

Review of Four CARA Programs and Preparing for Future Evaluations

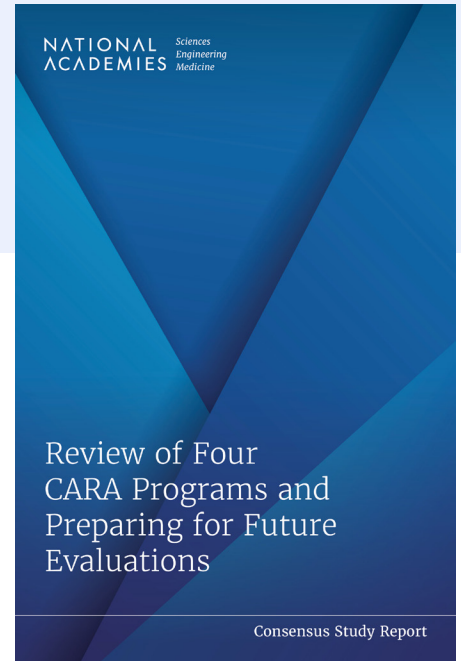
OVERVIEW

The Comprehensive Addiction and Recovery Act (CARA; P.L. 114–198) was signed into law on July 22, 2016, to help address the challenges of overdose deaths and opioid use disorder and to expand access to evidence-based treatment.¹ CARA is extensive legislation that mandates the implementation of programs and services addressing prevention, treatment, recovery, law enforcement and criminal justice reform, and overdose reversal. Among these efforts was the authorization of four grant programs overseen by the Substance Abuse and Mental Health Services Administration (SAMHSA).

In 2018, SAMHSA requested the National Academies of Sciences, Engineering, and Medicine establish the Committee on the Review of Specific Programs in the Comprehensive Addiction and Recovery Act to conduct a review of the four programs—Building Communities of Recovery, State Pilot Grant Program for Treatment for Pregnant and Postpartum Women, First Responder Training, and Improving Access to Overdose Treatment—that focus primarily on opioids, but occasionally include treatment and recovery services for co-occurring substance use disorders. The review has resulted in three consensus study reports over 5 years.

This third and final report was intended to (1) review program effectiveness, and (2) provide recommendations to Congress concerning the appropriate allocation of resources to the programs. However, in the second report in the series, the committee concluded that it could not determine whether the CARA programs have had a positive impact due to a lack of systematic, quantifiable, or descriptive data. Consequently, for its first task in the final report,

¹ See <https://www.congress.gov/bill/114th-congress/senate-bill/524/text> (accessed March 13, 2020).



the committee instead set forth to understand the processes of the four grant programs; actions taken by grantees and their partners; impacts to clients, patients, the community, and public; and structural or environmental changes that might have resulted from grant funding. The committee was able to note several instances in which grantee plans were rooted in interventions that have the potential to be effective; for example, outpatient treatment services, peer support, and evidence-based practices for pregnant and postpartum women in rural areas provided by the State Pilot Grant Program for Treatment for Pregnant and Postpartum Women grantees, and improvements to naloxone distribution and training efforts facilitated by First Responder Training grantees.

Given the data challenges around impact described above, the committee shifted the focus of the second task of the third report to an analysis of how future congressionally mandated evaluations can be structured and carried out to better support policy makers.

CONCLUSIONS

The committee's conclusions, which apply to all four programs and are based on information provided by grantees, are organized around three themes:

Limits on Inferences About Program Effectiveness

- Conclusion 1: The limited alignment between mandatory reporting tools, program goals, and tracked outcomes, and the lack of data suitable for a formal evaluation preclude the committee from making conclusions about whether the programs were effective.

Assigning Grantee Activities

- Conclusion 2: CARA grantees and their partners engaged in a range of activities to address the worsening substance use disorder epidemic. Based on the information provided, the committee is unable to say whether the programs as a whole were effective.
- Conclusion 3: CARA funding supported grantees in enhancing or expanding treatment and recovery support services, as well as naloxone delivery.

Grantees facilitated the education and training of community members and professionals about substance use disorder, stigma reduction, and overdose reversals.

- Conclusion 4: Partnerships were a key feature of all four grant programs. Grantees varied in the success of partnership building and the impacts these partnerships have on reach and structural change.

Significant Obstacles Outside of Grantee or SAMHSA Control

- Conclusion 5: Grantees identified a number of barriers across all four programs that inhibited their ability to achieve some of their goals, including but not limited to grant management, data collection, and staffing.
- Conclusion 6: The confluence of the substance use disorder epidemic and the COVID-19 pandemic posed significant challenges to all grantees, but programs continued. COVID-19 prompted some grantees to engage in novel activities in pursuit of program goals.
- Conclusion 7: Structural and policy barriers may have limited the ability of grantees to impact the substance use disorder epidemic. The CARA grant programs were not intended to address most of these barriers.

RECOMMENDATIONS

The committee offers two recommendations that can be applied to future program development and evaluation efforts of federal programs broadly, rather than just to those conducted by SAMHSA. As such, the recommendations refer to “the evaluator,” “the implementing agency,” “the program,” and “the grantees” in a general sense.

To obtain information useful for policy making through an effective evaluation requires substantial coordination, support, and data sharing among stakeholders (Congress, the implementing agency, grantees and partners, and the evaluator). The first recommendation provides advice for how Congress can coordinate with involved parties to support the evaluation, and the second for how Congress can support the implementing agency and, through it, as applicable, support grantees. Both are intended to result

in evaluations that provide better data to guide policy making.

Recommendation 1: The committee recommends that Congress, when mandating evaluations, confer with the implementing agency and evaluation experts to align expectations with feasibility and resource considerations.

To facilitate this process, Congress should provide funding as early as possible to allow for ample time to coordinate with the implementing agency on how to best scope and plan the required assessment activities before grantees begin their implementation process.² This would include discussions around data collection, data sharing agreements, and evaluation methodology. Significant funding delays constrain the evaluator’s methodological flexibility and ability to conduct an appropriate assessment that is tailored to Congress’s requests.

Recommendation 2: To ensure an informative evaluation in the future, the committee recommends that Congress consider whether the implementing agency has the capacity, mission, and culture to (a) oversee the evaluation, and (b) where applicable, support grantees in collecting and sharing data.

To ensure the implementing agency and its grantees can adequately respond to Congress’s evaluation needs, it needs sufficient internal capacity and resources, as well as a mission and culture that are supportive of the evaluation effort. Capacity includes staffing, funding, and adequate time to oversee an evaluation. These enable the implementing agency to carry out its roles of coordinating with the evaluator and supporting grantees in their work and data collection and to create any additional systems or processes necessary to meet the specific methodological needs of the

² In its 2012 report “Defining Evaluations,” the U.S. Government Accountability Office (GAO) also highlighted the importance of planning and initiating evaluation processes prior to the beginning of implementation (GAO, 2012). Since its release, several studies on U.S. Department of Health and Human Services (HHS) program evaluation have found that this does not always happen in practice. This includes an HHS Office of Inspector General evaluation of the State Targeted Response grant (HHS-OIG, 2020) and a GAO report on HHS programs intended to increase the availability of medications for opioid use disorder (GAO, 2017).

evaluator. Additionally, the mission and culture of the implementing agency can impact its ability to support an evaluation. In particular, some federal agencies may be more practice-oriented than research-focused in their mandates.

Though not all congressionally mandated evaluations will include grantees, the committee comments on the primary roles that the implementing agency should play in supporting and guiding grantees, where applicable. Having adequate capacity, mission, and culture, as discussed above, enables the implementing agency to support grantees by selecting appropriate data collection systems, setting data sharing and evaluation agreements, and providing resources and technical assistance to grantees.

ACKNOWLEDGMENTS

The committee appreciated the opportunity to work with Congress, SAMHSA, and grantees. It hopes that its reports do justice to the hard work, under very trying circumstances, of SAMHSA, CARA grantees, and individuals and populations confronting substance use disorder. It thanks grantees for providing information that informs this report series.

After 5 years of study, the committee would like to emphasize that SAMHSA’s grantees have used CARA funding to develop and expand new activities—activities that provide value to individuals with substance use disorder, to the many professionals working toward addressing the substance use disorder epidemic, and to grantees’ communities. The committee hopes the guidance it provided regarding future evaluations will allow Congress to better understand the impact of its investments and to continue to support more people on the road to recovery.

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FOR MORE INFORMATION

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Copies of the Consensus Study Report are available from the National Academies Press, (800) 624–6242, or <https://nap.nationalacademies.org/catalog/26831>.

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