
CENTER FOR SUBSTANCE ABUSE PREVENTION (CSAP)
Substance Abuse and Mental Health Services Administration’s
(SAMHSA’s) Performance Accountability and Reporting System
(SPARS) Frequently Asked Questions (FAQs)

General SPARS Questions

1) What is SPARS?

SPARS is an online data entry, reporting, technical assistance request, and training system that supports grantees in reporting timely and accurate data to SAMHSA. SPARS replaced SAMHSA’s legacy data systems: Prevention Management Reporting and Training System (PMRTS), Services Accountability Improvement System (SAIS), and Transformation Accountability System (TRAC). SPARS supports SAMHSA in meeting the requirements of the Government Performance and Results Act (GPRA) of 1993 and the Government Performance and Results Modernization Act of 2010.

2) How do I access SPARS?

The SPARS website is located at spars.samhsa.gov and publicly available data collection resources are available from this home page. All other resources require a SPARS user account. SPARS user accounts are available for CSAP grantee Project Directors and Lead Evaluators. To request a SPARS user account for themselves or for additional users, grantee Project Directors must submit the [SPARS Add or Remove User Request Form](#) to the SPARS Help Desk email - SPARSHelpDesk@mathematica-mpr.com.

3) How does CSAP use the data it obtains from SPARS?

CSAP uses SPARS to monitor grants through the collection of Progress Reports and participant-level data. In addition to performance management by CSAP, grantees may use SPARS data to manage programs on a continual basis, meet data reporting requirements, track progress, and report outcomes. The Office of Management and Budget (OMB) and U.S. Congress use SPARS data to review and understand CSAP program performance.

4) Are blank copies of the tools available to share with staff?

Blank copies of the tools are available and posted to the [Data Collection Tool Resources](#) section of SPARS. Each program’s *Question-by-Question Guide* (QxQ) also includes all of the questions and provides guidance on how to answer them. The QxQ is also available in the [Data Collection Tool Resources](#) section of SPARS.

5) Where can I find more resources?

SPARS training materials can be found in the [Training tab](#) on the SPARS website under “Center Specific Courses” > “CSAP Specific Courses”.

Reporting tools, Q by Q's, Guides, Codebooks and other supporting materials can be found in the [Data Collection Tool Resources](#) section of SPARS or by using your SPARS login to access the [SPARS Resource Library](#).

Program Specific Questions

Minority AIDS Initiative (MAI) Progress Report

6) What happens if I miss the Progress Report deadline?

If you do not submit a Progress Report on time, the next Progress Report is unavailable in SPARS until you submit the previous Progress Report, and it is approved by your Government Project Officer (GPO).

7) How do I add changes to the first sections of the Assessment, Capacity, and Planning sections in SPARS? The system won't let me open these sections.

The Community Needs Assessment Synopsis Information, Project, Organization/Institution, and Community Capacity, and Strategic Prevention Plan Synopsis sections can only be edited through the Work Plans section. They cannot be changed through the Quarterly Progress Report. In order to add information to these sections, go to your Dashboard in SPARS and find the appropriate Work Plan report under the Work Plans section. If the report is in Accepted status, you will need to select Create New Version under the Actions column in order to be able to update this section. After you select Create New Version and complete the form that comes up, you will be able to update that section. You will then need to submit the updated version of the Work Plan report to your GPO. Once the new version is accepted by the GPO, the updated information will be reflected in the Quarterly Progress Report.

Capacity Questions

8) In Section 3.1 of the MAI Progress Report (Project, Organization/Institution, and Community Capacity), must we enter every testing client or participant?

Clients or participants that received testing services through your grant *should not* be included in this section. This section is for reporting staff, governing or advisory board members, and collaborators.

9) What category would a contractor fall under?

Include contractors who are single individuals in the Staff Roster. If the contractor is an organization, include it in the Collaborator Roster. Note that Collaborators are organizations—government and non-government agencies and organizations outside your organization that collaborate on your project—not individuals.

10) What is the difference between a governing board and an advisory group?

An advisory group is a body that provides strategic planning to an organization's mission and helps with the overall structure and management of the organization;

advisory groups do not have any authority. A governing board oversees the organization's mission, fiscal integrity, and strategic focus for achieving its mission.

11) Is an advisory group like a community advisory board (CAB)?

CABs serve the same purpose as advisory groups. MAI CABs are boards made of consumers and Persons Living with HIV/AIDS (PLWHA). The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act typically funds CABs because they are integral to ensuring an organization's cultural competency.

12) Should Minority-Serving Institution (MSI) and Community-Based Organization (CBO) staff be included in the Staff Roster?

For MSI CBO grantees, you should include both MSI and CBO staff in the Staff Roster in Section 3.1 (Project, Organization/Institution, and Community Capacity). The distinction between MSI and CBO staff members can be made in the Position Title field (e.g., "MSI project coordinator" or "CBO outreach director").

13) How do we report individuals who have multiple roles? For example, how do we report someone who serves on the governing board and is a member of an advisory group?

You need to add individuals who serve in two capacities under each Member Type because the information required might vary based on the Member Type selected from the drop-down menu in Section 3.1 (Project, Organization/Institution, and Community Capacity).

14) In Section 3.3 (Training and Technical Assistance [T/TA]), what should we input for "Date Requested" if the status is "Needed, not yet requested?"

If you need T/TA that you have not yet requested, leave the Date Requested field blank. You can complete this field once you have requested the T/TA.

Planning Questions

15) For Section 4.1.3 (Over the life of the grant, estimate the number of people you plan to serve through direct-service interventions by target population), will the system add the different target population categories together? It seems that this approach could double-count individuals since many participants fall into more than one category.

The number of people the project plans to serve is not associated with each target population, and the system will not add the categories together. Please enter data for each target population separately from the overall total of number of people to be served. The number entered for each target population cannot exceed the total number of people entered in Section 4.1.2 (Total number of people you plan to serve through direct-service interventions over the life of the grant). For example, if you indicate in Section 4.1.2 that your project plans to serve a total of 1,000 people, you cannot indicate in Section 4.1.3 that you plan to serve 1,500 adolescents.

Implementation Questions

16) For the MAI Progress Report, do we report discrete quarterly data or cumulative (year-to-date) data?

For each data question, report *discrete data* for the reporting period for which you are reporting data. For certain questions, the SPARS system will automatically sum data across reports to show a year-to-date total.

17) For Section 5.4.2 (Date implementation ended), if the intervention is continuing through the report/quarter end date, what date do we enter?

If the intervention is ongoing, you do not need to enter an end date. This field should be left blank for interventions that are still in progress. You will complete the end date field when the intervention ends.

MAI Participant-level Data (PLD)

18) When are the participant-level data (PLD) due in SPARS?

While grantees can submit data throughout the year, the data are due biannually. Data collected during the first two quarters—October 1–March 31 of the federal fiscal year—should be submitted by May 1, and data collected during the last two quarters—April 1–September 30 of the federal fiscal year—should be submitted by November 1. There is no formal submission process, but grantees are expected to enter their data in SPARS by these dates.

19) Can we use the youth survey for high school students who are over 18 years old?

The youth questionnaire is for participants who are 12–17 years old, though you can also administer it to young adults ages 18–20 who are participating in a youth program. The adult questionnaire should only be administered to program participants who are 18 years or older.

20) What data need to be collected from and entered into SPARS for testing-only participants?

You are required to submit aggregate data about HIV and Viral Hepatitis (VH) testing as well as VH vaccinations as part of your Progress Report. You will be required to submit information about the number of tests or vaccinations conducted as well as demographic information, housing status, and test information such as the number of clients tested for the first time, number of clients informed of their status, number of clients who tested positive, and number of clients referred to treatment if the test result was positive. The new questionnaires include an option for “Testing Services Only,” but that option is likely not relevant. Participants who only receive testing services are not required to complete the survey. In fact, we recommend that they disregard the “Testing Services Only” option and use the example testing form for those just getting testing services. The testing form is just an example and is not required; it is being provided because it might be helpful as you collect those data. The example testing

form can be found in the SPARS Resource Library under “Minority AIDS Initiative (MAI)” > “General Resources” and in the “Data Collection Tool Resources” section of SPARS.

21) In the “Record Management Section,” is the “Average Duration of Encounters” entered in minutes?

Yes. You will enter that information in the nearest 5-minute intervals.

22) What does dosage information include?

Dosage is the total number of direct service encounters and the average duration of encounters (in minutes, rounded to the nearest 5-minute interval).

23) What should we enter for the dosage information at baseline for a multiple session participant?

SPARS dosage information is to be completed at each timepoint.

At baseline, you may not have had any encounters yet and therefore may not have data to enter for the number of encounters or average duration of encounters. Due to a system issue at this time, if you have not had any encounters at baseline, you will need to enter “1” for the number of encounters and “5” for average duration of encounters.

At exit, you will be able to update the number of encounters and average duration of encounters with the correct information.

At follow-up (if required), you would enter the same information for number of encounters and average duration of encounters that you entered at Exit (unless additional encounters have occurred).

24) If a client is receiving multiple interventions, should we record average duration of the encounters by intervention or across the multiple interventions?

For clients receiving multiple interventions, record the total number of direct service encounters across all interventions and the average duration of encounters across all encounters. Multiple services during one encounter still equal 1 encounter.

25) Can we finish the exit and follow-up interviews by phone with a client who moves away?

If a participant moves away and cannot do the exit or follow-up interview in person, but you are able to locate the participant by telephone, you can conduct the exit or follow-up interview by phone. Please consult with your Institutional Review Board to ensure that you are following appropriate protocols to protect participant privacy. In addition, please confirm that the “Record Management Section” is accurate.

26) To use the import feature, would we scan in the form and then upload? Or do we batch upload survey data with an Excel spreadsheet?

You cannot scan the forms into SPARS, but you are still able to do batch uploads of

your participant-level data using the new Excel upload templates. To use the data import feature, you need to download a copy of the upload template and the codebook and then follow the instructions to enter your data into the template and upload it to SPARS. The adult and youth upload templates can be found in the SPARS Resource Library (under “Minority AIDS Initiative (MAI)” > “Codebooks and Upload Templates”) and the Data Collection Tool Resources section of SPARS.

Division of State Programs–Management Reporting Tool (DSP-MRT) Progress Report

27) Which CSAP programs use the DSP-MRT?

Partnerships for Success (PFS), Strategic Prevention Framework for Prescription Drugs (SPF Rx), 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 Treatment Access), and Sober Truth on Preventing Underage Drinking Act (STOP Act) grantees conduct their quarterly, biannual, or annual reporting using the DSP-MRT.

28) What is the difference between SPARS and DSP-MRT?

SPARS is the overall system SAMHSA uses for grantee reporting. The DSP-MRT is a tool within SPARS that PFS, SPF Rx, PDO, FR-CARA, OD Treatment Access and STOP Act grantees complete. The DSP-MRT includes Progress Report and Work Plan sections.

29) Is every section of the Progress Report required to be completed each time, even if the content was not addressed during the reporting period?

Certain items are required to be completed each time; others are not. Required items will have an asterisk (*). Some Work Plans are due only once and do not need to be submitted again unless changes or revisions are made.

30) In the Capacity tab of the Progress Report, are meeting minutes required to be uploaded?

Grantees are required to enter the date of the meeting, the type of meeting, and the topic of the meeting but are not required to upload the meeting minutes. Uploading meeting minutes is optional.

31) Under Behavioral Health Disparities > Populations Experiencing the Disparity, how should we calculate “Indirectly Reached”?

Indirectly reached counts are typically approximations or estimates obtained from sources such as the U.S. Census (population of the targeted community) or media outlets (estimated readership or audience size). For example, the average listening audience for a radio program (e.g., an HIV/AIDS awareness-raising project) in a certain region and time of day is an estimation based on marketing research. For social media campaigns, you would make estimates based on the number of individual followers. Keep in mind that with any indirectly reached estimates, you are only

reporting estimates of the specific subpopulation you are reaching rather than estimates for the entire targeted community.

There are two categories of indirect strategies that grantees commonly implement:

- **Information Dissemination:** Provide information to a targeted population through one-way communication with no direct interaction. Such communication typically takes place through media such as the Internet, broadcasts, press releases, media campaigns, posters, billboards, and informational booklets. Information dissemination serves to change community norms, knowledge, and attitudes or to provide information about available prevention resources in the community.
- **Environmental Strategies:** Change institutions, policies, norms, and practices of an entire community to reduce risk factors and increase protective factors in the environment. Examples include changing laws, ordinances, and regulations; improving the enforcement of existing regulations; changing organizational structures to reduce risk (e.g., establishing a prevention task force); and improving access to prevention resources. Environmental strategies also include training environmental influencers such as police, healthcare providers, pharmacists, school and college officials, and alcohol servers. These strategies improve community members' knowledge, attitudes, beliefs, and behaviors; improve systems of care; and have a positive impact on the populations served.

If you need assistance determining numbers indirectly reached, please contact your GPO or contact the SPARS Help Desk at 1-800-685-7623 or SPARSHelpDesk@mathematica-mpr.com for assistance.

32) If a progress report needs revision, will the report highlight those areas?

No, the report will not highlight specific areas that require revisions. After you submit your report, your GPO will review the report. If the report needs revisions, your GPO will change the status to "Requires Revision." You will receive an e-mail from SPARS indicating that your report requires revision. The e-mail will include comments from your GPO indicating which sections require revisions. You can then log into SPARS and make the necessary revisions or additions to the report and then resubmit it to your GPO.

33) Who is allowed to submit the report to the GPO?

SAMHSA recommends that the Project Director or the Project Director's designee should submit the report to the GPO.

34) Are the Accomplishments and Barriers and the Conclusions and Recommendations required to be completed for each reporting period? For example, if there are no new or different conclusions or recommendations, can we skip those questions?

Each reporting period, grantees should review the Accomplishments and Barriers and the Conclusions and Recommendations modules within each section of the DSP-MRT. If there is anything new to report, please report it. If not, you can skip those questions.

35) What are Evidence-Based Practices, Policies, and Programs (EBPPPs)?

EBPPPs are defined as interventions that come from a federal registry, were reported as being effective for grantees' target substances in a published scientific journal article, were based on a documented theory of change, or were deemed effective by a panel of experts. A *panel of experts* may include qualified prevention researchers, local prevention practitioners, and key community leaders (e.g., law enforcement and education representatives, elders within indigenous cultures).

36) When reporting EBPPPs, what is the difference between reached and served?

Number served refers to individual-based prevention strategies or services delivered directly to individuals, either on a one-on-one basis or in a group format. Typically, the practitioner and the participant are at the same location during the encounter. Because practitioners interact directly with these individuals, they can keep accurate counts and, in many cases, collect data about characteristics and outcomes of these participants through attendance lists and pre-post surveys. Examples of these interactions include training sessions and educational classes.

Number reached refers to population-based prevention strategies aimed at affecting an entire population. Since there is no direct interaction with populations affected by the services, counts of people reached are typically estimates obtained from sources such as the U.S. Census (population of the targeted community) or media outlets (estimated readership or audience size).

DSP-MRT features blue “i” icons throughout the system that provide definitions for data items so you can reference these definitions as you enter data. Click on the “i” icon, and the data item definition will appear in a pop-up.

Harm Reduction Annual and Quarterly Reporting Tool

37) What is the difference between the Annual Targets (Goals) and the Quarterly Reporting Tool?

The Annual Targets (Goals) Report is to be completed once a year and reports on the expected number of service encounters, products purchased, and products distributed for the year. The Quarterly Progress Report is to be completed once a quarter and should include the actual number of service encounters, products purchased, and products distributed during the quarter.

38) The Annual Targets Report and Quarterly Progress Report have been submitted, but the next reports to complete are nowhere to be found. Where can the following year Annual Targets Report and next quarter Quarterly Progress Report be found?

When grantees have submitted their reports, their GPO must approve the reports for the next report to be created. Once the GPO has approved the report, SPARS will automatically generate the next report for grantees.

39) Can the Annual Targets Report and Quarterly Progress Report be saved and returned to later or edited?

The Annual Targets and Quarterly Progress Reports can be saved and returned to later or edited at any time during the data entry process. If a grantee has submitted their report to their GPO, the report becomes locked, and editing is no longer possible. If edits must be made, grantees should contact their GPO. If edits to reports must be made after GPO approval, grantees must contact their GPO who will submit a request to the Help Desk.

Whom to Contact

SPARS Help Desk

Phone: 1-800-685-7623

E-mail: SPARSHelpDesk@mathematica-mpr.com

Hours: Monday to Friday, 9:00 a.m. to 8:00 p.m. (ET)

Contact the SPARS Help Desk for questions related to reporting requirements, entering data into SPARS (e.g., Quarterly Progress Report and participant-level data), and using the system, such as adding new user accounts, or resetting passwords.

SAMHSA GPO

Contact your SAMHSA GPO for questions related to data collection requirements, project planning, budgets, and goals, and to request Technical Assistance (TA).