

Detailed Key Findings from the Independent Evaluation of the SAPT Block Grant Program



Key Finding 1: *The SAPT BG Program has demonstrated a positive effect on the health and lives of individuals with substance use disorders.*

Through participation in treatment programs funded by the SAPT BG, individuals with substance use disorders have demonstrated positive outcomes in all six client-level National Outcome Measures (NOMs) domains: alcohol and drug abstinence, employment/school participation, stable housing, social connectedness, criminal justice involvement, and retention in treatment. States report treatment NOMs either through submission of their own data collected from BG-funded providers or through pre-population of NOMs data fields with data from the Treatment Episode Data Set (TEDS). Regardless of which data collection and reporting method States choose, treatment NOMs are collected using the following TEDS data definitions:

- **Client:** An individual who has an alcohol or drug related problem, has completed the screening and intake process, has been formally admitted for treatment or recovery service, and has his or her client record
- **Admission:** The first date of service, prior to which no service has been received for 30 days
- **Discharge:** The last date of service, subsequent to which no service has been received for 30 days.

Clients showed positive outcomes in all six client-level National Outcome Measure (NOM) domains:

Increased Alcohol Abstinence

Admission 44%

Discharge 64%

Increased Employment and School Participation

Admission 36%

Discharge 44%

Increased Social Connectedness

Admission 43%

Discharge 64%

Increased Drug Abstinence

Admission 40%

Discharge 59%

Increased Stable Housing

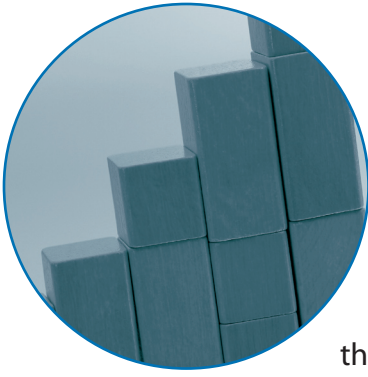
Admission 92%

Discharge 94%

Decreased Criminal Justice Involvement

Admission 33%

Discharge 12%



Key Finding 2: *The SAPT BG Program has acted as a major impetus for improving State prevention and treatment systems' infrastructure and capacity.*

SAPT BG Program emphasis on demonstrating the effectiveness of BG-funded programs and services to reduce substance abuse and to improve the lives of those affected by it has driven State system infrastructure development and capacity improvements. BG requirements have incentivized States to address the effects of substance abuse in at-risk populations by using innovative evidence-based strategies and have laid the foundation necessary to build comprehensive client data systems. Specific outcomes include:

Outcome 1. *Increased Availability of Services for Diverse and Underserved Populations*

Women and Children: The BG requirement for women's treatment has resulted in a growth of more than 50% for women's treatment services expenditures since the beginning of the legislative requirement in FY 1994.

IV Drug Users: States offered comprehensive services for IVDUs in accordance with SAPT BG set-aside requirements. Methadone programs were the most frequently reported service provided, followed closely by outreach initiatives.

HIV Services: States provided a range of services, including HIV testing, HIV/AIDS/STD risk and prevention education, individual and group counseling, and case management services.

Outcome 2. *Increased Development and Implementation of Evidence-Based Practices (EBPs)*

From FY 2005 to FY 2007, States demonstrated a substantial increase in the number of EBPs in SAMHSA's National Registry of Effective Practices and Programs (NREPP) used with clients. States implemented 22 NREPP EBPs in FY 2005 and 119 EBPs in FY 2007. Prevention and parent education EBPs showed the greatest increase in use from FY 2005 to FY 2007.

Outcome 3. *Improved Development and Collection of Specific Outcome Measures*

- BG data collection and set-aside requirements have served as the impetus for uniform, consistent data collection in States.
- Collection of outcome measures offers States a profile of activities oriented toward prevention and treatment.
- Development and collection of data focuses on outcomes.

Outcome 4. *Increased Development and Maintenance of State Data Management Systems*

State data management systems necessary to collect required outcome measures for the BG Program have catalyzed service integration and coordination across and within States, led to the development of data infrastructures such as electronic health records (EHRs), and provided the ability to report outcomes within and across States.



Key Finding 3: States have leveraged SAPT BG Program requirements, resources, and Federal guidance to sustain and improve their State systems.

Outcome 1. Prevented Harm to the Service System Resulting from State Legislature Reductions in Funds for Prevention and Treatment and Advocated for Additional Funding

Using the legislative requirements included in the BG application template and guidance, States have gained leverage with their legislatures and other funders of substance abuse prevention and treatment services. BG requirements, especially the maintenance of effort mandate, offer State substance abuse agencies a certain level of budgetary “protection” and are helpful and effective in keeping substance abuse services available.

Outcome 3. Used BG Funds as Seed Money for New Programs that Other Public and Private Organizations Have Subsequently Funded

More than half of States interviewed (12) reported having used SAPT BG funds to initiate programs that have subsequently continued with State and other funding sources. The remainder of States interviewed (9) noted that although no programs have been completely shifted from BG funding, most now receive a combination of State, Federal, and other funding sources; many programs that began with only BG-funding have expanded their funding base.

Outcome 2. Set State Policies and Priorities Based on Federal Leadership and Development of National Policies and Priorities

- States have used BG funding and its requirements to advocate for a variety of State policy and priority changes, including:
- Directing State Medicaid and BG resources into the foster care system
- Drug enforcement policies
- Mental health and substance abuse services for the criminal justice population
- Incorporation of evidence-based practice requirements into licensure regulations
- Youth access to tobacco
- Women’s-specific treatment standards.



Key Finding 4: *Through a standard system of communication, monitoring, and reporting, CSAT, CSAP, and the States effectively and efficiently manage the SAPT BG Program.*

A nationwide grant program as complex as the SAPT BG Program requires effective and efficient management to coordinate a myriad of Program activities across diverse States. CSAP and CSAT have developed several successful management strategies to steer States as they work toward the 17 legislative goals.

Outcome 1. *Communicated Program Goals and Activities to Create a Standardized System*

CSAT and CSAP communicate Program goals and expectations through the dissemination of the BG application guidance and template, which conveys the proper structures for reporting past, present, and planned activities related to the State's compliance with the Program's 17 legislative goals. The application template guides the States in the creation of a single document that includes an annual report, a progress report, and a State plan.

Outcome 2. *Provided Monitoring and Oversight to Facilitate Open Communication*

Monitoring and oversight activities—the application review and approval, technical reviews for treatment services, prevention and Synar system reviews, and Federal data collection activities—encourage open and flexible communication among Federal, State and subrecipient levels. Application review and approval activities are a major source of communication that leads to a longer-term collaborative Federal-State relationship.

Outcome 3. *Led Complex Data Collection and Reporting Processes*

CSAT and CSAP are using the National Outcome Measures (NOMs) to document client and system level outcomes. States experienced the following outcomes related to Federal data collection and reporting activities:

- Development and improvement of State data collection capacity
- Identification of State and subrecipient TA needs
- Identification of trends within and between States
- Catalyst for States to focus on data quality.

Outcome 4. *Provided TA and Training to Ensure Compliance and to Aid States in Meeting their Goals*

The Federal TA and training process has several strengths, which include that it provides access to skilled experts, involves responsive SPOs, features a user-friendly TA tracking system and consultant database, provides access to high-quality data collection and management training, and offers a range of TA topics to accommodate different State needs.



Key Finding 5: *The SAPT BG Program has contributed to the development and maintenance of successful State collaborations with other agencies and stakeholders concerned with preventing substance abuse and treating substance use disorders.*

Outcome 1. *Increased Achievement of Synar Program Goals and Objectives*

To realize Synar program goals, Single State Agencies for substance abuse (SSAs) collaborated with a wide variety of State agencies, advisory committees, tobacco retailers, and research universities. SSAs reported that the Synar program fostered much collaboration with other State agencies and local organizations that otherwise would not have been initiated or maintained.

Outcome 2. *Improved Coordination of Prevention Services*

SSAs coordinated with a variety of agencies and organizations to ensure appropriate and effective statewide prevention services. Prevention education and community-based initiatives were among the prevention strategies that most commonly involved such collaboration.

Outcome 3. *Improved Coordination of Treatment Services*

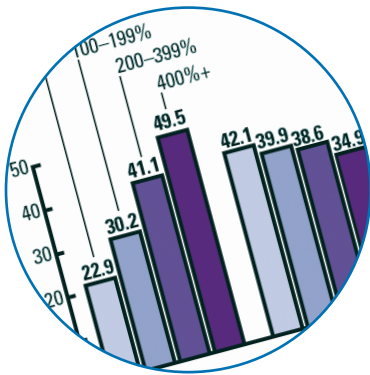
The majority of States initiated interagency agreements, including formal memoranda of understanding, to improve the continuum of care for treatment program clients. They established interagency agreements to ensure that clients were provided services such as prenatal and child care; tuberculosis and HIV screening, education, and treatment; and vocational rehabilitation.

Outcome 4. *Expanded Services and Programs Available through Joint Funding Initiatives*

In addition to improving the coordination of treatment and prevention services, SSAs collaborated with other State agencies to expand access to substance abuse services through joint funding of programs and initiatives. Using SAPT BG funds, SSAs co-sponsored a variety of services and programs, including treatment programs for women, HIV services, and prevention services.

Outcome 5. *Increased Ability to Address Critical Public Health or Safety Issues Statewide*

SSA collaborations with other State agencies and local stakeholders enabled them to address specific public health or public safety related concerns. A number of SSAs reported participation on task forces, interagency workgroups, and legislative committees designed to plan and implement strategic activities to mitigate public health problems. Specific examples of issues addressed included: Fetal alcohol spectrum disorders, treatment needs for children and adolescents, alcohol misuse and abuse on college campuses, prescription drug abuse, housing and homelessness, tribal health, and substance-related crime.



Key Finding 6: *Although baseline data support the need for prevention services and activities, the use of national survey State estimates data alone to assess the NOMs limits CSAP’s ability to attribute changes in the NOMs to SAPT BG-funded prevention services and activities.*

As part of the NOMs initiative to increase accountability and improve the ability to demonstrate program outcomes, CSAP collaborated with national, State, and local prevention organizations to develop outcome measures. These measures examine attitudes toward substance use, abstinence, school or employment participation, criminal justice involvement, and social connectedness. To reduce the data collection burden for State and local prevention agencies (which receive only 20 percent of SAPT BG funds), CSAP uses data from the NSDUH to fulfill NOMs data requirements. There are two significant difficulties inherent in this strategy:

- Conclusions about NOMs changes as a result of BG-funded prevention services and activities cannot be made based primarily on the results of national survey State estimates that do not identify individuals or groups who may have been affected by BG-funded activities. Additional data are needed to link changes in NOMs measures to interaction with BG-funded prevention services and activities.

- The NSDUH is limited by small sample sizes in many States, which leads to under coverage of some populations, including individuals and groups who have been affected by prevention services and activities.

States may request to substitute data instead of utilizing the NSDUH survey State estimates. States also provide their own specific data on EBP implementation and the number of persons served. CSAP has convened an expert panel that has provided recommendations on revising the NOMs data collection and analysis strategy in order to demonstrate the effectiveness of SAPT BG-funded prevention activities. Analysis of NSDUH data across years will enable the assessment of general population change related to the NOMs; however, without a data source more proximal to prevention interventions, it will not be possible to determine the extent to which changes can be attributed to BG-funded prevention services and activities.