Welcome and Introductions

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U.S. Department of Health and Human Services

SAMHSA Support for Tribes

- SAMHSA is committed to the supporting the delivery of services and resources to maintain and improve the behavioral health of American Indians and Alaska Natives (AI/ANs).

- The SAMHSA Office of Tribal Affairs and Policy:
  - Is the primary point of contact for tribes, tribal organizations, urban Indian programs, and other stakeholders on tribal behavioral health
  - Leads and supports SAMHSA-wide actions to improve behavioral health of tribal communities
  - Leads SAMHSA tribal consultation, outreach, education, engagement efforts, and TTAC.
Tribal Opioid Response Government Project Officers

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- **New GPO**
  HHS Regions 5 and 6: IL, IN, LA, MI, MN, NM, OH, OK, TX, WI

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Tribal Opioid Response (TOR) - Program Monitoring and Performance

November 4, 2019

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Presentation Overview

I. TOR Program Overview
II. Program Monitoring and Performance - SPARS Overview
III. Government Performance and Results Act (GPRA) and SAMHSA’s Performance and Accountability Reporting System (SPARS)
   A. Program Level Overview
   B. Client Level Overview
   C. Reports
   D. Trainings
IV. Questions

TOR Overview

• The program aims to address the opioid crisis in tribal communities by increasing access to culturally appropriate and evidence-based treatment, including medication-assisted treatment (MAT) using one of the three FDA-approved medications for the treatment of opioid use disorder (OUD)

• The intent is to reduce unmet treatment need and opioid overdose-related deaths through the provision of prevention, treatment and/or recovery activities for OUD

• The program supplements current activities focused on reducing the impact of opioids and will contribute to a comprehensive response to the opioid epidemic
## TOR Expectations

- Grantees will provide and develop opioid misuse prevention, treatment and recovery support services for the purposes of addressing the opioid abuse and overdose crisis within the tribes.

- TOR is one of SAMHSA’s services grant programs. SAMHSA intends that its services programs result in the delivery of services as soon as possible after award
  - **At the latest, award recipients are expected to provide services to population(s) of focus by the 4th month after the grant has been awarded**

- Key Personnel:
  - Project Director (must make a significant contribution to the execution of the project), serves as the main point of contact for SAMHSA. This position requires prior approval by SAMHSA after review of credentials of staff and job descriptions

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## Funding Limitations/Restrictions

- Up to a combined total of 25 percent of the total grant award may be used for Data Collection and Performance Assessment and Infrastructure Development

- Only U.S. Food and Drug Administration (FDA) –approved products can be purchased with TOR grant funds

- Funds may not be expended through the grant or a subaward by any agency which would deny any eligible client, patient or individual access to their program because of their use of FDA-approved medications for the treatment of substance use disorders
Program Monitoring and Performance

SAMHSA's Performance Accountability and Reporting System (SPARS)
Overview

What is SPARS?

• SPARS provides a consolidated and centralized data resource used by SAMHSA staff and grantees to:
  • improve program monitoring
  • take a uniform approach to managing grantees
  • improve the use of data for quality improvement
Grantees and SPARS

- SPARS provides a system for grantees to:
  - submit and download data
  - generate reports
  - access resources
  - request technical assistance
  - register and attend online trainings
SPARS Data Collection Tool Resources

Contacting the SPARS Team

• SPARS Help Desk
• Hours: Monday – Friday
  • 8:00 a.m. to 7:00 p.m. (ET)
• Phone: 855-322-2746
• E-mail: SPARS-Support@rti.org
The Government Performance and Results Act (GPRA)

Client and Program Data Collection Overview

• Government Performance and Results Act of 1993 (GPRA) – a federal response to the need for performance measure and monitoring
• Enacted to improve stewardship in the federal government, linking resources and management decisions to program performance
• Modernization Act of 2010
• Purpose of GPRA
  • Increase accountability
  • Initiate program performance improvements
  • Improve effectiveness
  • Improve service delivery
  • Improve congressional decision-making
  • Improve internal management
### Data Reporting Requirements Overview

- **Per the FOA, all TOR grantees are responsible for reporting program-level data**
- **Only grantees providing direct opioid misuse prevention, treatment and recovery support services will be required to complete the GPRA client-level tool.**
- **SPARS allows grantees to report data via batch uploading if grantee has capacity and is requested**
Data Collection Requirements - Specifics

- Grantees providing direct client-level treatment or direct recovery services will be required to report client-level data on elements including, but not limited to: diagnosis, demographics, substance use, services received, types of MAT received, etc.
- Data will be collected using SAMHSA’s Performance Accountability and Reporting System (SPARS)
- Two Data Collection components:
  - Program-Level Instrument (collected quarterly)
  - Client-Level Instruments
- **Up to 25 percent** of their grant award for Data Collection and Performance Assessment and Infrastructure Development

Program Level Questions

- All TOR grantees will report Program-Level data
- Data will be collected quarterly and reported in SPARS.
- Information will be due 30 days after the end of the reporting period.
- Questions cover:
  - Availability, distribution, and use of naloxone overdose reversal kits
  - How many naloxone kits purchased
  - How many naloxone kits distributed
Grantee - Program Level Questions

Client-Level Data Collection

• Client-level data collection is required for all clients receiving treatment or recovery services
• Data collection is required at:
  – Baseline (Intake)
  – Six-month follow-up
  – Discharge

• Grantees are required to achieve a six-month follow-up rate of 80%

• Grantees will be provided access to SPARS
Client-Level Data Collection Sections: Baseline

- Standard questions asked across all Discretionary Grant Programs
  - Section A – Record Management
    - Behavioral Health Diagnoses
    - Planned Services – Intake Only
    - Demographics – Intake Only
    - Military Family and Deployment
  - Section B – Past 30-day use of Drug and Alcohol Use*
  - Section C – Family and Living Conditions*
  - Section D – Education, Employment, and Income*
  - Section E – Crime and Criminal Justice Status
  - Section F – Mental and Physical Health Problems and Treatment/Recovery; Violence and Trauma*
  - Section G – Social Connectedness*
    - Section I – Follow-Up Status
    - Section J – Discharge Status
    - Section K – Services Received

*SAMHSA’s National Outcome Measures

Follow-ups Interviews

- If the interview is conducted, complete:
  - Section A – Record Management
  - Sections B through G
  - Section I – Follow-up Status completed by grantees
- Administrative follow-up
  - Section A – Record Management
  - Section I
- Minimum follow-up rate = 80%
- Interviews can be conducted over the phone with prior GPO approval
Discharge Interview

- Conducted:
  - Section A – Record Management
  - Sections B through G
  - Sections J (Discharge Status) and K (Services Provided)
- Administrative Discharge
  - Record Management
  - Section J and Section K

Discharge Interviews - cont

- CSAT’s Discharge Policy
- Client is discharged after 30 days of inactivity
- 14 days to locate the client to conduct the interview
Data Reporting Procedures

- Data will be reported in SPARS:

**Example: FFY 2018 MAT-PDOA National Outcome Measures**

![Graph showing percentage changes in various outcomes](image-url)

*Rate of Change can be seen in bolded in the parentheses*
Example: FFY 2018 HIV Risky Behavior Outcomes

<table>
<thead>
<tr>
<th>Behavior</th>
<th>% at Intake</th>
<th>% at 6M F/U</th>
<th>Rate of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injection Drug Use</td>
<td>10.00%</td>
<td>5.40%</td>
<td>(-46%)</td>
</tr>
<tr>
<td>Had Unprotected Sexual Contact</td>
<td>72.00%</td>
<td>64.70%</td>
<td>(-9.3%)</td>
</tr>
<tr>
<td>Had Unprotected Sexual Contact With An Individual Who Is or Was HIV+ or Has AIDS</td>
<td>12.00%</td>
<td>10.60%</td>
<td>(-10.1%)</td>
</tr>
<tr>
<td>Had Unprotected Sexual Contact With An Injection Drug User</td>
<td>12.30%</td>
<td>9.00%</td>
<td>(-26.8%)</td>
</tr>
<tr>
<td>Had Unprotected Sexual Contact With An Individual High on Some Substance</td>
<td>32.30%</td>
<td>26.00%</td>
<td>(-16.7%)</td>
</tr>
</tbody>
</table>

Data as of 3/28/18

Example: FFY18 SYT-I Abstinence Data

<table>
<thead>
<tr>
<th>Behavior</th>
<th>% at Intake</th>
<th>% at 6M F/U</th>
<th>Rate of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstinence</td>
<td>(92.1%)</td>
<td>58.2%</td>
<td>(-47.3%)</td>
</tr>
<tr>
<td>Marijuana</td>
<td>30.3%</td>
<td>(49.1%)</td>
<td>(-44.4%)</td>
</tr>
<tr>
<td>Alcohol</td>
<td>35.6%</td>
<td>19.8%</td>
<td>(-55.4%)</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>11.4%</td>
<td>2.8%</td>
<td>(-75.4%)</td>
</tr>
<tr>
<td>Heroin</td>
<td>2.8%</td>
<td>10.3%</td>
<td>(-57.5%)</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>4.4%</td>
<td>7.8%</td>
<td>(-75.6%)</td>
</tr>
<tr>
<td>Cocaine</td>
<td>1.9%</td>
<td>5.1%</td>
<td>(-74.5%)</td>
</tr>
</tbody>
</table>

*Rate of Change can be seen in bolded in the parentheses
GPRA Reports Available on SPARS

- Coverage Reports
  - Intake
  - Follow-Ups
- Demographics Report
- Drug Use Report
- Frequency Report
- 6 Month Follow-Up Change Report (NOMS Report)
- Risky Behavior Outcome Report

Example Reports
Trainings Available

Relevant On-Demand Courses:

• How to Use the SPARS Online Learning Center
• SPARS Overview
• Introduction to Follow-up
• Advanced Follow-up Techniques
• Using Technology to Improve Follow-up
Next Steps

Grantees should ...

- Review the updated guides and data collection tool
- Contact their GPOs to discuss specific training and technical assistance related to new GPRA tool questions
- Begin collecting and entering required data as soon as possible
- Discuss any data-collection questions or concerns with their GPOs

Thank you.

SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

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1-877-SAMHSA-7 (1-877-726-4727) ● 1-800-487-4889 (TDD)
Questions