



DEPARTMENT OF HEALTH & HUMAN SERVICES

Substance Abuse and Mental
Health Services Administration

Center for Mental Health Services
Center for Substance Abuse
Prevention
Center for Substance Abuse
Treatment
Rockville MD 20857

Date: January 8, 2007
To: OMB Desk Officer
From: SAMHSA Clearance Officer
Subject: Terms of Clearance

This memo addresses the Terms of Clearance memorandum dated June 23, 2005 for the current OMB approval of the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment's discretionary services grants package, the Government Performance and Results Act Client/Participant Outcome Measures (OMB No. 0930-0208). This approval expires on January 31, 2007.

The June 23, 2005 Notice of Action from OMB stated that the Government Performance and Results Act Client/Participant Outcome Measures (OMB No. 0930-0208) is:

“Approved for 1.5 years consistent with the following terms of clearance: approved consistent with SAMHSA memo submitted to OMB 06/23/05, OMB encourages SAMHSA to consult with respondents concerning the most effective and least burdensome strategy for collecting data post discharge, additionally in the next submission of this collection to OMB for review SAMHSA shall report to OMB on the data elements outlined in the agency memo.”

CSAT reviewed the data elements outlined in the agency memo; the data collection points are: intake, discharge, and 6 months post intake. CSAT analyzed the GPRA data set to determine the average length of stay of clients in CSAT's treatment programs and consulted with treatment providers concerning the most effective and least burdensome strategy for collecting data post discharge. CSAT contacted grantees who represented about 12 different grants in 7 different grant programs, including Adolescents, HIV, HIV Outreach, Homeless, Pregnant and Post-Partum Women (PPW), Screening, Brief Intervention, and Referral to Treatment (SBIRT), and Targeted Capacity Expansion (TCE). The grantees were located in different geographical areas, including urban and rural areas in Alaska; California, and Chicago, Illinois. From both the analysis of the data and the consultation with treatment providers:

- 52 %, more than half, of clients are in treatment for less than 3 months
- 65 % of clients are in treatment for less than 4 months
- 72 % of clients are in treatment for less than 5 months

Based on the above percentages, approximately three-fourths of the clients who have been in treatment, have been discharged by 5 months post intake. Therefore, SAMHSA's "6-month post intake" data collection point represents OMB's recommendation for a "post discharge" data collection point for those who have completed treatment. The same follow-up techniques used to collect 6 month post intake data would be used for the post discharge data collection.

These follow-up techniques include:

- initiating the follow-up process at intake
- maintaining contact with clients/participants throughout treatment
- using good locator forms
- attending follow-up training to learn about and conduct follow-up at their site
- receiving individualized technical assistance from follow-up experts
- using the follow-up tracking manual provided in the CSAT training as a reference
- using the web-based follow-up rate reports to determine how close the grantee is to meeting its goal
- using the web-based follow-up notification report to keep track of when interviews are due for each client

After consulting with the grantees and confirming CSAT's reporting requirements, the following points can be made to support the existing data collection points of intake, discharge and 6 months post intake:

1. CSAT's Programs of Regional and National Significance (PRNS) Program Assessment Rating Tool (PART) measure relies on using the change in data from intake to 6 months post intake.
2. The 6 months post intake point represents a post discharge data point for the majority of clients.

One of the larger programs, Screening, Brief Intervention, and Referral to Treatment (SBIRT), has a very short intervention time frame (less than 30 days) for its most popular intervention, therefore, the 6 month post intake will serve as a 6 month post discharge data collection point for all clients. This is true for the overwhelming majority of clients receiving a brief intervention.

3. Methadone clients are often in treatment longer than one year and many for multiple years. A grantee would not be able to get a post discharge interview on many of their clients. Obtaining a post discharge interview would not be possible for clients who enter the program after the second year of a three year grant because the grant will have ended when they are discharged from the program. However, collecting 6 months post intake data would be possible even into the last year of the grant.
4. The 6 months post intake point represents a consistent point from which to collect data; it can be used to compare activity and outcomes within and across programs.

It is difficult to define discharge for treatment programs, particularly for one of the larger programs such as Screening, Brief Intervention, and Referral to Treatment (SBIRT) and the HIV outreach program; and when defined, the definition varies greatly by program. Conducting a follow-up interview based on a consistent period of time, such as the intake date, creates more stability in the data set making it easier to compare data within and across grants and programs.

5. The more time that elapses from the intake data point, the more challenging it is to find the client and conduct the interview. Using historical data, the follow-up rate for the Targeted Capacity Expansion (TCE) Grant Program declined from 74.6% at 6 months follow-up to 20.9% at 12 months follow-up.

If there are any questions or comments regarding this information, please contact Summer King on (240) 276-1243.