

## **Attachment 1-1**

### **INSTRUCTIONS TO CSAT PROVIDERS/GRANTEES ON COMPLYING WITH THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) GOVERNMENT PERFORMANCE AND RESULTS ACT (GPRA) INFORMATION NEEDS**

SAMHSA has a corporate strategy to standardize its client outcome measures wherever programs and grants would usually be collecting the same information items. This strategy addresses a requirement under GPRA to report program outcomes as a part of the Federal budgeting cycle. Recipients of grants for discretionary services programs will be required to collect these measures.

The attached document lists the standard measures for which you are expected to provide client outcome information. SAMHSA's goal is to measure program performance using these measures. As a general guide, the approach to creating GPRA measures has been designed to minimize any increase in the time and financial costs associated with complying. The list of standard measures was developed with input from programs across all parts of SAMHSA, and is intended to produce comparable outcome estimates for all SAMHSA efforts.

#### **CENTER SPECIFIC INSTRUCTIONS**

Recipients of grants for discretionary services programs will be required to collect these measures at intake, discharge and 6-months post intake; and additionally at 3-months post intake for CSAT adolescent programs. Most grants already include intake items from this list appropriate to their goals and population. You may already be using the same question with more detail. If your measure is equivalent and the response categories can be rolled up into the same reporting categories required, please contact CSAT's GPRA point of contact to confirm that this is acceptable.

It is assumed that you will already be collecting these measures on all clients in your program as a standard part of identifying clients and baselining their treatment needs. For the discretionary services programs the census at baseline would be followed up by a census of all clients at discharge and 6 months after intake. Adolescent substance abuse treatment programs will also collect data at 3 months after intake. Response rates for follow-up are expected to be a minimum of 80% of the baseline.

The only change required may be the addition of items to your intake and follow-up instruments if you are not now covering the set identified in the attachment. If you are doing follow-up at discharge and 6-months after intake, these will need to be added as appropriate. Questions concerning which follow-up strategy is appropriate can be directed to the program contact for CSAT.