, these activities currently include the Product Development and Targeted Dissemination contract (to include TIPS, TAPS, CSAT by Fax, and Substance Abuse in Brief), the Addiction Technology Transfer Centers, and the National Leadership Institute. In FY1999, the Community Action Grant program will be added and in FY2000, the Implementing Best Practices Grant program will be added.

Activities in this program have the purpose of moving “best practices”, as determined by research and other knowledge development activities, into routine use in the treatment system. Again simplistically, the immediate success of these activities can be measured by the extent to which they result in the adoption of a “best practice.”⁶ In order to provide appropriate GPRA measures in this area, CSAT plans to require that all activities that contribute to this goal to collect information on the numbers and types of services rendered, the receipt of the service by the clients and their satisfaction with the services, and whether the services resulted in the adoption of a best practice related to the service rendered.

4. ENHANCE SERVICE SYSTEM PERFORMANCE

As described earlier, this programmatic goal is distinguished from “Promote the adoption of best practices” primarily by its reliance on the Block Grant set-aside for funding and the explicit emphasis on “systems” rather than more broadly on “services.” The CSAT activities that fall into this goal are the SNAP and TOPPS. While CSAT has established performance measures for these activities individually, it is waiting for SAMHSA to take the lead in developing SAMHSA-wide measures. In addition, CSAT continues to believe that this goal should be collapsed into the broader goal of “Promoting the adoption of best practices.”

EVALUATIONS

⁵Most, if not all, of the activities conducted under the rubric of technical assistance and infrastructure development are appropriately classified as activities supporting this program goal. Technical assistance activities within GPRA have not been discussed within CSAT. Further, at this time, SAMHSA has a separate program goal for infrastructure development (see “Enhance Service System Performance,” below).

⁶Ultimately, the increased use of efficient and effective practices should increase the availability of services and effectiveness of the system in general. However, measures of treatment availability and effectiveness are not currently available. Within existing resources, it would not be feasible to consider developing a system of performance measurement for this purpose.

As defined earlier, evaluation refers to periodic efforts to validate performance monitoring data; to examine, in greater depth, the reasons why particular performance measures are changing (positively or negatively); and to address specific questions posed by program managers about their programs. These types of evaluation are explicitly described, and expected, within the GPRA framework. In fact, on an annual basis, the results of evaluations are to be presented and future evaluations described.

To date, CSAT has not developed any evaluations explicitly within the GPRA framework. The initial requirements will, of necessity, involve examinations of the reliability and validity of the performance measures developed in each of the four program areas. At the same time, it is expected that CSAT managers will begin to ask questions about the meaning of the performance monitoring data as they begin to come in and be analyzed and reported. This will provide the opportunity to design and conduct evaluations that are tied to “real” management questions and, therefore, of greater potential usefulness to CSAT. CSAT will be developing a GPRA support contract that permits CSAT to respond flexibly to these situations as they arise.

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