

CSAT-GPRA TA Packet

Using CSAT-GPRA Data to Market Your Program

You are doing important work to improve the lives of your clients and community. But do others know about your work and its impact? Do they understand what you do, who you treat, how you provide treatment, and the ways in which treatment helps? Your key stakeholders typically want to know such information as:

- What types of services do you provide?
- Who do you serve?
- In what ways is your program effective?

Develop Program Fact Sheets. To inform and educate your stakeholders, you can develop Program Fact Sheets. These are brief 1- to 2-page brochures that describe and demonstrate the effectiveness of your program to your key stakeholders, including policy makers, board members, volunteers, neighbors, community members, and clients.

This document was prepared to help you develop a Program Fact Sheet using your program's CSAT-GPRA data. Each section of this document describes the types of data that you might include in a Program Fact Sheet, why it is important for key stakeholders, and how to present this information in a way that is easy to understand.

Organization of this Document. The three sections of this Technical Assistance (TA) Packet represent three components that are essential to a Program Fact Sheet:

- Program Description
- Participant Description
- Program Effectiveness

We provide examples using a hypothetical grantee (Riverside House) to illustrate these key parts and to help you develop your own Program Fact Sheet.

CSAT GPRA Government Performance and Results Act

The mission of the Government Performance and Results Act (GPRA) of 1993 is to improve the confidence of the American people in the capability of the Federal Government by holding all Federal agencies accountable for achieving program results. Under GPRA law, the Substance Abuse and Mental Health Services Administration (SAMHSA) and its three Centers - the Center for Substance Abuse Treatment (CSAT), the Center for Substance Abuse Prevention (CSAP), and the Center for Mental Health Services (CMHS) - are required to set program-specific performance targets, to measure program performance on a regular basis against those targets, and to report annually to Congress on the Centers' results. In short, GPRA is intended to increase program effectiveness and public accountability by promoting a new focus on results, service quality, and customer satisfaction.

For more CSAT GPRA information contact:
Toll-free: 1-888-507-6351
[GPRA Help Desk](#)

CSAT GPRA Government Performance and Results Act

Title	Synopsis	Detailed Description
SBRT Distribution	Synopsis	Detailed Description
Intake Coverage Report	Synopsis	Detailed Description
3 Month Follow-up Rate	Synopsis	Detailed Description
6 Month Follow-up Rate	Synopsis	Detailed Description
12 Month Follow-up Rate	Synopsis	Detailed Description
Intake Graph Report	Synopsis	Detailed Description
Intake/Follow-up Rate Graph Report *NEW*	Synopsis	Detailed Description
Grantee Delinquency	Synopsis	Detailed Description
3 Month Follow-up Change Report	Synopsis	Detailed Description
6 Month Follow-up Change Report	Synopsis	Detailed Description
12 Month Follow-up Change Report	Synopsis	Detailed Description
Grantee Cost	Synopsis	Detailed Description
Summary Cost	Synopsis	Detailed Description
Frequency Report	Synopsis	Detailed Description
Crestabulations Report	Synopsis	Detailed Description
Missing Data Frequency Report	Synopsis	Detailed Description
3 Month Follow-up Notification	Synopsis	Detailed Description
6 Month Follow-up Notification	Synopsis	Detailed Description
12 Month Follow-up Notification	Synopsis	Detailed Description
Combined Intake Coverage/Follow-up Report	Synopsis	Detailed Description
Peer Performance Report	Synopsis	Detailed Description
Tool Use Report	Synopsis	Detailed Description

Program Fact Sheets are practical ways to share your program data with others. You can obtain all of your program's data from the CSAT-GPRA Web site at www.samhsa-gpra.samhsa.gov. All of the information presented in this document is readily accessible at the CSAT-GPRA Web site and by using the Report Menu.

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Part 1: Describe Your Program

It is important to provide a brief overview of your program. Doing so ensures that your audience understands the types of services that your program provides.

Our hypothetical grantee Riverside House is supported through multiple streams of funding, primarily through CSAT's discretionary grant program (Addiction Treatment for Homeless), as well as State and county resources. It is an inpatient residential living facility and provides outpatient case management services for the homeless. It also targets clients with co-occurring substance use and mental health disorders.

Describe Services. To create a Program Fact Sheet for Riverside House, an important first step is to present a brief description of the types of services provided. Information on these types of process outcomes is important for stakeholders, as they provide an indicator of the access to and demand for treatment services.

Service information can be easily summarized in a Table. For example, Table 1 below illustrates the total number of clients served in Fiscal Year 2008, the top five services provided annually, and the corresponding percentages of clients that received each service. This information was obtained by running the *Frequency Report* at the CSAT-GPRA Web site, selecting Fiscal Year, and selecting discharge as the interview type.

Rank	Service Type	Percent Received
1	Residential/Rehabilitation	11.1%
2	Housing Support	8.8%
3	Referral to Treatment	8.7%
4	Transportation	8.7%
5	Supportive Transitional Drug-Free Housing Services	8.7%

Note: Residential/Rehabilitation services describes entry to our 30-day inpatient program. Housing Support includes referrals to the County Housing Program. Transportation includes the use of our program van as well as vouchers for public transportation. Supportive Transitional Drug-Free Housing includes referrals to our half-way house.

When you develop a Program Fact Sheet, consider your audience. Different stakeholders may have differing levels of knowledge about your program. To ensure that they understand what you are trying to convey, you may want to define key terms and explain concepts. In this example, Riverside House included a footnote that provides brief descriptions about some of the services.

About the Frequency Report

This report provides frequencies and valid percentage rates for selected items from the CSAT-GPRA Client Outcome Measures. Users can select subsets of clients for frequency counts based on age, gender, race/ethnicity, and employment status groups; dates of intake and type of interview (intake, 6-month follow-up, or 12-month follow-up); and fiscal year/month.

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Part 2: Describe Participants Who Have Received Your Services

It is informative to describe the number and types of clients that you serve on your Program Fact Sheet. This information is important to stakeholders as they want to know who benefits from the support they provide.

Describe Clients Served. Tables may provide the demographic breakdown of the clients served. However, it is a good rule to have no more than one or two tables or figures per section. You should provide data regarding age, race, and gender. Information may be broken down into categories for ease of presentation, such as gender, age, and race. This data is located in the *Demographics Report*. For example, Riverside House served 350 clients in the past year (FY08). For its Program Fact Sheet, it chose to present demographic information using a combination of bar charts and a pie chart:

Figure 1: Percent Distribution of Clients by Gender

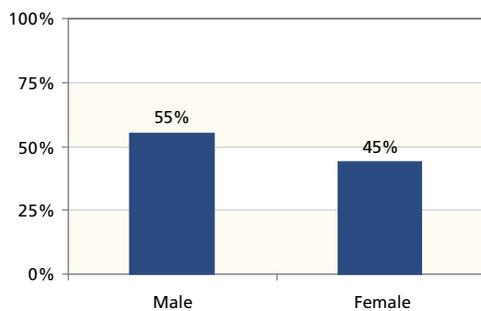


Figure 2: Percent Distribution of Clients by Age Group

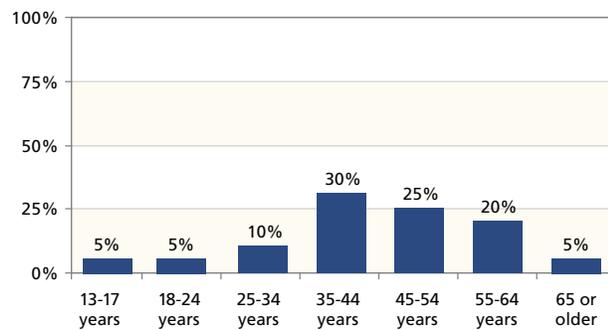
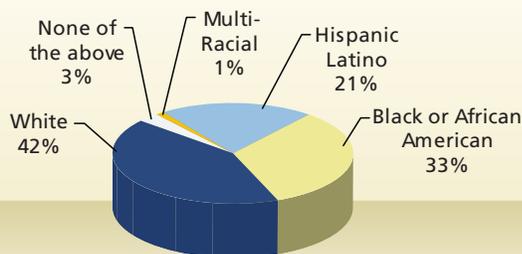


Figure 3: Percent Distribution of Clients by Race/Ethnicity



Describe Substances Used. It can be useful to provide information about the top five substances reported at intake. This information helps describe the extent to which problems reported in the community may affect substance abuse treatment. Riverside House is located in a community with a high rate of methamphetamine use. A policymaker might want to know what types of community resources are available to treat methamphetamine clients as well as the number of methamphetamine clients that receive these services. This information is available in the *Drug Use Report*. Table 2 shows how to present this information in a simple table.

Table 2: Top Five Drugs Clients Reported Using at Intake

Rank	Drugs Used	Percent Reported
1	Marijuana/hashish	28.7%
2	Any alcohol	28%
3	Methamphetamine or other amphetamines	15.9%
4	Cocaine/crack	6.0%
5	Hallucinogens/psychedelics, PCP, MDMA, LSD, mushrooms, or mescaline	2.4%

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Describe Process Outcomes. Providing information on client process outcomes can help identify which types of clients are being served in your community. It also provides helpful information when requesting additional resources. For example, Riverside House is located in an urban community with a high rate of homeless youth. These youth also face problems with addiction. Because youth are difficult to reach without additional resources, Riverside House may use these data to demonstrate the need for additional resources to help conduct outreach to this underserved population.

Part 3: Show Program Effectiveness Measures To Help Identify Key Successes

When developing your Program Fact Sheet, provide information that demonstrates that your program is effective in engaging clients and improving their outcomes. Key stakeholders want to know that their support improves the lives of individual clients, the community, and society.

Use National Outcome Measures. SAMHSA has developed a set of National Outcome Measures. These can be used to demonstrate the effectiveness of your program. These outcome measures include:

- Abstinence—Did not use alcohol or illegal drugs
- Crime and Criminal Justice—Had no past 30 day arrests
- Employment/Education—Were currently employed or attending school
- Health/Behavioral/Social Consequences—Experienced no alcohol or illegal drug related health, behavioral, or social consequences
- Social Connectedness—Were socially connected
- Stability in Housing—Had a permanent place to live in the community

Using the *6-Month Follow-up Change Report*, Riverside House was able to show that its program is effective because its clients experienced positive rates of change from intake to the 6-month follow-up in all domains. Table 3 illustrates how Riverside House demonstrated client improvements using a simple table format.

GPRA Measures	Percent at Intake	Percent at 6-Month Follow-up	Rate of Improvement
Abstinence: Did not use alcohol or illegal drugs	9.2%	31.6%	244.5%
Crime and Criminal Justice: Had no past 30 day arrests	97.1%	98.0%	1.0%
Employment/ Education: Were currently employed or attending school	52.4%	58.1%	10.8%
Health/Behavioral/Social Consequences: Experienced no alcohol or illegal drug related health, behavioral, social consequences	65.5%	87.9%	34.3%
Social Connectedness: Were socially connected	63.5%	63.5%	0.0%
Stability in Housing: Had a permanent place to live in the community	64.3%	73.3%	13.9%

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You may choose not to include the rates of improvement on your Program Fact Sheet. It might be more effective to only include the 6-month follow-up rate for the GPRA measures and inform your audience that this represented a positive change from intake. You might also consider presenting your National Outcome Measures as bar charts of either the rate at intake and 6-month follow-up or the rate of improvement as shown in Figures 4 and 5.

Figure 4: Change in National Outcome Measures From Intake to 6-Month Follow-up

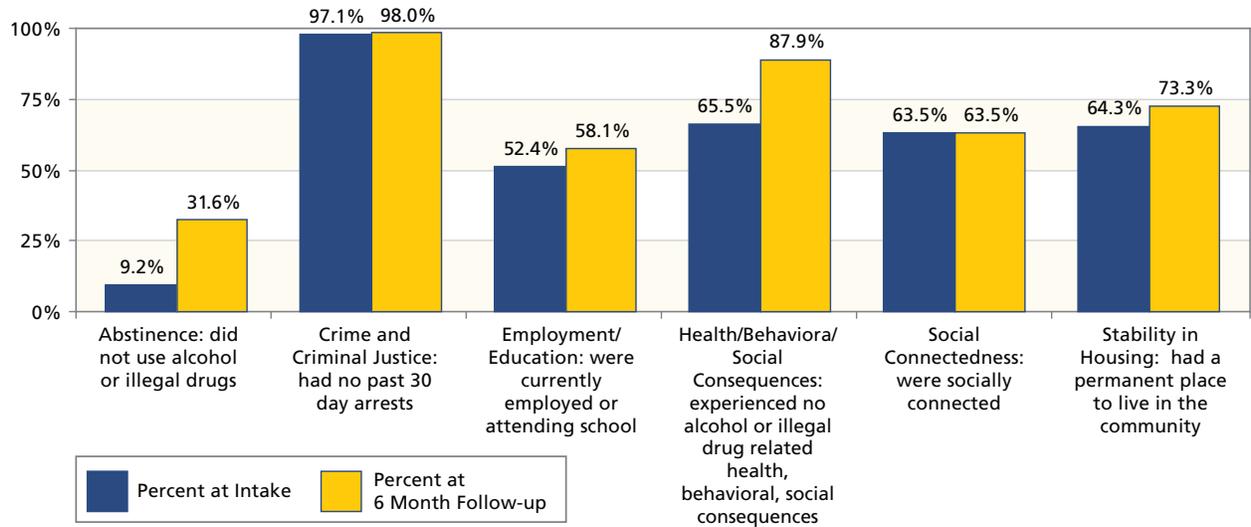
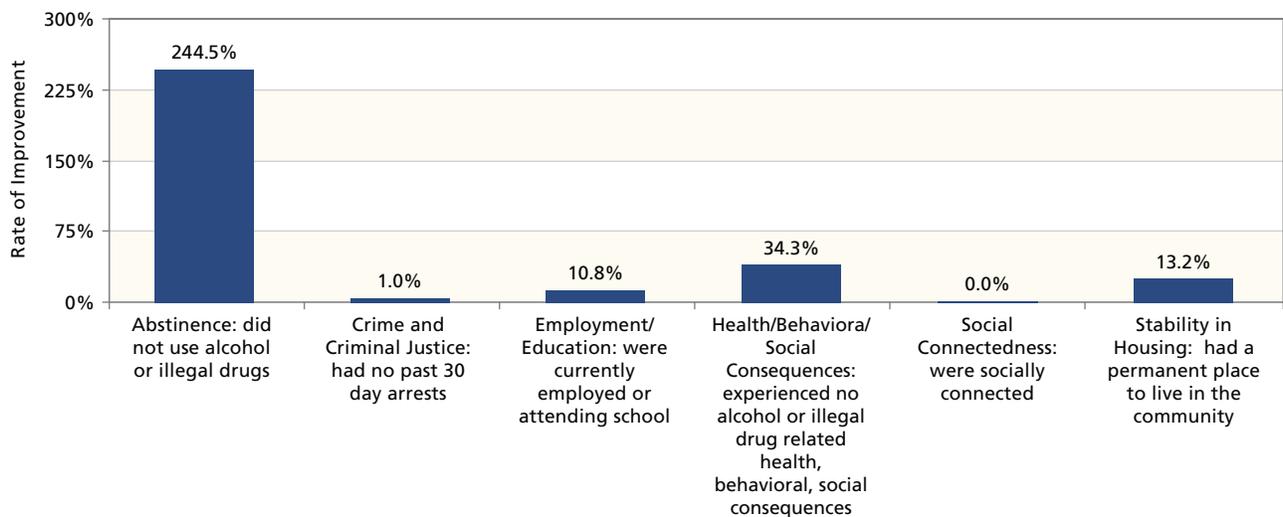


Figure 5: Change in National Outcome Measures From Intake to 6-Month Follow-up

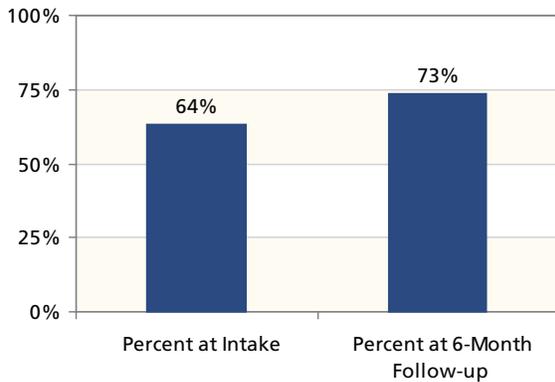


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Riverside House is located in an urban community with a high rate of homelessness. Thus, Riverside House may want to highlight client improvements in the Stability in Housing measure. For example, Figure 6 shows that rates for Stability in Housing increased from 64% at intake to 73% at the 6-month follow-up.

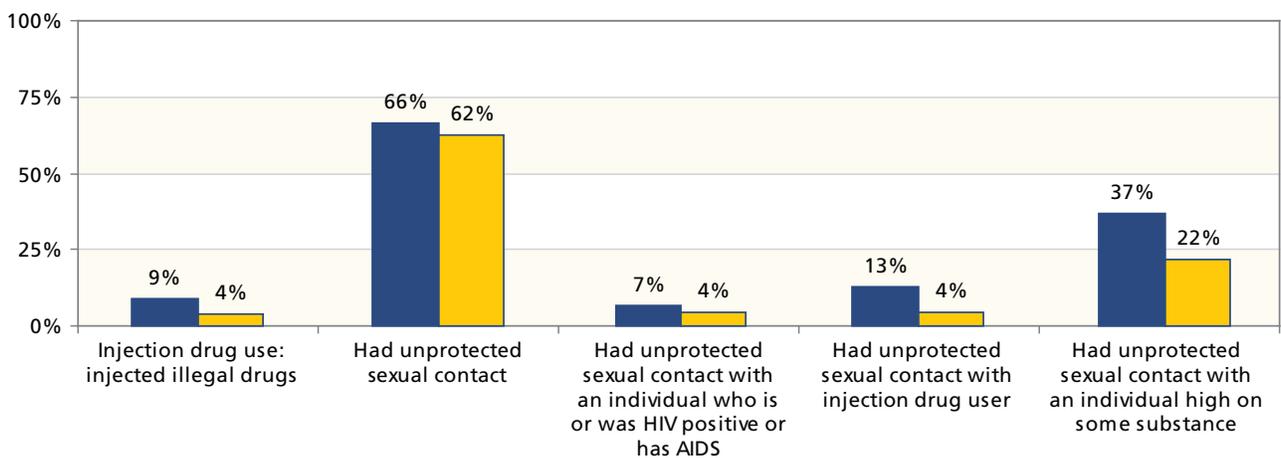
Figure 6: Changes in Percent with Stable Housing (Had a Permanent Place to Live in the Community) From Intake to 6-Month Follow-Up for Clients



Use Other CSAT-GPRA Measures. The CSAT-GPRA Web site provides access to several additional GPRA outcome measures. As with the National Outcome Measures, you can use them to demonstrate the effectiveness of your program. You can target the interests of your key stakeholders by highlighting specific GPRA outcome measures.

For example, Riverside House's local health department is particularly interested in reducing risky behaviors such as injection drug use and unprotected sexual contacts. With this in mind, Riverside House can use the *Risky Behavior Outcome Report* to prepare a bar chart that highlights several risky behaviors. Figure 7 below was developed to demonstrate a decrease from intake to 6-month follow-up in five risky behaviors of interest to its stakeholder.

Figure 7: Changes in Percent Engaging in Risky Behaviors From Intake to 6-Month Follow-Up for Clients



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Another key stakeholder for Riverside House is interested in funding treatment for clients with co-occurring substance abuse and mental health disorders. Riverside House used the *Frequency Report* to demonstrate that the frequency of serious depression experienced by its clients in the past 30 days decreased from 60% at intake to 37% at the 6-month follow-up (see Figure 8).

Other outcomes in the *Frequency Report* can be used to show how participation in your program decreases societal costs. Societal costs can include reduced productivity, criminal justice-related behavior, and health care expenses, such as inappropriate use of emergency room care and frequent hospitalization. You can use these to illustrate how treatment reduces costs to families and communities.

For example, Riverside House was able to show its local government that the number of clients in its program who had been arrested in the past 30 days decreased sharply from 70% at intake to only 1% at the 6-month follow-up (see Figure 9).

Figure 8: Changes in Percent Experiencing Serious Depression in the Past 30 Days (Not Due to Use of Alcohol or Drugs) From Intake to 6-Month Follow-Up for Clients

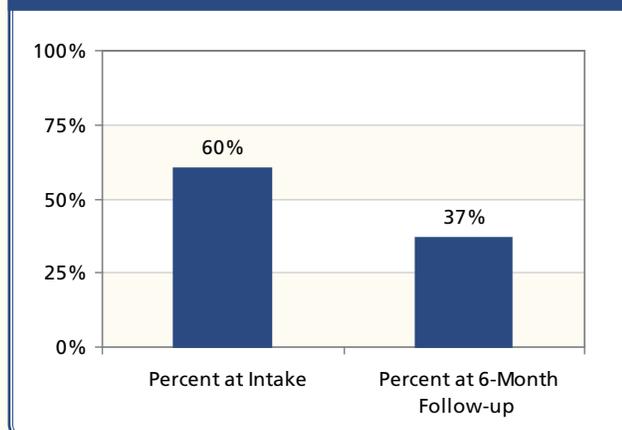
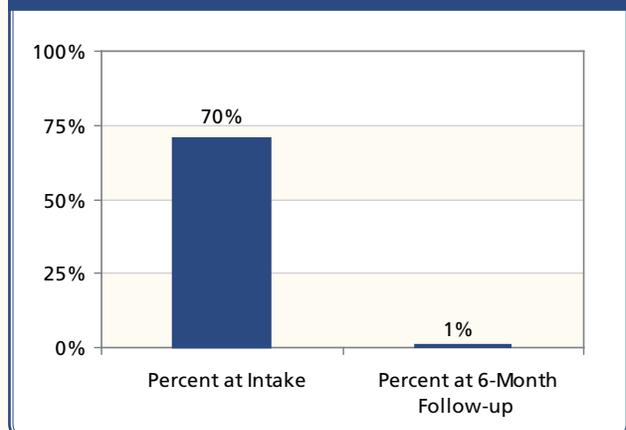


Figure 9: Changes in Percent Arrested in the Past 30 Days From Intake to 6-Month Follow-Up for Clients



Consider Your Audience

When marketing your program and when developing your Program Fact Sheet, keep your target audience in mind. Consider the types of information they want and need to make informed decisions.

Our hypothetical Riverside House chose to focus on local community policymakers for its Program Fact Sheet. It included program description, participant description, and program effectiveness measures that were relevant to its key stakeholders. We have developed a sample Program Fact Sheet for Riverside House, which accompanies this document.

Need Help?

CSAT provides a wealth of technical assistance, training, and help. For help using and interpreting GPRA reports, please contact the CSAT-GPRA Help Desk at gprahelp@sais.rti.org or call (888) 507-9351. You can contact the CSAT-GPRA Help Desk between 8:00 a.m. and 7:00 p.m. Eastern Time Monday through Friday.

The Riverside House Fact Sheet

Program Description

Established in 1992, Riverside House is an inpatient residential treatment program that provides also outpatient case management services for the homeless. We also target clients with co-occurring substance use and mental health disorders. Our mission is to provide comprehensive services that support recovery from substance dependence for high-risk clients.

Notes from the Director

I'm proud to say that Riverside House continues to be a leader in addressing the needs of people with substance use and mental disorders in the South Philadelphia area.



In FY 2008, we helped 350 clients on their way toward recovery. Some of our key successes this year were as follows:

- Increased the number of clients with stable housing from 64% at intake into the program to 73% at the 6-month follow-up
- Decreased the number of clients who experienced serious depression from 60% at intake to 37% at the 6-month follow-up
- Drastic decrease in the number of clients in our program who had been arrested in the past 30 days from 70% at intake to only 1% at the 6-month follow-up

We appreciate our clients, their families and friends, and our community partners. We couldn't have done it without your continued support!

To help you better understand our program and its impact, the following provides a summary of services provided, client characteristics, the top five drugs reported by clients, and changes in key outcome measures. We also provide information about client changes regarding depression and criminal justice involvement.

Services Provided: FY 2008

A total of 350 clients were served in FY 2008. The top five services received are described below.

Top Five Services Received by Clients

Rank	Service Type	Percent Received
1	Residential/Rehabilitation	11.1%
2	Housing Support	8.8%
3	Referral to Treatment	8.7%
4	Transportation	8.7%
5	Supportive Transitional Drug-Free Housing Services	8.7%

Note: Residential/Rehabilitation services describes entry to our 30-day inpatient program. Housing Support includes referrals to the County Housing Program.

Client Characteristics at Intake

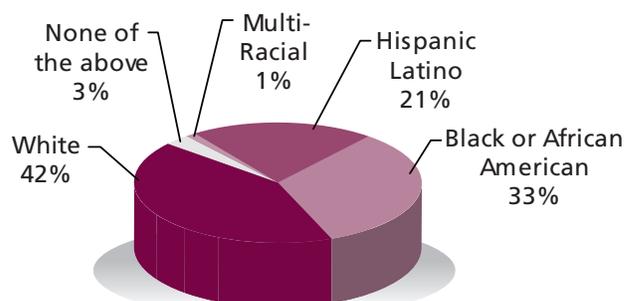
The following describes the gender, age, race, and drug used by the 350 clients we served in FY 2008.

Gender and Age

- 55% of the clients were male and 45% were female
- 5% were between the ages of 13 and 17
- 5% were between the ages of 18 and 24
- 10% were between the ages of 25 and 34
- 30% were between the ages of 35 and 44
- 25% were between the ages of 45 and 54
- 20% were between the ages of 55 and 64
- 5% were age 65 or older

Race/Ethnicity

Percent Distribution of Clients by Race/Ethnicity



The Riverside House Fact Sheet

Drugs Reported Using

The top five drugs clients reported using at intake are described in the following table.

Top Five Drugs Clients Reported Using at Intake		
Rank	Drugs Used	Percent Reported
1	Marijuana/hashish	28.7%
2	Any alcohol	28%
3	Methamphetamine or other amphetamines	15.9%
4	Cocaine/crack	6.0%
5	Hallucinogens/psychedelics, PCP, MDMA, LSD, mushrooms, or mescaline	2.4%

National Outcome Measures

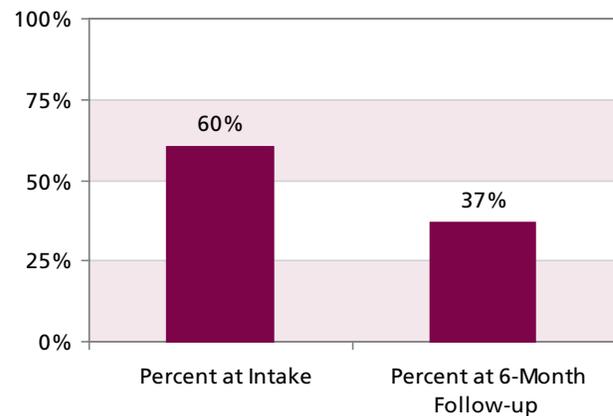
SAMHSA developed a set of National Outcome Measures that can be used to evaluate the effectiveness of programs. Riverside House consistently improved the outcomes of our clients from intake to the 6-month follow-up.

Change in National Outcome Measures From Intake to 6-Month Follow-up		
GPRA Measures	Percent at Intake	Percent at 6-Month Follow-up
Abstinence: Did not use alcohol or illegal drugs	9.2%	31.6%
Crime and Criminal Justice: Had no past 30 day arrests	97.1%	98.0%
Employment/ Education: Were currently employed or attending school	52.4%	58.1%
Health/Behavioral/Social Consequences: Experienced no alcohol or illegal drug related health, behavioral, social consequences	65.5%	87.9%
Social Connectedness: Were socially connected	63.5%	63.5%
Stability in Housing: Had a permanent place to live in the community	64.3%	73.3%

Co-occurring Disorders

Among the clients served by Riverside House in FY 2008, 60% experienced serious depression at intake while only 37% experienced serious depression at the 6-month follow-up.

Changes in Percent Experiencing Serious Depression in the Past 30 Days (Not Due to Use of Alcohol or Drugs) From Intake to 6-Month Follow-Up for Clients



Criminal Justice Involvement

In looking at the involvement of clients in the criminal justice system, the number of clients in our program who had been arrested in the past 30 days decreased sharply from 70% at intake to only 1% at the 6-month follow-up.

Changes in Percent Arrested in the Past 30 Days From Intake to 6-Month Follow-Up for Clients

