

Attachment—Additional Questions for the Record

**Subcommittee on Health
Hearing on
“Combatting an Epidemic: Legislation to Help Patients with Substance Use Disorders”
March 3, 2020**

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Executive Director/Director of Legislative Affairs
National Association of State Alcohol and Drug Abuse Directors (NASADAD)**

The Honorable Gus M. Bilirakis (R-FL)

1. Mr. Morrison – Last summer, I co-introduced another bipartisan measure called, the Effective Drug Control Strategy Act – H.R. 3820. H.R. 3820 would require the Office of National Drug Control Policy to evaluate the efficacy of federal-funded initiatives aimed at reducing demand for illicit substances, and publish information online on these initiatives in a central location that would permit watchdogs, the press, and the public at large to hold the government accountable for addressing the opioid crisis. This was the second recommendation included in the final report of President Trump’s Commission on Combating Drug Addiction and the Opioid Crisis, and as the Commission notes, “we are operating blindly” in our efforts to combat the addiction crisis without proper scrutiny and accounting.
 - A. How important is it for us to federally monitor and evaluate the efficacy of response and programs that we are funding?
 - B. Are states tracking the efficacy of programs that are being funded and, if so, is the data being reported standardized among states?
 - a. Who has access to this data?

**Response from Robert I.L. Morrison, Executive Director/Director of Legislative Affairs,
National Association of State Alcohol and Drug Abuse Directors (NASADAD)**

Congressman Bilirakis, thank you for inquiring about ways to promote efficient use of federal funding that supports effective substance use disorder prevention, treatment, and recovery programming and services. We believe the Federal-State partnership is critical as work is done to generate quantitative and qualitative information related to federally supported programs. Data reporting is indeed a critical component of this endeavor and we stand ready to work with Congress, the Administration, and others on these issues.

As you know, Congress authorized a variety of programs across the federal government designed, in whole or in part, to address the opioid crisis. We will use programs authorized by this Committee and administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) within the Department of Health and Human Services (HHS) as an example to help answer your questions.

Specifically, SAMHSA utilizes the Government Performance and Results Act (GPRA) Client Outcome Measures for Discretionary Programs data collection tool for its discretionary grants. Those receiving discretionary grants from the agency must administer this data collection tool which then feeds into SAMHSA's Performance Accountability and Reporting System (SPARS). The GPRA tool includes certain standard questions for all grant recipients to answer. Program participants are asked questions at intake, discharge, and post-discharge. In addition to standard demographics, examples of questions asked of program participants include:

- Use of alcohol and drugs
- Substance use disorder diagnosis
- Housing status
- Employment status
- Education status
- Criminal justice involvement

SAMHSA then has each discretionary grant recipient work with their project officer to answer additional questions most relevant to the specific program. These questions may align with certain parts of the continuum or program goals.

State alcohol and drug agency directors manage SAMHSA's Substance Abuse Prevention and Treatment (SAPT) Block Grant. The SAPT Block Grant's application asks States to report on common data elements including those referenced above. In addition, the application asks State alcohol and drug agency directors to report on adherence to statutory requirements related to the "set-asides" (primary prevention, pregnant/postpartum women, etc.).

SAMHSA then includes data about its programming in its Justification of Estimates for Appropriations Committees submitted to Congress on an annual basis. This public document includes program descriptions, data related to the program, along with selected measures of performance that include target goals and outcomes met. In addition, the document includes a summary of reports involving SAMHSA by the Government Accountability Office (GAO) and Office of Inspector General (OIG), along with implementation timelines, status, and updates.

I would also like to mention that States collect information above and beyond those questions asked by SAMHSA in particular, and the federal government in general. These data elements are not standardized and are in place to satisfy the unique needs of particular jurisdictions. These

elements may stem from initiatives led by the Governor, requests of a State legislature, or other sources. States then utilize the data in different ways to help educate stakeholders about the systems or particular programs within the system. Further, data is utilized to help improve programs and service delivery. Some examples of State data dashboards and reports include:

- [California](#): State Opioid Response Grant Performance Progress Report highlights outcomes from the SOR grant in FY 2019.
- [Florida](#): Opioid Response Project Annual Report reviews positive outcomes of the SOR grant program.
- [Illinois](#): Department of Human Services, Division of Substance Use Prevention and Recovery (SUPR): Monthly reports summarizing latest outcomes from to Opioid Crisis Response Grants.
- [Louisiana](#): Opioid Data and Surveillance System serves as an interactive tool for health professionals, researchers, and decision makers to understand, analyze, and apply data to statewide opioid misuse reduction efforts.
- [Missouri](#): Opioid Crisis Response webpage links to findings and evaluation reports from [STR/SOR](#) as well as the [Prescription Drug Overdose](#) (PDO) grant programs.
- [New York](#): Opioid Annual Report offers information on the utilization of services in the State along with epidemiological data.
- [Rhode Island](#): Public dashboards based on the Rhode Island Overdose Prevention Plan.

Additionally, as the Association representing the State alcohol and drug agencies, NASADAD has collected information from the States on their use of the State Targeted Response (STR) and State Opioid Response (SOR) grant programs. These grants, both of which are administered by SAMHSA, aim to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder (OUD) in the States. In 2019, NASADAD collected information from the States and created [State-specific profiles](#) describing how these federal grants are being used to support primary prevention, treatment, recovery, and overdose reversal services.

Finally, conversations about efforts to assess the performance of federal programs benefit from common expectations. There are distinct differences between data collection, program evaluation and peer reviewed studies. There are different levels of resources needed for each approach that are important to consider.

Thank you again for your questions. We look forward to working with you, the Committee and others on these issues.