

Division of State Programs—Management Reporting Tool (DSP-MRT)

OMB No: 0930-0354

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Note: The Division of State Programs–Management Reporting Tool (DSP-MRT) will be used for all Center for Substance Abuse Prevention (CSAP), DSP discretionary grant programs. Grantees may also be required to answer program-specific questions, and those can be found in a separate document.

Administration

Throughout the progress report, **grantee** refers to the State/Tribe/Jurisdiction receiving the award from the Substance Abuse and Mental Health Services Administration (SAMHSA). Community refers to the grantee’s selected High-Need communities, and **subrecipient** indicates the grantee’s subawardees funded to lead the grant in the selected communities. Some grantees refer to their subrecipients as sub-grantees. Some grantees may not have a subrecipient responsible for leading the grant in each of the selected communities.

Grantee Information

Use this section to review and update your grantee information as necessary.

Item	Response Options
Do you fund subrecipients for this grant?	<ul style="list-style-type: none"> ▪ Yes ▪ No
Do you use a sub-state model for this grant?	<ul style="list-style-type: none"> ▪ Yes ▪ No

Item	Response Options
Contact Information	
Address	Free Text
City	Free Text
State/Territory	Free Text
ZIP	Free Text
Project Director Name	Free Text
Project Director Email Address	Free Text
Project Director Phone Number	Numerical
Project Coordinator Name	Free Text
Project Coordinator Email Address	Free Text
Project Coordinator Phone Number	Numerical
Lead Evaluator Name	Free Text
Lead Evaluator Email Address	Free Text
Lead Evaluator Phone Number	Numerical
Epidemiological Lead Name	Free Text
Epidemiological Lead Email Address	Free Text
Epidemiological Lead Phone Number	Numerical

High-Need Communities

Selected High-Need Community: Through your Disparities Impact Statement (DIS) and your Needs Assessment (if applicable), every grantee is expected to identify one or more high-need/low-capacity community(ies). Use this section to add or update information about your selected high-need community(ies). For Single-Community grantees, if you identify your Tribe or territory as your high-need community, please enter that here.

Item	Response Options
In the SPARS data collection system, there will be an “Add” button to add each of your selected high-need communities. Grantees will be able to click that button to add additional communities as needed.	
High-Need Community Items	
Selected High-Need Community Name	Free text
Selected High-Need Community ZIP Code(s) (this is the community this subrecipient or you target for your program effort[s])	“Add” button and “USPS ZIP Code Look-up” link
ALTERNATIVE: If you target an entire county (or counties), as the selected High-Need Community, indicate the county name(s) here.	Free text
Briefly describe how you are defining this community as a high-need community. This should summarize in 2–3 sentences what you reported in detail in your Disparity Impact Statement.	Free text
Start Date for High-Need Community	Date field

Assessment

Assessment involves the systematic gathering and examination of data about alcohol and drug problems, related conditions, and consequences in the area of concern in your community(ies). Assessing the issues means pinpointing where the problems are in the community and the populations impacted. It also means examining the conditions within the community that put its populations at risk for the problems and identifying conditions that—now or in the future—could protect the population against the problems.

Accomplishments and Barriers/Challenges

Use this section to enter information on any Accomplishments and/or Barriers/Challenges that you had this reporting period while performing activities related to your Needs Assessment. Please include actions you took to address any Barriers/Challenges.

After you save the Accomplishment or Barrier/Challenge, it will appear on the list. You can click “edit” to revise the record, or you can add an additional record by clicking the “Add Accomplishments” or the “Add Barriers/Challenges” button.

Item	Response Options
<p>In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional accomplishments as needed.</p>	
<p>Accomplishments</p>	
<p>Accomplishment Name</p>	<p><u>Accomplishments</u></p> <ul style="list-style-type: none"> ▪ Assessing community assets and resources ▪ Assessment of community capacity ▪ Assessment of community readiness to act ▪ Assessment of community risk and protective factors/causal factors ▪ Assessment of State/Tribe/Jurisdiction capacity ▪ Assessment of State/Tribe/Jurisdiction readiness to act ▪ Assessment of the magnitude of substance abuse–related problems (consumption/consequences) ▪ Functioning of the State/Tribal/Jurisdiction Epidemiology Outcome Workgroup ▪ Identification of community gaps in services ▪ Identification of State/Tribe/Jurisdiction gaps in services ▪ Identification of State/Tribe/Jurisdiction high-need priorities ▪ Identification of target communities ▪ Monitoring community needs assessment activities ▪ Specification of baseline data ▪ Use of needs assessment data collected prior to award ▪ Use of the Epidemiological Outcomes Workgroup to enhance and supplement the current process ▪ Other (provide title in description box below)
<p>Describe the Accomplishment</p>	<p>Free text</p>

Item	Response Options
<p>In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional barriers/challenges as needed.</p>	
<p>Barriers/Challenges</p>	
<p>Barrier/Challenge Name</p>	<p><u>Barrier/Challenges</u></p> <ul style="list-style-type: none"> ▪ Difficulty sampling target populations ▪ Identification of State/Tribe/Jurisdiction gaps in services and capacity ▪ Inadequate time for project staff and members to devote to the project ▪ Lack of available data for specific age group populations (e.g., 18- to 25-year-olds) ▪ Lack of available data to address NOMs ▪ Lack of available data to assess differences for racial/ethnic minorities, LGBTQ, or other special populations ▪ Lack of collaboration between stakeholders (e.g., between agencies, between coalitions, between jurisdictions and funded community levels) ▪ Lack of data analysis or evaluation expertise ▪ Limited staff capacity to conduct assessments ▪ Limited time to implement this Strategic Prevention Framework step ▪ Low survey response rates ▪ Major external community events like weather disasters ▪ Mismatch between level of disaggregation of available data (e.g., county) and communities being funded (e.g., towns within counties) ▪ Need for new data collection instruments ▪ State/Tribal/Jurisdictional contract or other delays getting subrecipient or high-need communities on board ▪ Other (provide title in description box below)
<p>Describe the Barrier/Challenge</p>	<p>Free text</p>
<p>Was technical assistance (TA) requested to help address this Barrier/Challenge?</p>	<ul style="list-style-type: none"> ▪ Yes ▪ No
<p>Date TA Requested (If YES is selected) NOTE: If you received TA for this issue, please report it on the Capacity > Training and Technical Assistance page.</p>	<p>Date field</p>
<p>In what other ways did you address this Barrier/Challenge?</p>	<p>Free text</p>

Capacity

Capacity refers to the various types and levels of resources available to establish and maintain a community prevention system. This prevention system can identify and leverage resources that will support an effective strategy aimed at the priority problems and identified risk factors in the community at the appropriate population level. Capacity to carry out strategies depends not only on the resources of the community organizations and their function as a cohesive problem-solving group but also on the readiness and ability of the larger community to commit its resources to addressing the identified problems.

Membership

Use this section to add any organizational and/or individual members to your Advisory Council, Epidemiological Outcome Workgroup (EOW, if required), or other workgroup. To edit or mark previously added members as inactive, use the table headings to sort Members, then click the edit button for the Member you wish to edit. These members will carry over from one reporting period to the next, so only revise as new members join or old members become inactive.

Item	Response Options
<p>In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional members as needed.</p>	
Date Joined	Date field
Member Type	<ul style="list-style-type: none"> ▪ Project Advisory Council ▪ Epidemiological Outcomes Workgroup ▪ Evidence-Based Practices Workgroup ▪ Other (specify)
Specify Other Type	Free text
Member Name	Free text
Title	Free text
Organization	Free text

Item	Response Options
Sector	<ul style="list-style-type: none"> ▪ Advocacy volunteers ▪ Affected family members ▪ Behavioral health department/division ▪ Business community ▪ Civic or volunteer organizations ▪ Corrections ▪ Courts/judiciary ▪ Emergency medical system ▪ Faith-based organizations ▪ Health care professionals ▪ Law enforcement agency ▪ LGBTQ supportive organization ▪ Media (radio/TV stations, newspaper) ▪ Mental health professionals/agencies ▪ Military/veteran organization ▪ Parent/family/caregiver groups ▪ Pharmacy ▪ Public health department ▪ Recovery community ▪ Research/Evaluation ▪ School(s)/school districts ▪ State/Tribe/Jurisdiction agency ▪ Substance use disorder treatment ▪ Syringe exchange program ▪ Tribal government/Tribal health board ▪ Youth groups/representatives ▪ Other (not listed)
Status	<ul style="list-style-type: none"> ▪ Active ▪ Inactive
Date Exited (If “Inactive” is selected for Status)	Date Field

Advisory Council and Other Workgroup Meetings

Use this section to report Advisory Council, Epidemiological Outcome Workgroup (EOW), or other Workgroup meetings that were conducted during this reporting period and to upload meeting minutes. Please ensure that meeting attendees are included in the minutes. If you had no Advisory Council, EOW, or other Workgroup meetings held during this reporting period related to your activities, please skip this section.

Item	Response Options
In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional meetings as needed.	
Meeting Date	Date field
Meeting Type	<ul style="list-style-type: none"> ▪ Project Advisory Council ▪ EOW ▪ Evidence-Based Practices Workgroup ▪ Other
Specify Other Meeting Type	Free text
Meeting Name/Topic	Free text
Upload Document	“Browse” button

Grantee Funding Resources

Use this section to enter funding resources information for your grant. Unless the information changes from one reporting period to another, this information only needs to be entered once per fiscal year.

Which of the following funding sources did your organization receive during this fiscal year? Which of those sources did your organization use to fund priorities in high-need communities?

Data Item	Response Options
<p>Source of funding</p>	<ul style="list-style-type: none"> ▪ SAMHSA Partnerships for Success (PFS) ▪ SAMHSA Strategic Prevention Framework for Prescription Drugs (SPF-Rx) ▪ SAMHSA Medication-Assisted Treatment–Prescription Drug and Opioid Addiction (MAT-PDOA) ▪ SAMHSA Minority HIV/AIDS Initiative (MAI) ▪ SAMHSA State Targeted Response to the Opioid Crisis Grants (Opioid STR) ▪ SAMHSA Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO) ▪ First Responders–Comprehensive Addiction and Recovery Act Cooperative Agreement (FR-CARA) ▪ Improving Access to Overdose Treatment (OD Tx Access) ▪ CDC Prescription Drug Overdose: Prevention for States (PFS) ▪ CDC Data-Driven Prevention Initiative (DDPI) ▪ CDC Expanded Overdose Surveillance ▪ BJA Harold Rogers Prescription Drug Monitoring Program (PDMP) Grant ▪ Health Resources and Services Administration (HRSA) Rural Opioid Overdose Reversal (ROOR) ▪ Drug-Free Communities Grants ▪ STOP Act Funding ▪ Substance Abuse Prevention and Treatment Block Grant ▪ Medicaid (Federal, State, and Local) ▪ Other Federal Funds ▪ State/Territory Funds (excluding State Medicaid) ▪ Municipal Government Funds (excluding State Medicaid) ▪ Local Funds (excluding State Medicaid) ▪ Foundation/Non-Profit Organization Funding ▪ Private/Corporate Entities ▪ Individual Donations/Funding from Fundraising Events ▪ Other (Please Specify)
<p>Did the grantee use the funding stream for priorities in high-need communities? (If you selected any of the sources of funding above, please indicate if your organization used the source to fund priorities in high-need communities.)</p>	<ul style="list-style-type: none"> ▪ Yes ▪ No

Training and Technical Assistance (TA)

Use this section to record any Training and TA provided to the grantee or subrecipients and communities to build capacity. This includes training and TA provided by grantees or by other contractors and consultants.

Training refers to the delivery of structured events focused on topics such as data collection protocols and systems, building community partnerships, or implementing media campaigns.

Technical Assistance refers to substantial services provided by professional prevention staff to give technical guidance to grantees and individuals to effectively implement their grant.

Training and TA should be counted as one unit per issue. It does not include simple clarifying assistance (e.g., sending someone to a website).

Grantee refers to the State, Tribe, or Jurisdiction receiving the award from SAMHSA.

Community refers to the grantee's selected High-Need Communities, and

subrecipient indicates the grantee's subawardees funded to lead the grant in the selected communities.

Item	Response Options
In the SPARS data collection system, there will be "Add" buttons for both T/TA received by the grantee AND T/TA provided to subrecipients or communities. STOP Act grantees will select "Add Training/Technical Assistance Received by the Grantee" to add T/TA as needed.	
Status	<ul style="list-style-type: none">▪ Received▪ Closed
Date Began Receiving this Training or TA	Date field
Name of Training/TA	Free text

Item	Response Options
Training/TA Topic	<ul style="list-style-type: none"> ▪ Behavioral Health Disparities ▪ CAPT Information ▪ Collaboration ▪ Community Data Collection ▪ Community Development ▪ Cultural Competence/Diversity ▪ Data Entry ▪ Developing Prevention Systems ▪ Development of Overdose Prevention System ▪ Environmental Strategies ▪ Grant Writing/Funding/Resource Development ▪ Grantee Data Collection ▪ Identifying/Selecting/Implementing Evidence-Based Programs ▪ Information Technology ▪ Infrastructure Development ▪ Marketing/Communications ▪ National Outcomes Measures (NOMS) ▪ Needs Assessment ▪ Organization Development ▪ Overdose Outcome Measures ▪ Overdose Prevention in Specific Settings (e.g., shelter, correction facility) ▪ Prevention Fundamentals ▪ Prevention in Specific Settings (e.g., workplace, correctional facilities) ▪ Readiness Assessment ▪ Risk and Protective Factors ▪ SAMHSA's Strategic Prevention Framework (SPF) ▪ State/Territory Data Collection ▪ Strategic Planning ▪ Substance Use/Abuse ▪ Sustainability ▪ Utilizing Epidemiological Data ▪ Violence Prevention ▪ Youth Involvement ▪ Other
Brief Description of the Need for the Training/TA	Free text

Item	Response Options
Source of Assistance	<ul style="list-style-type: none"> ▪ CAPT ▪ CSAP ▪ My Project Officer ▪ Other Grantee ▪ This Grantee ▪ PEP-C ▪ SPARS ▪ CDC ▪ Battelle/Cloudburst ▪ Other
Specify Other Source of Assistance	Free text
Delivery Mechanism	<ul style="list-style-type: none"> ▪ Face to Face ▪ Video Conference ▪ Telephone Conference ▪ Web Conference ▪ Moderated Distance Learning Course ▪ Self-Paced Distance Learned Course/Tool ▪ Other
Was this training or TA timely?	<ul style="list-style-type: none"> ▪ Yes ▪ No
Was this training or TA effective?	<ul style="list-style-type: none"> ▪ Yes ▪ No
Explain why you believe the training or TA was not timely or effective (If "No" is selected for either Timely or Effective fields)	Free text
Provide any additional description of this training/TA experience here	Free text

Accomplishments and Barriers/Challenges

Use this section to enter information on any Accomplishments and/or Barriers/Challenges that you experienced while performing activities related to capacity building, such as building your advisory council or workgroups, leveraging resources, and training staff or subrecipients and communities. Each Accomplishment or Barrier will be listed in a table. Use the table heading links to sort Accomplishments/Barriers/Challenges by column. Click on the name that you have assigned to each Accomplishment or Barrier to edit that record. You will also report on actions taken to resolve Barriers/Challenges related to capacity during this reporting period.

Only update this section if you conducted capacity-related activities or faced new capacity-related Barriers/Challenges during this reporting period.

Item	Response Options
<p>In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional accomplishments as needed.</p>	
<p>Accomplishments</p>	
<p>Accomplishment Name</p>	<p><u>Accomplishments</u></p> <ul style="list-style-type: none"> ▪ Building coalitions ▪ Contributing to decisions to allocate resources ▪ Convening leaders and stakeholders ▪ Coordination with Advisory Board/Council ▪ Description of necessary infrastructure development ▪ Developing a set of Alcohol, Tobacco, or Other Drug (ATOD) intervening variables, consequences, and consumption indicators ▪ Developing relationships among stakeholders ▪ Engagement of State/Tribe/Jurisdiction-level stakeholders ▪ Engaging stakeholders to help sustain outcomes ▪ Leveraging funding and other resources ▪ Organizing agency networks ▪ Other infrastructure development ▪ Planning for sustaining the infrastructure ▪ Tracking substance use and consequences indicators over time ▪ Training and technical assistance to enhance the capacity of community stakeholders, coalitions, partner organizations, and service providers ▪ Training and technical assistance to enhance the capacity of State/Tribe/Jurisdiction stakeholders ▪ Using data to monitor changes in Alcohol Tobacco or Other Drug intervening variables, consequences, and consumption indicators ▪ Other (provide title in description box below)
<p>Describe the Accomplishment</p>	<p>Free text</p>

Item	Response Options
<p>In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional barriers/challenges as needed.</p>	
<p>Barriers/Challenges</p>	
<p>Barrier/Challenge Name</p>	<p><u>Barrier/Challenges</u></p> <ul style="list-style-type: none"> ▪ Differing perspectives between the project and jurisdiction-level administrators (e.g., Single State Authority, Governor's Office, tribal entity, etc.) ▪ Difficulties getting buy-in from partnering agencies ▪ Difficulty balancing efficiency vs. inclusiveness of project members ▪ Funding challenges (e.g., state budget cuts; delayed receipt of program funds) ▪ Inadequate funds to thoroughly implement Strategic Prevention Framework model ▪ Inadequate pool of qualified people for identifying members (State Advisory Council, Epidemiological Outcomes Workgroup, Evidence Based Practices Workgroup) ▪ Inadequate time for project staff and members to devote to the project ▪ Insufficient/inadequate training/technical assistance provided directly by the project or partnering entity at the State/Tribe/Jurisdiction level ▪ Insufficient/inadequate technical assistance provided directly by the project or partnering entity at the funded community level ▪ Lack of collaboration between stakeholders (e.g., between agencies, between coalitions, between jurisdictions and funded community levels) ▪ Limited incorporation of cultural competencies ▪ Limited time to implement the Strategic Prevention Framework step ▪ Major external community events like weather disasters ▪ No capacity for leveraging of funds or in-kind donations ▪ No capacity for monitoring objectives and goals ▪ No coordination of funds ▪ No leadership or political commitment to the issue ▪ State/Tribal/Jurisdictional contract or other delays getting sub- recipient communities on board ▪ Staffing challenges (e.g., delays in hiring, delays in training, turnover) ▪ Under-developed prevention infrastructure ▪ Organizing ATOD indicators into a State/Tribe profile ▪ Selection and implementation of effective prevention strategies ▪ Other (provide title in description box below)
<p>Describe the Barrier/Challenge</p>	<p>Free text</p>
<p>Was technical assistance (TA) requested to help address this Barrier/Challenge?</p>	<ul style="list-style-type: none"> ▪ Yes ▪ No

Item	Response Options
Date TA Requested (If YES is selected) NOTE: If you received TA for this issue, please report it on the Capacity > Training and Technical Assistance page.	Date
In what other ways did you address this Barrier/Challenge?	Free text

Planning

Planning involves following logical sequential steps designed to produce specific results. The desired results (Outcomes) are based upon data obtained from a formal assessment of needs and resources. Thus, the plan outlines what will be done over time to create the desired change.

Action Plan and Logic Model

STOP Act grantees, if specifically requested by a Project Officer, use this section to upload and provide a brief description of their action plan and, if available, their logic model. Once you upload the action plan—and, if available, logic model—you only need to update this section if you revise the plan.

Item	Response Options
Upload Documents Action Plan and Logic Model, if applicable	Browse
Provide a brief description of your document and, if relevant, any changes made to your document between the previous version and this one	Free text

Accomplishments and Barriers/Challenges

Use this section to enter information on any Accomplishments and/or Barriers/Challenges that you experienced while performing activities related to Planning. Each Accomplishment or Barrier/Challenge will be listed in the table. Use the table heading links to sort Accomplishments/Barriers/Challenges by column. Click on the name that you have assigned to each Accomplishment or Barrier to edit that record. You will also report on actions taken to resolve Barriers/Challenges related to planning during this reporting period.

Only update this section if you conducted planning-related activities or faced new planning-related Barriers/Challenges during this reporting period (e.g., if you revised your strategic plan).

Item	Response Options
<p>In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional accomplishments as needed.</p>	
<p>Accomplishments</p>	
<p>Accomplishment Name</p>	<p><u>Accomplishments</u></p> <ul style="list-style-type: none"> ▪ Articulation of a vision for prevention activities ▪ Discussion on adjustments based on ongoing needs assessment activities ▪ Establishment of key policies ▪ Identification of appropriate funding mechanism(s) ▪ Identification of key milestones and outcomes ▪ Identification of other sources of funding for the plan ▪ Identification of the State/Tribe/Jurisdiction-level priorities ▪ Identification/coordination/allocation of resources ▪ Involvement of public and private service systems in planning ▪ Planning for sustaining the infrastructure ▪ Use of statewide needs assessment in the development of the strategic plan ▪ Other (provide title in description box below)
<p>Describe the Accomplishment</p>	<p>Free text</p>

Item	Response Options
<p>In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional barriers/challenges as needed.</p>	
<p>Barriers/Challenges</p>	
<p>Barrier/Challenge Name</p>	<p><u>Barrier/Challenges</u></p> <ul style="list-style-type: none"> ▪ Challenges finding other sources of funding for the plan ▪ Challenges planning for sustaining the infrastructure ▪ Differing perspectives between the project and jurisdiction-level administrators (e.g., Single State Authority, Governor’s Office, tribal entity, etc.) ▪ Difficulty balancing efficiency vs. inclusiveness of project members ▪ Difficulty convening members ▪ Disagreement among stakeholders about resource allocation procedures (i.e., alignment) ▪ Disagreement among stakeholders regarding the project’s priorities or strategies ▪ Inadequate time for project staff and members to devote to the project ▪ Lack of collaboration between stakeholders (e.g., between agencies, between coalitions, between jurisdictions and funded community levels) ▪ Lack of stakeholder support for the program plan ▪ Limited time to implement this Strategic Prevention Framework step ▪ Major external community events like weather disasters ▪ No leadership or political commitment to substance abuse prevention ▪ Resistance to adopting Strategic Prevention Framework model ▪ State/Tribal/Jurisdictional contract or other delays getting communities on board ▪ Other (provide title in description box below)
<p>Describe the Barrier/Challenge</p>	<p>Free text</p>
<p>Was technical assistance (TA) requested to help address this Barrier/Challenge?</p>	<ul style="list-style-type: none"> ▪ Yes ▪ No
<p>Date TA Requested (If YES is selected) NOTE: If you received TA for this issue, please report it on the Capacity > Training and Technical Assistance page.</p>	<p>Date</p>
<p>In what other ways did you address this Barrier/Challenge?</p>	<p>Free text</p>

Behavioral Health Disparities

SAMHSA defines **behavioral health** as mental/emotional well-being and/or actions that affect wellness. The phrase “behavioral health” is also used to describe service systems that encompass prevention and promotion of emotional health; prevention of mental and substance use disorders, substance use, and related problems; treatments and services for mental and substance use disorders; and recovery support.

Healthy People 2020 defines health disparity as a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

In this section, we would like you to describe the efforts and activities that your State, Tribe, or Jurisdiction has undertaken in the project to address Behavioral Health Disparities related to substance use disorders risks, prevalence, and outcomes.

Disparities Impact Statement

Use this section to upload your Disparities Impact Statement (DIS). After you upload the DIS and it is accepted by your project officer, you will only update this section if there are newly identified disparate population(s) or if you are revising plans to improve the quality of programming to address the needs (access, use/reach, outcomes) of the disparate population. If you do not have an approved DIS, please continue to work with your project officer to finalize it as soon as possible. You should not enter any additional information in the Behavioral Health Disparities module until it is approved.

Item	Response Options
Upload Disparities Impact Statement	“Browse” button
Document Description	Free text

Population(s) Experiencing the Disparity

According to Healthy People 2020, “Although the term disparities is often interpreted to mean racial or ethnic disparities, many dimensions of disparity exist in the United States, particularly in health. If a health outcome is seen to a greater or lesser extent between populations, there is disparity.” We are asking grantees to specify the population(s) experiencing the disparity within the context of your High- Need Community(ies) and subrecipients.

Grantees may describe the population(s) experiencing the disparity using a broad demographic or cultural category or “subpopulation.” The DIS asks you to use publicly available data to identify subpopulations within your High-Need Communities. You may quantify subpopulations more specifically as a “disparate population” using data and a designated comparison group. For example, you may identify the subpopulations by “race” and the disparate population as “Black or African American.” However, just because you can separate out a subpopulation (e.g., age separated out by age ranges) does not mean you should identify it as disparate. You should only consider a population disparate if you identify a specific race, ethnicity, sex, or LGBTQ identity using a data-driven justification.

Use the “Add a Population(s) Experiencing Disparity Record” button to create a new record. You will first identify your disparate and other subpopulations and then estimate how many individuals from those populations you plan to directly reach/indirectly serve per year. When this information is finalized, click the “Complete Plan” link (note: if you are still in the planning stage, you should not click the “Complete Plan” link; you should submit what you have as a draft).

After you complete your plan, you will report the number of individuals your high-need community(ies) actually reached/served each reporting period.

Item	Response Options
<p>In the SPARS data collection system, there will be an “Add a Population(s) Experiencing Disparity Record” button for this section. Grantees will be able to click that button to add additional records as needed.</p>	
<p>Select High-Need Community(ies)</p> <p>If all High-Need Communities focus on the same disparate and subpopulations, select “All High-Need Communities.” If not, select “Specific High-Need Community” and choose the High-Need Community(ies) you wish to report on. You should only select more than one community under “Specific High-Need Community(ies)” if the communities focus on the same disparate and subpopulations. If they do not focus on the same disparate and subpopulations, please add an additional record.</p>	<ul style="list-style-type: none"> ▪ All High-Need Communities ▪ Specific High-Need Community(ies)
<p>Note: This version of the question appears for planning stage</p> <p>From the subpopulations below, please select the disparate population(s) on which this high-need community(ies) is focusing its efforts.</p> <p>For each selected disparate population, provide estimates for how many individuals the High-Need Community(ies) plans to directly serve and indirectly reach with its efforts per year.</p>	<p><u>Race</u></p> <ul style="list-style-type: none"> ▪ African American/Black ▪ American Indian or Alaska Native ▪ Asian ▪ Native Hawaiian or Other Pacific Islander ▪ White ▪ Two or more races <p><u>Ethnicity</u></p> <ul style="list-style-type: none"> ▪ Hispanic or Latino ▪ Not Hispanic or Latino <p><u>Sex</u></p> <ul style="list-style-type: none"> ▪ Male ▪ Female <p><u>LGBTQ</u></p> <ul style="list-style-type: none"> ▪ Lesbian, Gay, Bisexual, Transgender, Questioning, or Two-Spirit

Item	Response Options
<p>Note: This version of the question appears after the plan is complete and grantees are reporting actual values.</p> <p>For each selected disparate population, provide estimates for the actual number of individuals the High-Need Community(ies) directly served and indirectly reached for this reporting period.</p>	<p><u>Race</u></p> <ul style="list-style-type: none"> ▪ African American/Black ▪ American Indian or Alaska Native ▪ Asian ▪ Native Hawaiian or Other Pacific Islander ▪ White ▪ Two or more races <p><u>Ethnicity</u></p> <ul style="list-style-type: none"> ▪ Hispanic or Latino ▪ Not Hispanic or Latino <p><u>Sex</u></p> <ul style="list-style-type: none"> ▪ Male ▪ Female <p><u>LGBTQ</u></p> <ul style="list-style-type: none"> ▪ Lesbian, Gay, Bisexual, Transgender, Questioning, or Two-Spirit
<p>Describe why this high-need community(ies) has not yet identified (or finalized the identification of) a disparate population, when it intends to do so, and how soon implementation will begin.</p> <p>You only need to respond to this item if your selection of the disparate population is in progress. If your selection is complete, enter “n/a.”</p>	<p>Free text</p>
<p>Note: This version of the question appears for planning stage, but will only appear if the “Show Additional Populations” box is checked</p> <p>From the options below, please select any additional subpopulation(s) on which this high-need community is focusing their efforts.</p> <p>For each subpopulation below provide estimates for how many individuals you expect this high-need community to directly serve and indirectly reach with their efforts per year.</p>	<p><u>Age</u></p> <ul style="list-style-type: none"> ▪ 12–17 years old ▪ 18–24 years old ▪ 25–34 years old ▪ 35–44 years old ▪ 45–54 years old ▪ 55–64 years old ▪ 65+ years old <p><u>Residence</u></p> <ul style="list-style-type: none"> ▪ Urban ▪ City ▪ Town ▪ Suburb ▪ Rural <p><u>Socioeconomic status</u></p> <ul style="list-style-type: none"> ▪ High ▪ Middle ▪ Low <p><u>Other</u></p> <ul style="list-style-type: none"> ▪ Service members, veterans, veterans, and their families ▪ Persons with disabilities ▪ Persons with mental illness ▪ Other (specify)

Item	Response Options
<p>Note: This version of the question appears after the plan is complete and grantees are reporting actual values.</p> <p>For each selected subpopulation, provide estimates for the actual number of individuals the High-Need Community(ies) directly served and indirectly reached for this reporting period.</p>	<p>Age</p> <ul style="list-style-type: none"> ▪ 12–17 years old ▪ 18–24 years old ▪ 25–34 years old ▪ 35–44 years old ▪ 45–54 years old ▪ 55–64 years old ▪ 65+ years old <p>Residence</p> <ul style="list-style-type: none"> ▪ Urban ▪ City ▪ Town ▪ Suburb ▪ Rural <p>Socioeconomic status</p> <ul style="list-style-type: none"> ▪ High ▪ Middle ▪ Low <p>Other</p> <ul style="list-style-type: none"> ▪ Service members, veterans, veterans, and their families ▪ Persons with disabilities ▪ Persons with mental illness ▪ Other (specify)
<p>Describe how and why the population(s) experiencing the disparity has changed. (This question appears if you indicate you need to edit your plan.)</p>	<p>Free text</p>

Focus and Data Gaps

The following section ensures that your high-need communities focus on the subpopulation(s) experiencing the disparities and asks about any data gaps related to the disparate and subpopulation(s) that you identified.

Item	Response Options
<p>What steps did you take to ensure that your high-need communities are focusing on the identified disparate and subpopulation(s)?</p>	<p>Free text</p>
<p>Describe any data gaps you identified related to the disparate or subpopulation(s). Please be specific. If no data gaps currently exist, please enter “n/a” for not applicable.</p>	<p>Free text</p>
<p>For any data gaps described above, please explain how you are addressing the gaps. If you had none, please enter “n/a” for not applicable.</p>	<p>Free text</p>

Access to Prevention Efforts

Increasing access to prevention efforts is an important part of reducing behavioral health disparities. Use this section to enter information about TA and/or guidance you provided to your high-need communities to increase access to prevention efforts for their identified disparate and subpopulations. Be sure to consider this as it relates to implementation of policies, practices, and/or programs to address behavioral health disparities.

Item	Response Options
<p>Briefly describe the specific strategies implemented to address behavioral health disparities in your high-need community(ies). Include any information on how you, as the grantee, are supporting its/their progress.</p>	<p>Free text</p>
<p>If you used a planning model, please briefly describe the model you are using and how you are ensuring your high-need community(ies) integrated it into its/their approach to addressing behavioral health disparities. If you did not use a planning model, enter “n/a” for not applicable.</p> <p>Note: you will report general updates in the Implementation section, anything reported here should be specific to behavioral health disparities.</p>	<p>Free text</p>
<p>From the list, please select the strategies you developed and implemented to ensure that your high-need communities understand and are using the National CLAS Standards.</p>	<ul style="list-style-type: none"> ▪ Increased participation of disparate and subpopulations on advisory boards and workgroups ▪ Developed strategic partnerships and collaborations with the goal of preventing behavioral health disparities among disparate and subpopulations ▪ Increased capacity and readiness of high-need communities to prevent behavioral health disparities among identified disparate and subpopulations ▪ Implemented diverse cultural health beliefs and practices ▪ Used preferred languages ▪ Addressed health literacy and other communication needs of all disparate and subpopulations ▪ Other (Specify)
<p>How are communities documenting and monitoring use of National CLAS Standards?</p>	<p>Free text</p>

Use and Reach of Prevention Efforts

Ensuring that the prevention efforts reach the populations experiencing the behavioral health disparity and that they in turn use them is another important factor. Use this section to enter information about steps you are taking to monitor implementation at the community level to address behavioral health disparities.

Item	Response Options
How do you monitor the efforts related to addressing behavioral health disparities at the community level?	Free text
What are your data collection processes related to behavioral health disparities data?	Free text
How are you determining the accuracy of numbers directly served and numbers indirectly reached for each high-need community?	Free text
How are you helping communities use their data to address the identified behavioral health disparities?	Free text

Outcomes of Prevention Efforts

The goal is for prevention efforts to produce positive outcomes for those experiencing disparities. Use this section to enter additional information on how you will assess the behavioral health disparities outcomes at the community level.

Item	Response Options
How are you monitoring outcomes related to disparate subpopulations at the community level?	Free text
Describe how you use outcome data related to disparate subpopulations to evaluate processes and/or make programmatic adjustments to address your identified priorities and issues.	Free text
Describe other ways that you use programmatic data to demonstrate the impact of your efforts on reducing behavioral health disparities.	Free text

Accomplishments and Barriers/Challenges

Use this section to enter information on any Accomplishments and/or Barriers/Challenges that you experienced while performing activities related to Behavioral Health Disparities. Each Accomplishment or Barrier will be listed in the table. Use the table heading links to sort Accomplishments/Barriers/Challenges by column. Click on the name that you have assigned to each Accomplishment or Barrier to edit that record. You will also report on actions taken to resolve Barriers/Challenges related to Behavioral Health Disparities during this reporting period.

Only update this section if you conducted Behavioral Health Disparities–related activities or faced new Behavioral Health Disparities–related Barriers/Challenges during this reporting period.

Item	Response Options
<p>In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional accomplishments as needed.</p>	
<p>Accomplishments</p>	
<p>Accomplishment Name</p>	<p><u>Accomplishments</u></p> <ul style="list-style-type: none"> ▪ ALL: Ensured the involvement of population(s) experiencing substance abuse-related behavioral health disparities in assessment, capacity building, planning, implementation, evaluation, or dissemination efforts ▪ ALL: Integrated National Standards for Culturally and Linguistically Appropriate Services (CLAS) into grant program activities ▪ ASSESSMENT: Defined additional high-need subpopulations (age, residential area, SES, other) ▪ ASSESSMENT: Defined disparate population(s) (race, ethnicity, sex, LGBTQ) ▪ ASSESSMENT: Identified specific behavioral health disparities faced by your disparate or high-need subpopulation(s) ▪ ASSESSMENT: Obtained data specific to your disparate or high-need subpopulation(s) ▪ CAPACITY: Delivered training to increase subrecipient community capacity related to behavioral health disparities ▪ CAPACITY: Developed coalitions or strategic partnerships with other agencies or key stakeholders to address substance abuse-related behavioral health disparities in your State, Tribe, or Jurisdiction ▪ CAPACITY: Provided training to increase the capacity of prevention workforce and relevant agencies or organizations to address substance abuse-related behavioral health disparities in your State, Tribe, or Jurisdiction ▪ EVALUATION: Assessed changes in outcomes by populations that face behavioral health disparities related to substance abuse ▪ EVALUATION: Assessed changes in the number of individuals in the disparate population served or reached (race, ethnicity, sex, LGBTQ) ▪ EVALUATION: Assessed changes in the number of individuals in the high-need subpopulation served or reached (age, residential area, SES, other) ▪ IMPLEMENTATION: Ensured that implemented interventions were specific to behavioral health disparities of disparate and high-need subpopulation(s) ▪ IMPLEMENTATION: Helped adapt interventions to make them apply to specific health disparities of disparate and high-need subpopulation(s) ▪ IMPLEMENTATION: Increased access to substance abuse prevention services to disparate population(s) (race, ethnicity, SES, other) ▪ IMPLEMENTATION: Increased access to substance abuse prevention services to high-need subpopulation(s) (age, residential area, SES, other) ▪ IMPLEMENTATION: Increased availability of substance abuse prevention services to disparate population(s) (race, ethnicity, sex, LGBTQ) ▪ IMPLEMENTATION: Increased availability of substance abuse prevention services to high-need subpopulation(s) (age, residential area, SES, other) ▪ PLANNING: Considered behavioral health disparities in the planning process (e.g., in prioritization, community selection, or intervention selection) ▪ SUSTAINABILITY: Developed a plan to ensure that the progress made in addressing substance abuse-related behavioral health disparities is sustained beyond the grant program initiative ▪ Other (provide title in description box below)
<p>Describe the Accomplishment</p>	<p>Free text</p>

Item	Response Options
<p>In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional barriers/challenges as needed.</p>	
<p>Barriers/Challenges</p>	
<p>Barrier/Challenge Name</p>	<p><u>Barrier/Challenges</u></p> <ul style="list-style-type: none"> ▪ ALL: Difficulty engaging the population(s) experiencing substance abuse–related behavioral health disparities in assessment, capacity building, planning, implementation, evaluation, or dissemination efforts ▪ ALL: Problems understanding or applying National Standards for Culturally and Linguistically Appropriate Services (CLAS) to grant program activities ▪ ASSESSMENT: Difficulty defining the disparate population(s) (race, ethnicity, sex, LGBTQ) ▪ ASSESSMENT: Difficulty obtaining data on needs or outcomes for disparate population(s) (race, ethnicity, sex, LGBTQ) ▪ ASSESSMENT: Difficulty obtaining data on needs or outcomes for high-need subpopulations (age, residential area, SES, other) ▪ CAPACITY: Difficulty developing coalitions or strategic partnerships with other agencies or key stakeholders to address substance abuse–related behavioral health disparities in your State, Tribe, or Jurisdiction ▪ CAPACITY: Difficulty finding or providing appropriate training for communities to address behavioral health disparities ▪ CAPACITY: Low capacity among subrecipients to address behavioral health disparities issues ▪ EVALUATION: Lack of data to assess changes in outcomes by populations that face behavioral health disparities related to substance use ▪ EVALUATION: Lack of data to assess changes in the number of individuals in the disparate population served or reached (race, ethnicity, sex, LGBTQ) ▪ EVALUATION: Lack of data to assess changes in the number of individuals in the high-need subpopulation served or reached (age, residential area, SES, other) ▪ IMPLEMENTATION: Inability to adapt interventions to make them applicable to specific behavioral health disparities of disparate and high-need subpopulation(s) ▪ IMPLEMENTATION: Lack of interventions specific to the disparate population(s) (race, ethnicity, sex, LGBTQ) ▪ IMPLEMENTATION: Lack of interventions specific to the high-need subpopulation(s) (age, residential area, SES, other) ▪ Other (provide title in description box below)
<p>Describe the Barrier/Challenge</p>	<p>Free text</p>
<p>Was technical assistance (TA) requested to help address this Barrier/Challenge?</p>	<ul style="list-style-type: none"> ▪ Yes ▪ No

Item	Response Options
Date TA Requested (If YES is selected) NOTE: If you received TA for this issue, please report it on the Capacity > Training and Technical Assistance page.	Date
In what other ways did you address this Barrier/Challenge?	Free text

Implementation

Implementation is the point at which you or your subrecipient communities conduct your intervention activities.

Promising Approaches and Innovations

Use this section to enter information on any promising approaches or innovations demonstrated during your implementation of the grant.

Only update this section if you implemented new promising approaches or innovations during this reporting period.

Item	Response Options
In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional approaches or innovations as needed.	
Promising approach or innovation name	Free text
Briefly describe the promising approach or innovation implemented	Free text

Accomplishments and Barriers/Challenges

Use this section to enter information on any Accomplishments and/or Barriers/Challenges that you or your subrecipients experienced while performing activities related to Implementation. Each Accomplishment or Barrier will be listed in a table. Use the table heading links to sort Accomplishments/Barriers/Challenges by column. Click on the name that you have assigned to each Accomplishment or Barrier to edit that record. You will also report on actions taken to resolve Barriers/Challenges related to Implementation during this reporting period.

Only update this section if you or your subrecipients conducted Implementation-related activities or faced new Implementation-related Barriers/Challenges during

this reporting period, for example if you funded subrecipients or if your subrecipient communities began implementing interventions.

Item	Response Options
<p>In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional accomplishments as needed.</p>	
<p>Accomplishments</p>	
<p>Accomplishment Name</p>	<p><u>Accomplishments</u></p> <ul style="list-style-type: none"> ▪ Adapting interventions to ensure cultural competence while preserving core program elements ▪ Developed effective stakeholder partnerships (e.g., between state agencies, and community and partner organizations) ▪ Developed efficient systems for distributing tangible resources (e.g., naloxone kits) ▪ Developing a process for selection of evidence-based policies, programs, and practices ▪ Ensured interventions implemented with consistency and fidelity ▪ Grantee-level interventions being implemented ▪ Implemented policies within organizations to facilitate interventions ▪ Leadership or political commitment to the issue among stakeholders ▪ Monitoring the development and implementation of community-level strategic plans ▪ Monitoring the implementation of interventions ▪ Obtaining evidence that selected interventions are proven effective in research settings and communities ▪ Selection of evidence-based interventions (policies, programs, practices) ▪ Specific community-level interventions being implemented ▪ Successfully recruited appropriate intervention attendees ▪ Other (provide title in description box below)
<p>Describe the Accomplishment</p>	<p>Free text</p>

Item	Response Options
<p>In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional barriers/challenges as needed.</p>	
<p>Barriers/Challenges</p>	
<p>Barrier/Challenge Name</p>	<p><u>Barrier/Challenges</u></p> <ul style="list-style-type: none"> ▪ Difficulties getting schools, law enforcement, medical facilities, or other organizations on board for implementation ▪ Inadequate funds to thoroughly implement SPF model ▪ Inadequate knowledge of evidence-based programs, policies, and practices that are relevant for our goals ▪ Inadequate time for project staff and members to devote to the project ▪ Interventions not well attended by desired audience ▪ Lack of collaboration between stakeholders (e.g., between agencies, between coalitions, between jurisdictions and funded community levels) ▪ Lack of information on how to incorporate cultural competencies ▪ Limited evidence-based programs, policies, and practices that are relevant for our goals ▪ Limited stakeholder support for the program plan ▪ Limited time to implement this Strategic Prevention Framework step ▪ Logistical barriers to providing interventions (e.g., lack of space) ▪ Logistical barriers to purchasing/distributing tangible resources (e.g., naloxone kits) ▪ Major external community events like weather disasters ▪ Need to adapt evidence-based programs, policies, and practices for our local culture and context ▪ No leadership or political commitment to the issue ▪ Staffing challenges (e.g., hiring delays, lack of adequate skills, turnover) ▪ State/Tribal/Jurisdictional contract or other delays getting subrecipient communities on board ▪ Other (provide title in description box below)
<p>Describe the Barrier/Challenge</p>	<p>Free text</p>
<p>Was technical assistance (TA) requested to help address this Barrier/Challenge?</p>	<ul style="list-style-type: none"> ▪ Yes ▪ No
<p>Date TA requested (If YES is selected)</p> <p>NOTE: If you received TA for this issue, please report it on the Capacity > Training and Technical Assistance page.</p>	<p>Date</p>
<p>In what other ways did you address this Barrier/Challenge?</p>	<p>Free text</p>

Evaluation

The Evaluation Step is comprised of conducting, analyzing, reporting on and using the results of outcome evaluation. Outcome evaluation involves collecting and analyzing information about whether the intended Goals and Objectives were achieved.

Evaluation results identify areas where modifications to prevention strategies may be needed and can be used to help plan for sustaining the prevention effort as well as future endeavors.

Evaluation Report

Upload and provide a brief description of your document. Use the Browse button to select a file from your computer, use the upload button to add your document, enter a description, and then click the Save button.

Item	Response Options
In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional records as needed.	
Upload Final Evaluation Report	Browse button
Provide a brief description of your document and, if relevant, any changes made to your document between the previous version and this one.	Free text

Other Document Upload

Upload and provide a brief description of documents other than evaluation plans or evaluation reports, if applicable. Use the Browse button to select a file from your local computer, and then click the Upload Other Document button.

Item	Response Options
In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional records as needed.	
Upload Other Document	Browse button
Provide a brief description of your document and, if relevant, any changes made to your document between the previous version and this one.	Free text

Accomplishments and Barriers/Challenges

Use this section to enter information on any Accomplishments and/or Barriers/Challenges that you experienced while performing activities related to evaluation. Each Accomplishment or Barrier will be listed in a table. Use the table heading links to sort Accomplishments/Barriers/Challenges by column. Click on the name that you have assigned to each Accomplishment or Barrier to edit that record.

You will also report on actions taken to resolve Barriers/Challenges related to evaluation during this reporting period.

Only update this section if you or your subrecipients conducted evaluation-related activities or faced new evaluation-related Barriers/Challenges during this reporting period.

Item	Response Options
<p>In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional accomplishments as needed.</p>	
<p>Accomplishments</p>	
<p>Accomplishment Name</p>	<p><u>Accomplishments</u></p> <ul style="list-style-type: none"> ▪ Assess program effectiveness ▪ Development and implementation of community-level evaluation ▪ Encourage needed improvement ▪ Ensure service delivery quality ▪ Identify successes ▪ Monitor and evaluate all program activities ▪ Promote sustainability of outcomes ▪ Other (provide title in description box below)
<p>Describe the Accomplishment</p>	<p>Free text</p>

Item	Response Options
<p>In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional barriers/challenges as needed.</p>	
<p>Barriers/Challenges</p>	
<p>Barrier/Challenge Name</p>	<p><u>Barrier/Challenges</u></p> <ul style="list-style-type: none"> ▪ Challenges assessing program effectiveness ▪ Challenges identifying successes ▪ Challenges in development and implementation of community-level evaluation ▪ Delays in hiring evaluator ▪ Inadequate time for project staff and members to devote to the project ▪ Lack of available data to assess differences for racial/ethnic minorities, LGBTQ, or other special populations ▪ Lack of available data to meet national cross-site evaluation or monitoring requirements ▪ Lack of collaboration between stakeholders (e.g., between agencies, between coalitions, between jurisdictions and funded community levels) ▪ Lack of cooperation/follow-through by communities/subrecipients/partners in collecting data ▪ Lack of data analysis or evaluation expertise ▪ Limited time to implement this Strategic Prevention Framework step ▪ Major external community events like weather disasters ▪ Mismatch between level available data (e.g., county) and communities being funded (e.g., towns within counties) ▪ No capacity for monitoring objectives and goals ▪ Other data or data collection challenges ▪ State/Tribal/Jurisdictional contract or other delays getting subrecipient communities on board ▪ Underdevelopment of existing data or performance monitoring infrastructure ▪ Other (provide title in description box below)
<p>Describe the Barrier/Challenge</p>	<p>Free text</p>
<p>Was technical assistance (TA) requested to help address this Barrier/Challenge?</p>	<ul style="list-style-type: none"> ▪ Yes ▪ No
<p>Date TA Requested (If YES is selected)</p> <p>NOTE: If you received TA for this issue, please report it on the Capacity > Training and Technical Assistance page.</p>	<p>Date</p>
<p>In what other ways did you address this Barrier/Challenge?</p>	<p>Free text</p>

Sustainability

Sustainability is the process of ensuring an adaptive and effective system that achieves and maintains long-term results. Sustainability efforts may include the institutionalization of policies and practices, the acquisition of stable funding for training and prevention efforts, continued workforce development, and other efforts.

Accomplishments and Barriers/Challenges

Use this section to enter information on any Accomplishments and/or Barriers/Challenges that you experienced while performing activities related to Sustainability. Each Accomplishment or Barrier will be listed in a table. Use the table heading links to sort Accomplishments/Barriers/Challenges by column. Click on the name that you have assigned to each Accomplishment or Barrier to edit that record.

You will also report on actions taken to resolve Barriers/Challenges related to Sustainability during this reporting period.

Only update this section if you conducted Sustainability-related activities or faced new sustainability-related Barriers/Challenges during this reporting period.

Item	Response Options
In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional accomplishments as needed.	
Accomplishments	
Accomplishment Name	<p><u>Accomplishments</u></p> <ul style="list-style-type: none"> ▪ Establishment of key ongoing policies ▪ Leveraging funding and other resources to ensure sustainability of efforts ▪ Planning for sustaining the infrastructure ▪ Training grantee-level stakeholders and administrators on the importance of program activities ▪ Other (provide title in description box below)
Describe the Accomplishment	Free text

Item	Response Options
<p>In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional barriers/challenges as needed.</p>	
<p>Barriers/Challenges</p>	
<p>Barrier/Challenge Name</p>	<p><u>Barrier/Challenges</u></p> <ul style="list-style-type: none"> ▪ No capacity for leveraging of funds or in-kind donations to ensure sustainability of activities ▪ No coordination of funds to ensure sustainability of program activities ▪ No leadership or political commitment to sustaining program activities ▪ No planning for sustaining the infrastructure ▪ Under-developed data infrastructure to demonstrate outcomes in support of sustaining activities ▪ Other (provide title in description box below)
<p>Describe the Barrier/Challenge</p>	<p>Free text</p>
<p>Was technical assistance (TA) requested to help address this Barrier/Challenge?</p>	<ul style="list-style-type: none"> ▪ Yes ▪ No
<p>Date TA Requested (If YES is selected)</p> <p>NOTE: If you received TA for this issue, please report it on the Capacity > Training and Technical Assistance page.</p>	<p>Date</p>
<p>In what other ways did you address this Barrier/Challenge?</p>	<p>Free text</p>