

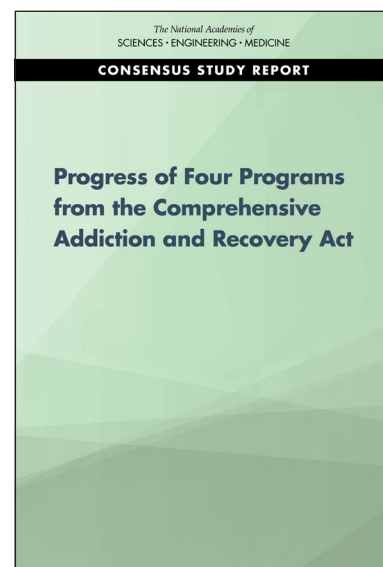


MARCH 2021

Progress of Four Programs from the Comprehensive Addiction and Recovery Act

Substance use disorder (SUD) and opioid use disorder are significant public health threats that affect millions of Americans each year. To help address overdose deaths and lack of access to treatment, the Comprehensive Addiction and Recovery Act (CARA) was signed into law on July 22, 2016. CARA is extensive legislation intended to address many facets of the opioid epidemic, including prevention, treatment, recovery, law enforcement, criminal justice reform, and overdose reversal. It authorizes more than \$181 million each year in new funding to fight the opioid epidemic and it requires the implementation of programs and services across the United States to address SUD and recovery.

Following the passage of CARA, the Consolidated Appropriations Act, 2018 included appropriations for a study of the Substance Abuse and Mental Health Services Administration (SAMHSA) components in CARA, to be conducted by the National Academies of Sciences, Engineering, and Medicine. In response to this charge, the National Academies formed an ad hoc committee to review outcomes achieved by four programs funded by SAMHSA through CARA: State Pilot Grant Program for Treatment for Pregnant and Postpartum Women (PPW-PLT), Building Communities of Recovery (BCOR), Improving Access to Overdose Treatment (OD Treatment Access), and First Responders (FR-CARA). The committee's review is designed to result in three reports over 5 years. This report, the second in the series, reviews reported outcomes and metrics to assess progress toward achieving program goals.



CONTEXT FOR THIS REPORT

To address its charge for the second report, the committee requested information from SAMHSA about each of the grant programs. Varying amounts of information were received from 56 of 87 total grantees. SAMHSA provided funding opportunity announcements and mandatory reporting tools for each of the four programs. SAMHSA also provided data summaries for the PPW-PLT and BCOR programs through its Center for Substance Abuse Treatment (CSAT) Government Performance and Results Act (GPRA) tool, as well as redacted grantee annual progress reports. In addition, SAMHSA provided information on the OD Treatment Access and FR-CARA programs by supplying summaries generated from text-based answers to questions in the Center for Substance Abuse Prevention (CSAP) Division of State Programs-Management Reporting Tool, and from an additional program-specific reporting tool for OD Treatment Access. The individual grantee program reports received from SAMHSA were heavily redacted, and so the committee lacked important contextual information for its analysis—a result of grantee agreements with SAMHSA preventing the unredacted release of program progress reports. To fill in some of these information gaps, the committee reached out to individual grantees to request additional information. In response, a limited number of unredacted reports were received.

Given the limitations of the information, and the distinct nature of the four grant programs, the committee assessed progress by reviewing and matching information received to each of the required and allowable activities specified in the funding opportunity announcements. The committee considered whether there was evidence regarding progress in terms of planning and implementation steps (e.g., hiring, training staff, relationship building) and outcomes (e.g., client-based substance use outcomes, naloxone distribution and use, public education, trainings conducted). Importantly, this report does not reflect grantees' most recent progress, as they have continued implementation since the point in time at which they submitted these required reporting materials to SAMHSA. The committee encountered many limitations in the data sources it received from SAMHSA, including

- reporting tools not clearly linked to the requirements of the grant programs;
- absence of pre-program data;
- lack of information about each grantee's local context;
- lack of information on other programs in the same area with similar features (whether funded by SAMHSA or others);
- sources of data, reliability of data, and meaning of data in context that were not always clear; and
- qualitative information was often redacted or presented in the form of summaries across grantees; quantitative information was often aggregated across all grantees.

As a result, the committee encountered issues in its analysis that included difficulties in

- organizing information received around program requirements;
- interpreting data, particularly on program impact;
- accounting for the policy context of a grantee's programs;
- assigning impact to SAMHSA programs; and
- comparing efforts of particular grantees.

For more information on the committee's data limitations, see the Summary chapter of the full report.

The committee understands, based on material received from grantees, that the COVID-19 pandemic has affected their ability to function as envisioned in their grant applications. The committee acknowledges that the pandemic might slow progress, especially in implementation, and looks forward to hearing from SAMHSA and the grantees about innovative steps taken to reach those with SUD, such as providing services through telehealth.

PPW-PLT AND BCOR PROGRAMS

Two of the CARA grant programs—PPW-PLT and BCOR—are administered by CSAT. The committee found evidence from both the CSAT GPRA data and from the additional progress reports provided by grantees that both programs were operational in a number of activities.

All PPW-PLT grantees were functioning, recruiting, and serving clients, but at varying levels. However, programs lagged behind in the recruitment goals they had set, and most programs had lower follow-up interview rates than the 80 percent expected by SAMHSA. Some programs cited greatly delayed approval for first-year budgets as an early setback, as well as a lack of clarification on certain questions regarding client eligibility and permitted uses of SAMHSA funds. The committee determined that these programs likely would have benefited from greater support, technical assistance, and training on aspects of programming and evaluation.

The BCOR program was funded by SAMHSA primarily to support the “development, expansion, enhancement, and delivery of” community and statewide recovery support services. Based on a review of GPRA data—a source that was not designed for activities beyond direct client service—and redacted progress reports, the committee found that the BCOR program as a whole made progress toward this goal. Individual grantee success depended on how well developed a grantee's program was prior to receiving this funding, its ability to hire staff and implement infrastructure needs, and the specifics of its own goals.

OD TREATMENT ACCESS AND FR-CARA PROGRAMS

Two of the CARA grant programs—OD Treatment Access and FR-CARA—are focused on preventing overdose and are administered by CSAP. For both programs, the committee found evidence that some grantees had taken steps to address required activities.

For the OD Treatment Access program, two of four grantees clearly established prescribing or co-prescribing services at their sites. All of the SAMHSA grantees created curricula and delivered training on the prescribing of overdose drugs and devices, used SAMHSA's Overdose Prevention toolkit as a guide, and described lessons learned and best practices. However, the committee received little information about the outcome of the trainings, the types of audiences that were reached, and whether treatments to which grantees connected clients were appropriate or evidence-based. The grantees identified major obstacles toward sustaining their programs after the federal support ends.

The information received from SAMHSA about the FR-CARA program indicates that grantees addressed the primary goal of allowing first responders to administer a drug or a device for the emergency treatment. Grantees conducted training sessions, but information on the effectiveness of these trainings was not provided. They also developed strategies for referring overdose survivors to treatment and recovery services, and 20 grantees held meetings with advisory councils that they had joined or that were newly established during the reporting period.

CONCLUSIONS

Based on its review of the available evidence, the committee drew three overarching conclusions about the four programs of interest:

- **The committee concludes, based on information provided by the Substance Abuse and Mental Health Services Administration, that grantees providing data have shown at least some progress in planning and implementing the four Comprehensive Addiction and Recovery Act programs under review. The degree of implementation and progress and the nature of supporting data vary across programs, grantees, and specific activities; data were not provided on all grantees.**
- **The committee concludes that it cannot determine whether these programs have had specific, identifiable impacts on people with substance use disorders. It is possible that these programs have had a positive impact on people's substance use and on their health and well-being, but the limitations of the information provided do not allow for confidence in such a determination.**
- **The committee concludes that it cannot determine if Comprehensive Addiction and Recovery Act programs have had a positive impact on advancing systems change in substance use prevention and treatment or in advancing systematic interagency collaboration. The lack of systematic, quantifiable, or descriptive data does not allow for such a determination.**

THE FORTHCOMING FINAL REPORT

The purpose of the third and final report by the committee, due in March 2023, is “to review the specified programs for their effectiveness in achieving their respective goals ... and to provide recommendations to Congress concerning the appropriate allocation of resources to such programs.” The committee addressed the feasibility of a more robust third and final report by laying out a set of information requirements that would allow it to design and perform a more rigorous evaluation of program effectiveness. The committee also described three potential approaches to addressing cost-effectiveness in the federal government's response to the opioid crisis. For more information on the committee's potential approaches, see Chapter 4 of the full report. The committee looks forward to conversations about how it can be most helpful to SAMHSA and to Congress in anticipation of the third and final report.

Committee on the Review of Specific Programs in the Comprehensive Addiction and Recovery Act

Kenneth B. Wells (*Chair*)
University of California, Los Angeles

Hortensia Amaro (*Vice Chair*)
Florida International University

Gina Bryan
University of Wisconsin–Madison

Karen Cropsey
The University of Alabama at
Birmingham

Joan Duwve
Kansas Department of Health and
Environment

David Gustafson (*member until
August 2020*)
University of Wisconsin–Madison

Marcela Horvitz-Lennon
RAND Corporation

Raymond C. Love
University of Maryland

Yngvild Olsen
Institutes for Behavior Resources,
Inc.

Sharon Reif
Brandeis University

Study Sponsor

Department of Health and Human Services

Study Staff

Kathleen Stratton
Study Director

Andrew Merluzzi
Program Officer (*until August 2020*)

Kelly McHugh
Research Associate (*starting October 2020*)

Crysti Park
Administrative Assistant

Rose Marie Martinez
Senior Director, Board on Population Health and
Public Health Practice

To download the full report, please visit
[nationalacademies.org/CARAEvaluations](https://www.nationalacademies.org/CARAEvaluations)

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

The nation turns to the National Academies
of Sciences, Engineering, and Medicine for
independent, objective advice on issues that
affect people's lives worldwide.

www.nationalacademies.org