

# Center for Behavioral Health Statistics and Quality Office of Evaluation Listening Sessions

## Executive Summary

To inform the Substance Abuse and Mental Health Services Administration's (SAMHSA's) redesign of the client-level performance management tools, the Center for Behavioral Health Statistics and Quality (CBHSQ) in collaboration with the Office of Tribal Affairs and Policy (OTAP) convened **four** listening sessions with two tribal grantee groups, one Federal Partners group and one session with the Tribal Technical Advisory Committee (TTAC). The four sessions occurred between February 27, 2024, and March 6, 2024. Staff from the Office of Tribal Affairs and Policy facilitated the virtual and in-person discussions. Participants provided input on (1) how SAMHSA should decrease burden and increase data quality; (2) approaches to streamline reporting for the Government Performance and Results Act (GPRA); (3) parts of the tool that are valuable for participants; and (4) constraints to using the data.

## Results

The first listening session was with the TTAC, which included up to 14 elected Tribal Leaders or those authorized to act on their behalf. The next two listening sessions were attended by 49 people from tribal grantees. The fourth and final listening session was comprised of participants from 8 federal agencies. Discussion with the TTAC involved exchanging views, information, or advice on the topic. Across these comments, there are six main themes.

### **1. SAMHSA should shorten the tools to focus on critical information.**

- Participants across the four sessions commented on the tool's length, the excessive time required to complete the tool, and redundancy between SAMHSA GPRA questions and tools that grantees complete for other Federal agencies, such as the Indian Health Services.
- Participants commented on what they considered the ideal tool. Some participants encouraged SAMHSA to balance the development of a shorter tool with the need to keep questions that are most important to grantees and not lose "useful data." One (1) participant said that providers should be able to complete the tool in 10 minutes or less. Another (1) participant commented that the tool should be "as short as possible."

### **2. SAMHSA should redesign the tool to keep useful data, remove data that are not useful, and include new data that grantees value and can use.**

- A few participants described aspects of the data that are useful, including demographics, diagnoses, and service provision.
- However, many participants commented that the tools do not capture useful information for Tribal communities and grantees. For example, participants had varied opinions about the usefulness of questions regarding housing and sexual activity. One participant said the question asking whether the client's wages cover their expenses or needs is not useful.

- Many participants recommended collecting information on cultural practices and indigenous ways of knowing, protective factors and social determinants of health, and qualitative data to capture stories and celebrate successes.

### **3. SAMHSA should identify strategies to reduce provider burden associated with the tool.**

- Several participants across two listening sessions commented on the limited capacity of providers to administer the tool. They commented that the time required to collect the tool takes away from direct service provision to clients.
- One participant suggested it could be helpful for SAMHSA to provide grantees with funding so they could dedicate a person to administer the tool. Another (1) participant suggested that clients should be able to complete the tool themselves.

### **4. SAMHSA should revise the tool and the data entry process to reduce confusion and burden.**

- Participants commented on confusing questions in the tools such as “backward-worded” questions. For example, there is a question about receipt of items that requires providers to respond “no” if the client has received the item.
- Some participants commented that the data entry process is inefficient. For example, three (3) participants commented that SPARS should not require grantees to enter information into all fields even if the field is not applicable. One participant said SPARS is not easy to use; others agreed and supported the development of a simple structure that leverages tools like Excel and SurveyMonkey.
- One (1) participant suggested, and two (2) participants agreed, that SAMHSA use a modular approach that allows grantees to only complete data that is relevant to them and their clients.

### **5. SAMHSA should regularly communicate with grantees about how it uses and makes decisions regarding data.**

- Participants differed in their understanding of how SAMHSA uses the GPRA data. One (1) participant said SAMHSA uses the data for cross-site studies and to write and publish peer-reviewed articles. Other participants described not knowing why SAMHSA collects GPRA data and how the agency uses the information, beyond compliance.

### **6. SAMHSA should collaborate with grantees, Tribal partners, and other agencies to develop a useful tool and to enhance support for Native communities.**

- Across listening sessions, participants suggested that SAMHSA collaborate with grantees and Indian Health Services to identify questions that are most meaningful to grantees and to reduce redundancy in data collection efforts.

- One (1) participant also suggested that SAMHSA use the data to identify gaps and opportunities in Tribal communities and then collaborate with other agencies to fund interventions.