NPAIHB

Member Tribes of the Northwest Portland Area Indian Health Board:

Burns Paiute Tribe
Chehalis Tribe
Coeur d'Alene Tribe
Colville Tribe
Coos, Siuslaw & Lower Umpqua Tribe
Coquille Tribe
Cow Creek Tribe
Cowlitz Tribe
Grand Ronde Tribe
Hoh Tribe
Jamestown S'Klallam Tribe
Kalispel Tribe
Klamath Tribe
Kootenai Tribe
Lower Elwha Klallam Tribe
Lummi Tribe
Makah Tribe
Muckleshoot Tribe
Nez Perce Tribe
Nisqually Tribe
Nooksack Tribe
NW Band of Shoshoni Tribe
Port Gamble S'Klallam Tribe
Puyallup Tribe
Quileute Tribe
Quinault Tribe
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Shoalwater Bay Tribe
Shoshone-Bannock Tribe
Siletz Tribe
Skokomish Tribe
Snoqualmie Tribe
Spokane Tribe
Squaxin Island Tribe
Stillaguamish Tribe
Suquamish Tribe
Swinomish Tribe
Tulalip Tribe
Umatilla Tribe
Upper Skagit Tribe
Warm Springs Tribe
Yakama Nation

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February 18, 2022

Carlos Graham
SAMHSA Reports Clearance Officer
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane, Room 15E57A
Rockville, Maryland 20857

Re: Comments on Government Performance and Results Act (GPRA) Client/Participant Outcomes Measure - (OMB No. 0930-0208) - Revision

Dear Mr. Graham:

The Northwest Portland Area Indian Health Board (NPAIHB) provides this comment letter in response to the Federal Register Notice (87 FR 2887), dated January 19, 2022, on the Government Performance and Results Act (GPRA) Client/Participant Outcomes Measure - (OMB No. 0930-0208) - Revision. The Northwest Portland Area Indian Health Board (NPAIHB) is a P.L. 93-638 tribal organization under the Indian Self-Determination Education Assistance Act (ISDEAA) that serves the 43 federally-recognized tribes in Oregon, Washington, and Idaho.

A. BACKGROUND

SAMHSA is requesting to modify its existing CSAT Client-level GPRA instrument by removing 48 questions and adding 42 questions for a net decrease of six questions, and restructuring the tool, as follows:

- Placing many questions from the general GPRA Tool, that have previously been viewed as being specific to patient populations or grants, in the menu items found in Section H. This section allows Program Officers the opportunity to introduce grant specific questions as needed;
- Removing or substantially altering existing questions viewed as being potentially traumatizing or incentive to clients;
- Removing questions that have not been used in program evaluation at the federal level; and
- Incorporating evidence-based questions from tools such as the Addiction Severity Index to better address program performance.

We appreciate you taking the time to hear, understand and affirm our concerns on the GPRA data collection and reporting, and its implications for tribal

programs and providers in collecting and reporting this data, and on AI/AN patients as participants in the data collection. In this capacity, we seek to bring

forward the concerns of Northwest Tribes, and to identify challenges and opportunities for improvement to SAMHSA's data collection and reporting. While we hope that this comment letter sheds light on the requests and concerns of NPAIHB and Northwest Tribes, we welcome continued dialogue on the impact of GPRA reporting requirements, data collection methods and reporting methods.

B. NPAIHB'S COMMENTS & RECOMMENDATIONS

1. **SAMHSA GPRA reporting measures have been a massive and growing burden on providers.**

Providers and AI/AN patients continue to experience an ongoing burden with SAMHSA GPRA reporting. This is also true for general reporting requirements. As an example, the GPRA reporting requirements for the COVID-19 funds took more time than the delivery of services themselves. In addition, requiring GPRA may mean that providers must reduce the number of patients that they see in day because of the burden of the GPRA interviews. Because of this, patients' access and services are reduced. Even if the grant funding can fund another staff person to do the GPRA interviews, hiring such a staff person is difficult.

REQUEST: We recommend Tribes be exempt from GPRA reporting requirements, so more resources can go directly to services instead of being redirected to culturally oppressive data collection, data entry, and data reporting. SAMHSA must facilitate that Tribes decide how they can best report their outcomes, instead of requiring a culturally oppressive and expensive data collection effort.

REQUEST: All GPRA requirements from all HHS agencies, including SAMHSA and IHS, should align reporting requirements and measures for Tribal nations to improve consistency to reduce questions and the associated burden on providers, clients, and patients.

REQUEST: SAMHSA should maintain the ability to collect GPRA data via telephone and other electronic means (e.g., web-based surveys). These questionnaire completion modalities have created easier means for patients and clients to provide information, boost response rates, and likely improve data reliability, overall.

2. **Tribes and Tribal organizations frequently find that the reporting requirements use more administrative resources than the SAMHSA funding allows.**

Currently, SAMHSA grants are set with a 20% administrative funding cap, but grantees frequently find additional resources must be expended to complete the reporting requirements. In other cases, many Tribes and Tribal organizations lack the time, staff, and

resources necessary to meet the GPRA grant reporting and because of this, they are unable to apply for those grants or may decide not to reapply. Additionally, GPRA reporting questions and questionnaires are not culturally responsive for AI/AN patients and participants.

REQUEST: Reconsider cost and value of GPRA data collection for tribal communities. Consider value of GPRA data given the disproportionate burden on small communities, the impossibility of standardized implementation, and lack of protocol for ensuring the data are used responsibly.

- The OMB submission shows the cost of GPRA reporting as $0, however the cost of doing GPRA is more than $0 for the above reasons (i.e., staff time spent on GPRA rather than services, cost of potentially harmful data reporting that is not vetted by appropriate authorities)

C. CONCLUSION

Thank you for your consideration of these recommendations. In this light, we understand that GPRA data collection requirements should and must align with reporting as directed in public law. These requirements were intended and enacted to improve stewardship in the Federal government and provide a direct and meaningful link to resources and management decisions that serve AI/AN communities across Indian Country. In achieving this balance there must be an ongoing and responsive communication that reflects the needs, capacities, and abilities of healthcare staff that is supported with data collection and reporting mechanisms that directly and indirectly promote proper and culturally responsive care for Tribal citizens. We look forward to further collaboration and consultation on data reporting and methods that advance the health and reporting needs as led by Tribal community voice. For questions or additional information please contact NPAIHB's Health Policy Specialist, Candice Jimenez at 503-926-4179 or cjimenez@npaihb.org.

Sincerely,

Laura Platero, JD (Navajo)
Executive Director
Northwest Portland Area Indian Health Board