

## **SAMHSA Quantitative Program Evaluation Experience**

SAE & Associates (SAE) Behavioral Health Evaluation (BHE) DBA is a full-service consulting firm based in New York City that specializes in the design, implementation, monitoring, and evaluation of mental and physical health, substance abuse, HIV-AIDS and primary behavioral health care integration (PBHCI) projects for the most vulnerable minority populations of co-occurring and seriously mentally ill patients with potential physical complications. SAE Behavioral Health Evaluation, which is led by Frank Guida, Ph.D., is uniquely qualified for the evaluation of SAMHSA programs by its availability, quality, experience, reputation, reliability and reasonable cost. SAE-BHE has evaluated 30 SAMHSA grants since 2005, in all of the CSAT and CMHS branches, including PBHCI, Targeted Capacity Expansion (TCE) HIV and TAC (Technology Assisted Care) grants, Adult Treatment Court and Collaboration and Offender Reentry Program grants, Homeless and Supportive Housing grants, Recovery Oriented Systems of Care (ROSC) grants. SAE-BHE consists of three senior PhD evaluators with many years of experience evaluating SAMHSA grants, and three junior masters' level evaluators. SAE has evaluated SAMHSA grants for non-profit treatment agencies, and mental health/drug abuse treatment courts in every borough of New York City, as well as Connecticut, Nebraska, Illinois, and Alabama.

SAE-BHE offers a one-group repeated measures at three time points quantitative evaluation design using the new SAMHSA Common Data Platform behavioral health outcome survey and local instruments with excellent reliability and validity, such as the Modified Mini Mental Health (MMMh) Scale, the Posttraumatic Stress Disorder Scale-non-combat (PCL-C), the Colorado Symptom Index (CSI), the Brief Symptom Inventory (BSI). After establishing a baseline measurement using this set of outcome data, change in behavioral, physical and medical health are measured and reported to SAMHSA quarterly or semi-annually to assess program compliance, impact and consumer outcomes. The goal of tracking these indicators is to demonstrate that via screening and subsequent evidence-based practices (EBP) intervention, grantees are able to improve the mental and physical health, abstinence, housing, recidivism, PTSD, HIV and Hepatitis risk outcomes of clients over time, specifically, baseline, 6-months and 12-months. Client data resulting from the administration of instruments are inputted into SPSS for statistical analysis, which feature naturally occurring data analytics and statistical techniques to gauge data point changes across time for each outcome such as t-tests with dependent samples, and univariate and multivariate analysis of repeated measures.

Using these evaluation techniques SAE-BHE has been able to report very positive and significant SAMHSA-required outcomes. Depending on the quality, fidelity and duration of various evidence-based practices (EBP) of the SAMHSA grantees, SAE-BHE has found significant differences across time for participating clients' SAMHSA required outcomes of daily living functioning improvement, mental illness symptom reduction, posttraumatic stress disorder symptom reduction, social connectedness improvement, reduction in alcohol and drug abuse, systolic and diastolic BP reduction, weight and waist circumference decrease, CO2 smoking decrease, glucose and triglycerides reduction, total cholesterol and LDL cholesterol decreases and HDL cholesterol increase. Although the evaluation design does not include a control group because of cost, confidentiality requirements, and other considerations; the one-group pretest-posttest design is effective in providing evidence of SAMHSA programs' outcomes.