

Center for Substance Abuse Prevention (CSAP)

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

Question-by-Question Instruction Guide for Improving Access to Overdose Treatment (OD Treatment Access) Grantees

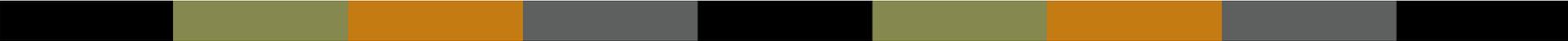


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Introduction

The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Division of State Programs (DSP) requires grantees to complete work plans and progress reports throughout the life of their grant. Grantees use SAMHSA’s Performance Accountability and Reporting System—or SPARS—to complete the Division of State Programs–Management Reporting Tool (DSP-MRT). The DSP-MRT captures information about grantees’ project planning and progress in implementing their projects. Work plans include your Disparities Impact Statement (DIS) and Evaluation Plan.

This *Question-by-Question Instruction Guide* provides guidance for successfully completing the DSP-MRT for Improving Access to Overdose Treatment (OD Treatment Access) grantees. Please reference the “Guidance and Related Definitions” column throughout this document for information about what to report for each data item. SAMHSA requires that grantees complete the items marked with an asterisk throughout this document. In SPARS, use the tabs at the top of the screen to navigate to each section of the report. Select “View” to open each subsection of the report.

Grantees must submit DSP-MRT through SPARS one month after the end of each reporting period. The table below lists progress report due dates. Check with your project officer for work plan due dates.

OD Treatment Access Reporting Deadlines for Cohort 2017

| Progress Report | Reporting Period | Due Date |
|-----------------|----------------------|------------|
| 1 | October 1–March 31 | April 30 |
| 2 | April 1–September 30 | October 31 |

OD Treatment Access Reporting Deadline for Cohort 2018

| Annual Report | Reporting Period | Due Date |
|---------------|------------------------|-------------|
| 1 | October 1–September 30 | December 31 |



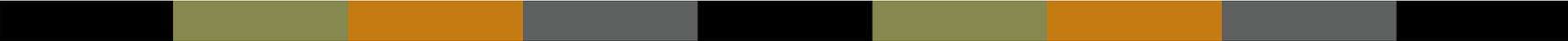
Work Plans

Your Dashboard in SPARS contains two sections: one labeled Progress Report and the other labeled Work Plans. Use the Work Plans section to view and submit Work Plan reports. Under the Actions menu, select the plus button (+) to create a new Work Plan. Once created, select “Edit” to open a Work Plan and enter information. Please check with your project officer for deadlines.

Disparity Impact Statement

Use this section to upload your Disparities Impact Statement. Once you upload the DIS, you will only update this section when you identify new disparate population(s) or if you revise 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 work with your State Project Officer (SPO) to finalize it as soon as possible. You should not enter any additional information in the Behavioral Health Disparities module until SAMHSA approves your DIS.

| Data Item | Response Options | Content Guidance and Related Definitions |
|---|--------------------------|--|
| Upload Document | Document upload function | Click “View” to open the Disparity Impact Statement work plan section and then select “Add a Document.” Use the “Browse” button to select a file from your computer and then click the “Upload” button to add your document. If your document has not changed since your previous upload, then you do not need to upload a new document. |
| 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 | Enter a description of the document, then click the “Save” button. This field accepts up to 1,000 characters. |



Evaluation Plan

Use this section to upload your Evaluation Plan after the evaluation team approves it. Contact your project officer if you are unsure who to contact to get your evaluation plan reviewed and approved. Your plan should include information about how your project will conduct, analyze, report on, and use the results of the outcome evaluation. Outcome evaluation involves collecting and analyzing information about whether the grantee achieves its intended goals and objectives.

Evaluation results identify areas where you may need to modify prevention strategies, and you can use the results to plan for sustaining the prevention effort as well as future endeavors.

| Data Item | Response Options | Content Guidance and Related Definitions |
|---|--------------------------|---|
| Upload Document | Document upload function | Click “View” to open the Evaluation Plan section and then select “Add a Document.” Use the “Browse” button to select a file from your computer, then select the “Upload” button to add your document. If your document has not changed since your previous upload, then you do not need to upload a new document. |
| 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 | Enter a description of the document, then click the “Save” button. This field accepts up to 1,000 characters. |

DSP-MRT Progress Report

Administration

Throughout the DSP-MRT, **grantee** refers to the state/tribe/jurisdiction receiving the award from SAMHSA. **Community** refers to the grantee’s selected high-need communities, and **subrecipient** indicates the grantee’s sub-awardees 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. The information you enter in the Administration section will drive how you report data in the other DSP-MRT sections, so please ensure you correctly define subrecipients and high-need communities.

Grantee Information

Select “Edit Grantee Information” to begin entering data. SPARS will pre-fill the project officer information (which grantees cannot edit).

| Data Item | Response Options | Content Guidance and Related Definitions |
|--|--|--|
| Do you fund subrecipients for this grant?* | <ul style="list-style-type: none">• Yes• No | “Subrecipients” are the grantee’s sub-awardees funded to lead the grant in the selected communities. |
| Do you use sub-states?* | <ul style="list-style-type: none">• Yes• No | The term “sub-state” refers to a regional, county-level, or other entity that serves as an intermediary among the grantee and the subrecipients. |
| Address* | Free text | The field accepts up to 100 characters. |
| City* | Free text | The field accepts up to 100 characters. |
| State/Territory* | Drop-down menu | Select the state or territory from the list. |
| Zip* | Numerical | The field only accepts 5 numerical characters. |
| Project Director Name | Free text | The field accepts up to 100 characters. |
| Project Director E-mail Address | Free text | The field accepts up to 100 characters. |

| Data Item | Response Options | Content Guidance and Related Definitions |
|-------------------------------------|-------------------------|---|
| Project Director Phone Number | Numerical | The field accepts up to 25 characters. |
| Project Coordinator Name | Free text | The field accepts up to 100 characters. |
| Project Coordinator E-mail Address | Free text | The field accepts up to 100 characters. |
| Project Coordinator Phone Number | Numerical | The field accepts up to 25 characters. |
| Lead Evaluator Name | Free text | The field accepts up to 100 characters. |
| Lead Evaluator E-mail Address | Free text | The field accepts up to 100 characters. |
| Lead Evaluator Phone Number | Numerical | The field accepts up to 25 characters. |
| Epidemiological Lead Name | Free text | The field accepts up to 100 characters. |
| Epidemiological Lead E-mail Address | Free text | The field accepts up to 100 characters. |
| Epidemiological Lead Phone Number | Numerical | The field accepts up to 25 characters. |

Sub-State

This section only appears in SPARS if you selected “Yes” under “Do you use sub-states?” in the Grantee Information section. If you are using sub-states, select “Add a Sub-State” to enter information.

| Data Item | Response Options | Content Guidance and Related Definitions |
|---|--|--|
| Sub-State Name* | Free text | The term “sub-state” refers to a regional, county-level, or other entity that serves as an intermediary between the grantee and the subrecipients. |
| Sub-State Type* | <ul style="list-style-type: none"> • Region • County • City • Tribe/Tribal Organization • Coalition • Provider Agency • Other | Select from drop-down menu. If you select “Other” enter a description of the Sub-State Type. The field accepts up to 100 characters. |
| Total Funding* | Numerical | Enter total numerical dollar amount awarded to the Sub-State. |
| Briefly describe how subrecipients are being funded.* | Free text | The field accepts up to 1,000 characters. |

Subrecipient

This section of SPARS is accessible only if you selected “Yes” for “Do you fund subrecipients for this grant?” in the Grantee Information section. Use this section to add or update subrecipient information. **Subrecipient** indicates the grantee’s sub-awardees funded to lead the grant in the selected communities. Some grantees refer to their subrecipients as sub-grantees or funded entities. To enter information, select “Add a Subrecipient.”

| Data Item | Response Options | Content Guidance and Related Definitions |
|--------------------|---|--|
| Subrecipient Name* | Free text | The field accepts up to 100 characters. |
| Subrecipient Type* | <ul style="list-style-type: none"> • Behavioral health department (government entity) • Behavioral health service organization • City • Coalition • College/University • Community-based health services organization • Community-based recovery organization • County • Harm reduction agency • Law enforcement agency • Provider Agency/Organization • Public health department (government entity) • Region • Syringe exchange program • Tribe/Tribal Organization • Other | If you select “Other,” enter a brief description of the Subrecipient Type. |

| Data Item | Response Options | Content Guidance and Related Definitions |
|-------------------------------------|---|--|
| Street Address* | Free text | The field accepts up to 100 characters. |
| City* | Free text | The field accepts up to 100 characters. |
| State/Territory* | Drop-down menu | Select the state or territory from the list. |
| Zip Code* | Numerical | The field accepts only 5 numerals. |
| Subrecipient Status* | <ul style="list-style-type: none"> • Selected but not yet active or funded • Planning grant only: Not (yet) selected to implement all steps • Active: Has begun implementation and/or funding • Deactivated: No longer funded | Indicate your subrecipient's present status. You will need to update the status to reflect the subrecipient's status if it ever changes. |
| Has this subrecipient been funded?* | <ul style="list-style-type: none"> • Yes • No | |
| Date Funded* | Date (mm/dd/yyyy) | <p>If you select "Yes" for "Has this subrecipient been funded?," complete this item.</p> <p>Report the date when the subrecipient began receiving funding through the grant. The Date Funded should not change over the course of the grant.</p> |
| Funding End Date* | Date (mm/dd/yyyy) | If you select "Yes" for "Has this subrecipient been funded?," complete this item. |
| Amount Awarded Per Year* | Numerical | If you select "Yes" for "Has this subrecipient been funded?," complete this item. |

High-Need Community

Through the Disparities Impact Statement and Needs Assessment (if applicable), SAMHSA expects every grantee 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, enter that here. Select “Add a High-Need Community” to enter information.

| Data Item | Response Options | Content Guidance and Related Definitions |
|--|--|---|
| Selected High-Need Community Name* | Free text | |
| Selected High-Need Community Zip Code(s) | Numerical | <p>This refers to the community that the subrecipient or the grantee targets its program efforts.</p> <p>Selecting “Add Target Zip Code” will add the entered value to the list of ZIP codes. You can also use the USPS Look Up a ZIP Code  tool to search for a ZIP code.</p> |
| Alternative: If this subrecipient or you target an entire county (or counties) as the selected High-Need Community, indicate the county name(s) here. | Free text | The field accepts up to 100 characters. |
| Subrecipients | Check boxes with subrecipients that were entered in the “Subrecipient” section | Select subrecipient(s) connected to this High-Need Community. If you selected “No” under “Do you fund subrecipients for this grant?” in the Grantee Information section, the system will indicate “No subrecipients added.” |



| Data Item | Response Options | Content Guidance and Related Definitions |
|---|-------------------|---|
| Briefly describe how you are defining this community as a High-Need Community. This description should summarize in two or three sentences what you reported in detail in your Disparity Impact Statement.* | Free text | The field accepts up to 3,000 characters. |
| Start Date for High-Need Community | Date (mm/dd/yyyy) | |

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 affected. 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. Select “Add Accomplishments” or “Add Barriers/Challenges” to enter information. After you save the Accomplishment or Barrier/Challenge, it will appear on the list in SPARS. 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.



| Data Item | Response Options | Content Guidance and Related Definitions |
|-----------------------------|---|---|
| <p>Accomplishment Name*</p> | <p>Assessing community assets and resources Assessment of community capacity</p> <ul style="list-style-type: none"> • Assessment of community readiness to act • Assessment of community risk and protective/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 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 | <p>Select an option from the drop-down menu to report any accomplishments you experienced related to Assessment during the reporting period.</p> <p>If you select "Other," enter a brief description of the accomplishment. The "Other" field accepts up to 200 characters.</p> |



| Data Item | Response Options | Content Guidance and Related Definitions |
|------------------------------|---|--|
| Describe the Accomplishment* | Free text | Provide a brief description of the accomplishment experienced during the reporting period. You can report an accomplishment again in subsequent reporting periods (for example, if a related accomplishment occurred in more than one reporting period). The field accepts up to 3,000 characters. |
| Barrier/Challenge Name* | <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 | <p>Select an option from the drop-down menu to report any barriers/challenges you experienced related to Assessment during the reporting period.</p> <p>If you select “Other,” enter a brief description of the barrier/challenge. The “Other” field accepts up to 200 characters.</p> |



| Data Item | Response Options | Content Guidance and Related Definitions |
|---|---|---|
| Barrier/Challenge Name* (continued) | <ul style="list-style-type: none"> • 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 | |
| Describe the Challenge/Barrier* | Free text | Provide a brief description of the barrier/challenge experienced during the reporting period. You can report a barrier/challenge again in subsequent reporting periods (for example, if a barrier continued to affect assessment for more than one reporting period). The field accepts up to 3,000 characters. |
| Was technical assistance (TA) requested to help address the Barrier/Challenge?* | <ul style="list-style-type: none"> • Yes • No | If you received TA for the barrier/challenge, please report it under Capacity in the Training and Technical Assistance section. |
| Date TA Requested* | Date (mm/dd/yyyy) | If you select “Yes” for “Was TA requested to help address the Barrier/Challenge?,” enter the date when you requested TA for the barrier/challenge. |



| Data Item | Response Options | Content Guidance and Related Definitions |
|---|------------------|---|
| In what other ways did you address the Barrier/Challenge? | Free text | Provide a brief description of ways, other than requesting TA, that you addressed this barrier/challenge. The field accepts up to 3,000 characters. |

Capacity

Capacity refers to the various types and levels of resources available to establish and maintain a community overdose 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 upon the resources of the community organizations and their function as a cohesive problem-solving group, but also upon 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), or other Workgroup. To edit or mark previously added members as inactive, use the table headings to sort Members, then click “Edit” for the Member you wish to revise. These members will carry over from one reporting period to the next, so only revise as new members join or old members become inactive. Select “Add Membership” to enter information.

| Data Item | Response Options | Content Guidance and Related Definitions |
|--------------|---|---|
| Date Joined* | Date (mm/dd/yyyy) | |
| Member Type* | <ul style="list-style-type: none"> • Project Advisory Council • Epidemiological Outcomes Workgroup • Evidence-Based Practices Workgroup • Other | If a member is involved in more than one workgroup, add them as many times as necessary. If you select “Other,” enter a brief description of the member type. The field accepts up to 100 characters. |

| Data Item | Response Options | Content Guidance and Related Definitions |
|---------------|---|--|
| Member Name* | Free text | The field accepts up to 100 characters. |
| Title* | Free text | The field accepts up to 100 characters. |
| Organization* | Free text | The field accepts up to 100 characters. |
| 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 • Healthcare 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 | Use the drop-down menu to select the <i>primary</i> sector that the member represents. |

| Data Item | Response Options | Content Guidance and Related Definitions |
|---------------------|---|---|
| Sector* (continued) | <ul style="list-style-type: none"> • Syringe exchange program • Tribal government/tribal health board • Youth groups/representatives • Other (not listed) | |
| Status* | <ul style="list-style-type: none"> • Active • Inactive | Indicate the member's present status. Update this field if the member's status changes. |
| Date Exited* | Date (mm/dd/yyyy) | If you select "Inactive" for Status, enter the date when the member became inactive. |

Advisory Council and Other Workgroup Meetings

Use this section to report Advisory Council, Epidemiological Outcome Workgroup, or other workgroup meetings conducted during this reporting period and upload meeting minutes. Please ensure that the minutes include meeting attendees. If you had no Advisory Council, EOW, or other workgroup meetings held during the reporting period related to your activities, please skip this section. Select "Add Meeting" to enter information.

| Data Item | Response Options | Content Guidance and Related Definitions |
|---------------------|---|---|
| Meeting Date* | Date (mm/dd/yyyy) | |
| Meeting Type* | <ul style="list-style-type: none"> • Project Advisory Council • Epidemiological Outcomes Workgroup • Evidence-Based Practices Workgroup • Other | If you select "Other," enter a brief description of the meeting type. The field accepts up to 200 characters. |
| Meeting Name/Topic* | Free text | The field accepts up to 200 characters. |
| Upload Document | Document upload function | List meeting attendees in the minutes |

Grantee Funding Resources

Use this section to enter funding resources information for your grant. Unless the information changes from one reporting period to another, you only need to enter this information 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 program priorities in your communities?

| Data Item | Response Options | Content Guidance and Related Definitions |
|-----------------------------|---|---|
| Source of Funding/Resources | <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 | <p>Use the checkboxes to select all the funding sources that your organization received this fiscal year.</p> <p>Some funding sources not awarded to states (e.g., SAMHSA MAI, Drug-Free Communities, HRSA ROOR) appear in the list. SPARS includes these here because several CSAP grant programs fund tribal grantees that may receive these community-level funds.</p> <p>Use the “Other” option to indicate a funding source not listed. Specify the source and select “Add Other.” The field accepts up to 250 characters.</p> |



| Data Item | Response Options | Content Guidance and Related Definitions |
|--|---|--|
| Source of Funding/Resources (continued) | <ul style="list-style-type: none"> • 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 | |
| Did the grantee use the funding stream for program priorities in your communities? | <ul style="list-style-type: none"> • Yes • No | For each funding source selected, indicate whether your organization used the source to fund program priorities in your communities. |

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 (TA) refers to substantial services provided by professional prevention staff to give technical guidance to grantees and individuals to effectively implement their grant. It does not include simple clarifying assistance (e.g., sending someone to a website). Count training and TA as one unit per issue.

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 sub-awardees funded to lead the grant in the selected communities.

Select “Add Training/Technical Assistance Received by the Grantee” or “Add Training/Technical Assistance Provided to Subrecipients” to open the appropriate section.

| Data Item | Response Options | Content Guidance and Related Definitions |
|---|---|--|
| Status* | <ul style="list-style-type: none"> • Received • Closed | <p>A “Received Training or TA” status means that the grantee received training or TA.</p> <p>A “Closed Training or TA” status means that the grantee reported the need for training or TA in the DSP-MRT, but the issue resolved without the grantee receiving training or TA.</p> |
| Date Began Receiving this Training or TA* | Date (mm/dd/yyyy) | |
| Name of Training/TA* | Free text | The field accepts up to 100 characters. |
| 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 | Indicate the specific training or TA topic that you received. Select all items that apply. Use the “Other” option to indicate a Training/TA Topic not listed. The field accepts up to 250 characters. |



| Data Item | Response Options | Content Guidance and Related Definitions |
|-----------------------------------|--|--|
| Training/TA Topic* (continued) | <ul style="list-style-type: none"> • 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 | |

| Data Item | Response Options | Content Guidance and Related Definitions |
|--|--|---|
| Training/TA Topic* (continued) | <ul style="list-style-type: none"> • Substance Use/Abuse • Sustainability • Utilizing Epidemiological Data • Violence Prevention • Youth Involvement • Other | |
| Brief Description of the Need for the Training/TA* | Free text | The field accepts up to 500 characters. |
| 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 | Indicate the source of assistance from the drop-down menu. If you select "Other," specify in the other field that appears. The field accepts up to 250 characters. |
| 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 | Indicate the delivery mechanism from the drop-down menu. If you select "Other," specify the delivery mechanism in the Other field that appears. The field accepts up to 250 characters. |

| Data Item | Response Options | Content Guidance and Related Definitions |
|---|---|--|
| Was this training or TA timely?* | <ul style="list-style-type: none"> • Yes • No | Indicate whether or not the training or TA was timely. |
| Explain why you believe the training or TA was not timely.* | Free text | This item only appears if you select “No” for “Was this training or TA timely?” The field accepts up to 500 characters. |
| Was this training or TA effective?* | <ul style="list-style-type: none"> • Yes • No | Indicate whether or not the training or TA was effective. |
| Explain why you believe the training or TA was not effective.* | Free text | This item only appears if you selected “No” for “Was this training or TA effective?” The field accepts up to 500 characters. |
| Provide any additional description of this training/TA experience here. | Free text | The field accepts up to 1,000 characters. |

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. Please include actions you took to address any Barriers/Challenges. Select “Add Accomplishments” or “Add Barriers/Challenges” to enter information. After you save the Accomplishment or Barrier/Challenge, it will appear on the list in SPARS. 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.

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



| Data Item | Response Options | Content Guidance and Related Definitions |
|-----------------------------|--|--|
| <p>Accomplishment Name*</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 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 | <p>Select an option from the drop-down menu to report any accomplishments you experienced related to capacity during the reporting period.</p> <p>If you select “Other,” enter a brief description of the accomplishment.</p> <p>The field accepts up to 200 characters.</p> |

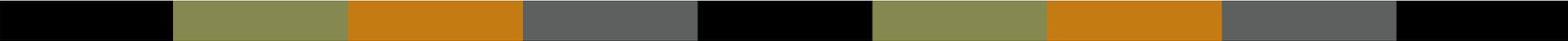


| Data Item | Response Options | Content Guidance and Related Definitions |
|------------------------------|--|--|
| Describe the Accomplishment* | Free text | Provide a brief description of the accomplishment experienced during the reporting period. You can report an accomplishment again in subsequent reporting periods (for example, if a related accomplishment occurred in more than one reporting period). The field accepts up to 3,000 characters. |
| Barrier/Challenge Name* | <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 | Select an option from the drop-down menu to report any barriers/challenges you experienced related to capacity during the reporting period. If you selected “Other,” enter a brief description of the barrier/challenge. The field accepts up to 200 characters. |



| Data Item | Response Options | Content Guidance and Related Definitions |
|-------------------------------------|--|--|
| Barrier/Challenge Name* (continued) | <ul style="list-style-type: none"> • Insufficient/inadequate technical assistance provided directly by the project or partnering entity at the funded community level • Insufficient/inadequate training/technical assistance provided directly by the project or partnering entity at the state/tribe/jurisdiction 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 • Staffing challenges (e.g., delays in hiring, delays in training, turnover) • State/Tribal/Jurisdictional contract or other delays getting subrecipient communities on board • Underdeveloped prevention infrastructure • Organizing ATOD indicators into a state/tribe profile • Selection and implementation of effective prevention strategies • Other | |

| Data Item | Response Options | Content Guidance and Related Definitions |
|---|---|---|
| Describe the Challenge/Barrier* | Free text | Provide a brief description of the barrier/challenge experienced during the reporting period. You can report a barrier/challenge again in subsequent reporting periods (for example, if a barrier continued to affect capacity for more than one reporting period). The field accepts up to 3,000 characters. |
| Was technical assistance (TA) requested to help address the Barrier/Challenge?* | <ul style="list-style-type: none"> • Yes • No | If you received TA for the issue, please report it under Capacity in the Training and Technical Assistance section. |
| Date TA Requested* | Date (mm/dd/yyyy) | If you select “Yes” for “Was TA requested to help address the Barrier/Challenge?,” enter the date when you requested TA for the barrier/challenge. |
| In what other ways did you address the Barrier/ Challenge? | Free text | Provide a brief description of ways, other than requesting TA, that you addressed this barrier/challenge. The field accepts up to 3,000 characters. |



Planning

Planning involves following logical sequential steps designed to produce specific results. Data obtained from a formal assessment of needs and resources are the basis for the desired results or outcomes. Thus, the plan outlines what the grantee will do over time to create the desired change.

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. Please include actions you took to address any Barriers/Challenges. Select “Add Accomplishments” or “Add Barriers/Challenges” to enter information. After you save the Accomplishment or Barrier/Challenge, it will appear on the list in SPARS. 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.

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



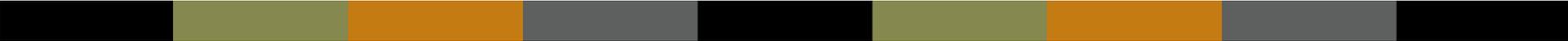
| Data Item | Response Options | Content Guidance and Related Definitions |
|------------------------------|---|--|
| Accomplishment Name* | <ul style="list-style-type: none"> • Articulation of a vision for prevention activities • Discussion on adjustments based on ongoing needs assessment activities • 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 | <p>Select an option from the drop-down menu to report any accomplishments you experienced related to planning during the reporting period.</p> <p>If you select “Other,” enter a brief description of the accomplishment.</p> <p>The field accepts up to 250 characters.</p> |
| Describe the Accomplishment* | Free text | <p>Provide a brief description of the accomplishment experienced during the reporting period. You can report an accomplishment again in subsequent reporting periods (for example, if a related accomplishment occurred in more than one reporting period).</p> <p>The field accepts up to 3,000 characters.</p> |



| Data Item | Response Options | Content Guidance and Related Definitions |
|-------------------------|---|---|
| Barrier/Challenge Name* | <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 subrecipient communities on board • Other | <p>Select an option from the drop-down menu to report any barriers/challenges you experienced related to planning during the reporting period.</p> <p>If you select “Other,” enter a brief description of the barrier/challenge.</p> <p>The field accepts up to 200 characters.</p> |



| Data Item | Response Options | Content Guidance and Related Definitions |
|---|---|--|
| Describe the Challenge/Barrier* | Free text | Provide a brief description of the barrier/challenge experienced during the reporting period. You can report a barrier/challenge again in subsequent reporting periods (for example, if a barrier continued to affect capacity for more than one reporting period). The field accepts up to 3,000 characters. |
| Was technical assistance (TA) requested to help address the Barrier/Challenge?* | <ul style="list-style-type: none"> • Yes • No | If you received TA for the issue, please report it under Capacity in the Training and Technical Assistance section. |
| Date TA Requested* | Date (mm/dd/yyyy) | If you select “Yes” for “Was TA requested to help address the Barrier/Challenge?,” enter the date when you requested TA for the barrier/challenge. |
| In what other ways did you address the Barrier/Challenge? | Free text | Provide a brief description of ways, other than requesting TA, that you addressed this barrier/challenge. The field accepts up to 3,000 characters. |



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.

Disparity Impact Statement

The Disparity Impact Statement section is a Work Plan report. From the Progress Report module, you can view a previously entered report, however, you cannot add or edit a report. To add or edit your Disparities Impact Statement, go to the Work Plans section on your Dashboard and select the plus sign (+) or “Edit” option next to Disparities Impact Statement. Please refer to page 5 of the Work Plans section of this document for specifics on what to include in your statement.

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**. 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 that you *should* identify it as disparate. Only consider a population “disparate” if you identify a specific race, ethnicity, sex, or LGBTQ identity using a data-driven justification. Select “Add a Population(s) Experiencing Disparity Record” to enter information.

| Data Item | Response Options | Content Guidance and Related Definitions |
|---|---|---|
| Select High-Need Community(ies)* | <ul style="list-style-type: none"> • All High-Need Communities • Specific High-Need Community(ies) | <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) on which you wish to report.</p> <p>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 a separate record. Add a record for each high-need community in SPARS, regardless of it being a group or an individual.</p> |
| <p>Plan: From the subpopulations below, please select the disparate population(s) on which this high-need community(ies) is focusing its efforts. 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 <i>per year</i>.</p> | <p>Race</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><i>Directly serve</i> refers to individual-based prevention strategies or services delivered directly to individuals, either on a one-on-one basis or in a group setting.</p> <p>Typically, the service provider and the participant are at the same location during the service encounter. Since providers have direct interaction with these individuals, they can keep accurate counts and, in many cases, collect data about the characteristics and outcomes of these participants through attendance lists and pre-post surveys. Examples include training sessions and educational classes.</p> |



| Data Item | Response Options | Content Guidance and Related Definitions |
|--|---|--|
| <p>Plan (continued)</p> | <p>Ethnicity</p> <ul style="list-style-type: none"> • Hispanic or Latino • Not Hispanic or Latino <p>Sex</p> <ul style="list-style-type: none"> • Male • Female <p>LGBTQ</p> <ul style="list-style-type: none"> • Lesbian, Gay, Bisexual, Transgender, Questioning, or Two-Spirit | <p><i>Indirectly reach</i> refers to population-based prevention strategies aimed at affecting an entire population.</p> <p>Since there is no direct interaction between the populations affected by the services, counts of people reached are typically estimates obtained from sources such as the census (the population of the targeted community) or media outlets (estimated readership or audience size). There are two categories of indirect strategies commonly implemented by grantees:</p> <ul style="list-style-type: none"> • Information Dissemination • Environmental Strategies |
| <p>Actual: From the subpopulations below, please select all of the disparate populations on which this high-need community is focusing its efforts.</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 <i>for this reporting period</i>.</p> | <p>Race</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>Ethnicity</p> <ul style="list-style-type: none"> • Hispanic or Latino • Not Hispanic or Latino <p>Sex</p> <ul style="list-style-type: none"> • Male • Female | <p>This section appears when you are reporting actual values. To record actual values, you must first enter the planned values. After entering your planned values, select “Complete Plan.” A prompt will pop up asking you to confirm that you want to complete the record. SPARS will then mark the plan as complete and an “Edit Actual” link will appear. Select this link to open the record. You will now see the “Actual” columns available for you to enter data for the actual number of people directly served and indirectly reached in each population. Enter and save this data so that SPARS includes it in your submission.</p> |



| Data Item | Response Options | Content Guidance and Related Definitions |
|---|--|--|
| <p>Actual (continued)</p> | <p>LGBTQ</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>Free text</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.” The field accepts up to 1,000 characters.</p> |
| <p>If “Show Additional Populations” is selected: From the options below, please select any additional subpopulation(s) on which this high-need community is focusing its 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>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>Select “Show Additional Populations” to view this section. To record actual values, you must first enter the planned values. After entering your planned values, select “Complete Plan.” A prompt will pop up asking you to confirm that you want to complete the record.</p> <p>SPARS then marks the plan as complete and an “Edit Actual” link appears. Select this link to open the record. You will now see the “Actual” columns available for you to enter data for the actual number of people directly served and indirectly reached in each population. Enter and save this data so that SPARS includes it in your submission.</p> <p>If you select “Other,” enter a description of the population. The field accepts up to 2,500 characters.</p> |



| Data Item | Response Options | Content Guidance and Related Definitions |
|--|---|--|
| <p>If “Show Additional Populations” is selected (continued)</p> | <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, and their families • Persons with disabilities • Persons with mental illness • Other | |
| <p>Describe how and why the population(s) experiencing the disparity has changed.</p> | <p>Free text</p> | <p>This question only appears if you need to edit your Disparity Impact Statement. The field accepts up to 1,000 characters.</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>Select “Show Additional Populations” to view this section. To record actual values, you must first enter the planned values. After entering your planned values, select “Complete Plan.” A prompt pops up asking you to confirm that you want to complete the record. SPARS marks the plan as complete and you will see an “Edit Actual” link. Select this link to open the record. You will now see the “Actual” columns available for you to enter data for the actual number of people directly served and indirectly reached in each population. Fill in this data and save it so that SPARS includes it in your submission.</p> <p>If you select “Other,” enter a description of the population. The field accepts up to 250 characters.</p> |



| Data Item | Response Options | Content Guidance and Related Definitions |
|---|--|--|
| <p>For each selected subpopulation (continued)</p> | <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, and their families • Persons with disabilities • Persons with mental illness • Other | |
| <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> | <p>This question only appears if you need to edit your Disparity Impact Statement. The field accepts up to 1,000 characters.</p> |

Focus and Data Gaps

The following questions ask about ensuring that high-need communities focus on the subpopulation(s) experiencing disparities and about data gaps related to the disparate and subpopulation(s) that you identified. Select “Edit Focus and Data Gaps” to enter information.

| Data Item | Response Options | Content Guidance and Related Definitions |
|---|------------------|---|
| What steps did you take to ensure that your high-need communities are focusing on the identified disparate and subpopulation(s)?* | Free text | The field accepts up to 1,000 characters. |
| 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. | Free text | The field accepts up to 1,000 characters. |
| 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. | Free text | The field accepts up to 1,000 characters. |

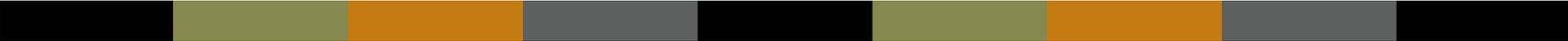
Access to Prevention Efforts

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

| Data Item | Response Options | Content Guidance and Related Definitions |
|---|------------------|--|
| <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>The field accepts up to 3,000 characters.</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.</p> <p>Information reported here should be specific to behavioral health disparities.</p> | <p>Free text</p> | <p>The field accepts up to 3,000 characters.</p> |



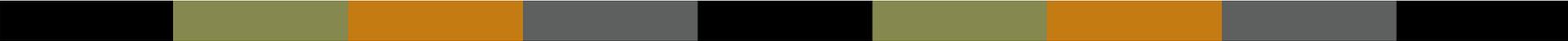
| Data Item | Response Options | Content Guidance and Related Definitions |
|---|--|---|
| <p>From the list below, please select the strategies you developed and implemented to ensure that your high-need communities understand and are using the National CLAS Standards.*</p> | <ul style="list-style-type: 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 | <p>Select all that apply. If you select “Other,” enter a description of the strategy. The field accepts up to 250 characters.</p> |
| <p>How are communities documenting and monitoring use of National CLAS Standards?</p> | <p>Free text</p> | <p>The field accepts up to 3,000 characters.</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. Select “Edit Use and Reach of Prevention Efforts” to enter information.

| Data Item | Response Options | Content Guidance and Related Definitions |
|--|-------------------------|---|
| How do you monitor the efforts related to addressing behavioral health disparities at the community level?* | Free text | The field accepts up to 3,000 characters. |
| What are your data collection processes related to behavioral health disparities data?* | Free text | The field accepts up to 3,000 characters. |
| How are you determining the accuracy of numbers directly served and numbers indirectly reached for each high-need community? | Free text | The field accepts up to 3,000 characters. |
| How are you helping communities use their data to address the identified behavioral health disparities? | Free text | The field accepts up to 3,000 characters. |



Outcomes of Prevention Efforts

The goal is for prevention efforts is to produce positive outcomes for those experiencing disparities. Use this section to enter additional information on how you will assess behavioral health disparities outcomes at the community level. Select “Edit Outcomes of Prevention Efforts” to enter information.

| Data Item | Response Options | Content Guidance and Related Definitions |
|--|------------------|---|
| How are you monitoring outcomes related to disparate subpopulations at the community level?* | Free text | The field accepts up to 3,000 characters. |
| 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 | The field accepts up to 3,000 characters. |
| Describe other ways that you use programmatic data to demonstrate the impact of your efforts on reducing behavioral health disparities. | Free text | The field accepts up to 3,000 characters. |

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. Please include actions you took to address any Barriers/Challenges. Select “Add Accomplishments” or “Add Barriers/Challenges” to enter information. After you save the Accomplishment or Barrier/Challenge, it will appear on the list in SPARS. 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.

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.



| Data Item | Response Options | Content Guidance and Related Definitions |
|----------------------|---|--|
| Accomplishment Name* | <ul style="list-style-type: none"> • ASSESSMENT: Defined disparate population(s) (race, ethnicity, sex, LGBTQ) • ASSESSMENT: Defined additional high-need subpopulations (age, residential area, SES, other) • 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) • PLANNING: Considered behavioral health disparities in the planning process (e.g., in prioritization, community selection, or intervention selection) • 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 • 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. • CAPACITY: Delivered training to increase subrecipient community capacity related to behavioral health disparities | <p>Report any accomplishments you experienced related to Behavioral Health Disparities during the reporting period.</p> <p>If you select “Other,” provide a brief description. The field accepts up to 200 characters.</p> |



| Data Item | Response Options | Content Guidance and Related Definitions |
|----------------------------------|---|--|
| Accomplishment Name* (continued) | <ul style="list-style-type: none"> • 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 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) • 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) • 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) | |



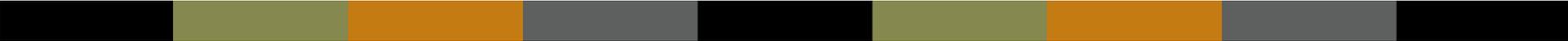
| Data Item | Response Options | Content Guidance and Related Definitions |
|----------------------------------|--|---|
| Accomplishment Name* (continued) | <ul style="list-style-type: none"> • SUSTAINABILITY: Developed a plan to ensure that the progress made in addressing substance abuse-related behavioral health disparities is sustained beyond the grant program initiative • Other | |
| Describe the Accomplishment* | <ul style="list-style-type: none"> • Free text | <p>Provide a brief description of the accomplishment experienced during the reporting period. You can report an accomplishment again in subsequent reporting periods (for example, if a related accomplishment occurred in more than one reporting period). The field accepts up to 3,000 characters.</p> |
| Barrier/Challenge Name* | <ul style="list-style-type: none"> • 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) • ALL: Difficulty engaging the population(s) experiencing substance abuse-related behavioral health disparities in assessment, capacity building, planning, implementation, evaluation, or dissemination efforts | <p>Report any barriers/challenges you experienced related to Behavioral Health Disparities during the reporting period.</p> <p>If you select “Other,” provide a brief description. The field accepts up to 200 characters.</p> |



| Data Item | Response Options | Content Guidance and Related Definitions |
|-------------------------------------|--|--|
| Barrier/Challenge Name* (continued) | <ul style="list-style-type: none"> • ALL: Problems understanding or applying National Standards for Culturally and Linguistically Appropriate Services (CLAS) to grant program activities • 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: Low capacity among subrecipients to address behavioral health disparities issues • CAPACITY: Difficulty finding or providing appropriate training for communities to address behavioral health disparities • 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) • IMPLEMENTATION: Inability to adapt interventions to make them applicable to specific behavioral health disparities of disparate and high-need subpopulation(s) • 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) • Other | |



| Data Item | Response Options | Content Guidance and Related Definitions |
|---|-------------------|--|
| Describe the Challenge/Barrier* | Free text | Provide a brief description of the barrier/challenge experienced during the reporting period. You can report a barrier/challenge again in subsequent reporting periods (for example, if a barrier continued to affect disparities for more than one reporting period). The field accepts up to 3,000 characters. |
| Was technical assistance (TA) requested to help address the Barrier/Challenge?* | Yes No | If you received TA for the barrier/challenge, please report it under Capacity in the Training and Technical Assistance section. |
| Date TA Requested* | Date (mm/dd/yyyy) | If you select “Yes” for “Was TA requested to help address the Barrier/Challenge?,” enter the date when you requested TA for the barrier/challenge. |
| In what other ways did you address the Barrier/Challenge? | Free text | Provide a brief description of ways, other than requesting TA, that you addressed this barrier/challenge. The field accepts up to 3,000 characters. |



Implementation

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

Subrecipient Progress

Please select the Subrecipient that you want to describe where it is in the process and their accomplishments to date. Select “Add Subrecipient Progress” to enter information.

| Data Item | Response Options | Content Guidance and Related Definitions |
|---|--|--|
| Select Subrecipient* | Drop-down menu with subrecipient names | You must first enter subrecipient information in the Administration section for subrecipient(s) names to appear in the drop-down menu. |
| Briefly describe where this subrecipient is in the process and their accomplishments to date* | Free text | The field accepts up to 1,000 characters. |

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. Select “Add Approach or Innovation” to enter information.

| Data Item | Response Options | Content Guidance and Related Definitions |
|--|--|---|
| Select Subrecipient* | Drop-down menu with subrecipient names | <p>This item is only visible if you entered subrecipients in the Administration section. If not, SPARS assumes that the approach or innovation that you are reporting is at the grantee level.</p> <p>Promising approaches and innovations could include innovations that you as the grantee implemented <i>with</i> a subrecipient or high-need community.</p> |
| Promising Approach or Innovation Name* | Free text | The field accepts up to 100 characters. |
| Briefly describe the promising approach or innovation implemented* | Free text | The field accepts up to 1,000 characters. |

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 Implementation, including actions that you took to address Barriers/Challenges. Select “Add Accomplishments” or “Add Barriers/Challenges” to enter information. After you save the Accomplishment or Barrier/Challenge, it will appear on the list in SPARS. 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.

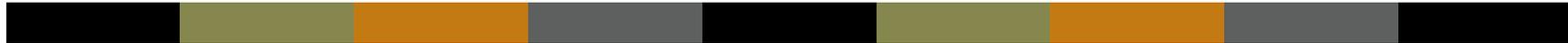
Only update this section if you or your subrecipients conducted implementation-related activities or faced new implementation-related Barriers/Challenges during this reporting period (e.g., if you funded subrecipients or if your subrecipient communities began implementing interventions).



| Data Item | Response Options | Content Guidance and Related Definitions |
|----------------------|--|---|
| Accomplishment Name* | <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 | <p>Report any accomplishments you experienced related to Implementation during the reporting period.</p> <p>If you select “Other,” provide a brief description. The field accepts up to 200 characters.</p> |

| Data Item | Response Options | Content Guidance and Related Definitions |
|------------------------------|---|--|
| Describe the Accomplishment* | Free text | Provide a brief description of the accomplishment experienced during the reporting period. You can report an accomplishment again in subsequent reporting periods (for example, if a related accomplishment occurred in more than one reporting period). The field accepts up to 3,000 characters. |
| Barrier/Challenge Name* | <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 | <p>Report any barriers/challenges you experienced related to Implementation during the reporting period.</p> <p>If you select “Other,” provide a brief description. The field accepts up to 200 characters.</p> |

| Data Item | Response Options | Content Guidance and Related Definitions |
|---|--|---|
| Barrier/Challenge Name* (continued) | <ul style="list-style-type: none"> • 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 | |
| Describe the Challenge/Barrier* | Free text | Provide a brief description of the barrier/challenge experienced during the reporting period. You can report a barrier/challenge again in subsequent reporting periods (for example, if a barrier continued to affect implementation for more than one reporting period). The field accepts up to 3,000 characters. |
| Was technical assistance (TA) requested to help address the Barrier/Challenge?* | <ul style="list-style-type: none"> • Yes • No | If you received TA for the issue, please report it under Capacity in the Training and Technical Assistance section. |



| Data Item | Response Options | Content Guidance and Related Definitions |
|---|-------------------|---|
| Date TA Requested* | Date (mm/dd/yyyy) | If you select “Yes” for “Was TA requested to help address the Barrier/Challenge?,” enter the date when you requested TA for the barrier/challenge. |
| In what other ways did you address the Barrier/Challenge? | Free text | Provide a brief description of ways, other than requesting TA, that you addressed this barrier/challenge. The field accepts up to 3,000 characters. |

Naloxone Distribution

Costs

Use this section to report grant funds used to purchase naloxone during the reporting period. Please consider all references to “naloxone” as being “approved opioid overdose reversal drugs or devices.” Use the arrow on the left to open each section, then select “Edit” to enter information.

| Data Item | Response Options | Content Guidance and Related Definitions |
|---|------------------|--|
| Total amount of funds from this grant spent on the purchase of naloxone products during this reporting period | Currency | |



| Data Item | Response Options | Content Guidance and Related Definitions |
|--|------------------------|--|
| Type of kit purchased. Of the total grant funds spent to purchase kits, how much did you spend on each type of kit and how many of each type of kit did you purchase? | | |
| Nasal spray kits, 2 mg (Adapt/Narcan) | Currency and Numerical | For each item, enter the funds spent and the number of kits. The currency fields in these items must total the amount reported in the total grant funds spent on purchasing kits. Specify the type of kit if you report any number in "Other." The field accepts up to 250 characters. |
| Nasal spray kits, 4 mg (Adapt/Narcan) | Currency and Numerical | |
| Injectable (intramuscular), 0.4 mg/10 ml vial kits (Hospira) | Currency and Numerical | |
| Injectable (intramuscular), 0.4 mg/1 ml vial kits (Mylan or West-Ward) | Currency and Numerical | |
| Injectable (intramuscular), 1 mg/2 ml vial kits (Aurum) | Currency and Numerical | |
| Auto-injector kits (Kaleo/Evzio) | Currency and Numerical | |
| Other kits | Currency and Numerical | |
| Other kits (specify) | Free text | |
| Other kits | Currency and Numerical | |
| Other kits (specify) | Free text | |



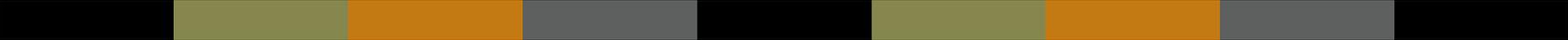
| Data Item | Response Options | Content Guidance and Related Definitions |
|--|-------------------------|--|
| Total amount spent on the purchase of Naloxone products during this reporting period using funds from other sources (if known) | | |
| Funds spent | Currency and Numerical | Enter a dollar value for the amount of funds spent on the purchase of Naloxone products using funds from other sources. If you do not know, select the box next to “Don’t Know.” |
| Number of kits | Numerical | Enter a number to indicate the number of kits purchased using funds from other sources. If you do not know, select the box next to “Don’t Know.” |
| Comments | Free text | Enter any comments regarding the information reported for funds spent and number of kits. |

Evaluation

The Evaluation step comprises conducting, analyzing, reporting on, and using the results of outcome evaluation. Outcome evaluation involves collecting and analyzing information about whether the grantee achieved the intended Goals and Objectives. Evaluation results identify areas where grantees may need to make modifications to prevention strategies, and grantees can use these results to plan for sustaining the prevention effort as well as future endeavors.

Evaluation Plan

The Evaluation Plan section is a Work Plan report. From the Progress Report module, you can view a previously entered report, however, you cannot add or edit a report. To add or edit your Evaluation Plan, go to the Work Plans section on your Dashboard and select the plus sign (+) or “Edit” option next to Evaluation Plan. Please refer to page 6 of the Work Plans section of this document for specifics on what to include in your plan.



Evaluation Report

An Evaluation Report is a summary of evaluation results. Please check with your project officer to see if SAMHSA requires you to upload this report. If you have a local evaluation report you wish to share, you can upload it here. Do not use this section, however, to upload documents that are Work Plans (e.g., the Disparities Impact Statement or the Evaluation Plan).

| Data Item | Response Options | Content Guidance and Related Definitions |
|---|--------------------------|---|
| Upload Document | Document upload function | Use the Browse button to select a file from your computer and click the Upload button to add your document. |
| 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 | Enter a description of the document, then click the Save button. If your document has not changed since your previous upload, you do not need to upload a new document. The field accepts up to 1,000 characters. |



Other Document Upload

Use this section to upload your Reporting Form, which is a Word document that you will use to respond to program-specific questions required in the funding opportunity announcement or FOA. Please contact your project officer if you need a copy of the Reporting Form.

If you have other evaluation-related documents or if your project officer requests submission of additional documents, you can upload them here. Do not use this section, however, to upload documents that are Work Plans (e.g., the Disparities Impact Statement or the Evaluation Plan).

| Data Item | Response Options | Content Guidance and Related Definitions |
|---|--------------------------|---|
| Upload Document | Document upload function | Use the Browse button to select a file from your computer and click the Upload button to add your document. |
| 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 | Enter a description of the document, then click the Save button. If your document has not changed since your previous upload, you do not need to upload a new document. The field accepts up to 1,000 characters. |

Accomplishments and Barriers/Challenges

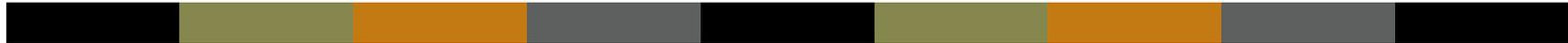
Use this section to enter information on any Accomplishments and/or Barriers/Challenges that you experienced while performing activities related to Evaluation. Please include actions you took to address any Barriers/Challenges. Select “Add Accomplishments” or “Add Barriers/Challenges” to enter information. After you save the Accomplishment or Barrier/Challenge, it will appear on the list in SPARS. 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.

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

| Data Item | Response Options | Content Guidance and Related Definitions |
|------------------------------|---|---|
| Accomplishment Name* | <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 | <p>Report any accomplishments you experienced related to Evaluation during the reporting period.</p> <p>If you select “Other,” provide a brief description. The field accepts up to 200 characters.</p> |
| Describe the Accomplishment* | Free text | <p>Provide a brief description of the accomplishment experienced during the reporting period. You can report an accomplishment again in subsequent reporting periods (for example, if a related accomplishment occurred in more than one reporting period). The field accepts up to 3,000 characters.</p> |



| Data Item | Response Options | Content Guidance and Related Definitions |
|-------------------------|--|---|
| Barrier/Challenge Name* | <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 | <p>Report any barriers/challenges you experienced related to Evaluation during the reporting period.</p> <p>If you select “Other,” provide a brief description. The field accepts up to 200 characters.</p> |



| Data Item | Response Options | Content Guidance and Related Definitions |
|---|---|---|
| Barrier/Challenge Name* (continued) | <ul style="list-style-type: none"> • Underdevelopment of existing data or performance monitoring infrastructure • Other | |
| Describe the Challenge/Barrier* | Free text | Provide a brief description of the barrier/challenge experienced during the reporting period. You can report a barrier/challenge again in subsequent reporting periods (for example, if a barrier continued to affect evaluation for more than one reporting period). The field accepts up to 3,000 characters. |
| Was technical assistance (TA) requested to help address the Barrier/Challenge?* | <ul style="list-style-type: none"> • Yes • No | If you received TA for the barrier/challenge, please report it under Capacity in the Training and Technical Assistance section. |
| Date TA Requested* | Date (mm/dd/yyyy) | If you select “Yes” for “Was TA requested to help address the Barrier/Challenge?,” enter the date when you requested TA for the barrier/challenge. |
| In what other ways did you address the Barrier/Challenge? | Free text | Provide a brief description of ways, other than requesting TA, that you addressed this barrier/challenge. The field accepts up to 3,000 characters. |



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

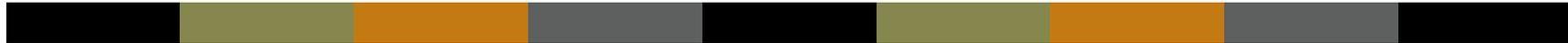
Use this section to enter information on any Accomplishments and/or Barriers/Challenges that you experienced while performing activities related to sustainability. Please include actions you took to address any Barriers/Challenges. Select “Add Accomplishments” or “Add Barriers/Challenges” to enter information. After you save the Accomplishment or Barrier/Challenge, it will appear on the list in SPARS. 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.

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

| Data Item | Response Options | Content Guidance and Related Definitions |
|----------------------|--|--|
| Accomplishment Name* | <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 | Report any accomplishments you experienced related to sustainability during the reporting period. If you select “Other,” provide a brief description. The field accepts up to 200 characters. |



| Data Item | Response Options | Content Guidance and Related Definitions |
|------------------------------|---|--|
| Describe the Accomplishment* | Free text | Provide a brief description of the accomplishment experienced during the reporting period. You can report an accomplishment again in subsequent reporting periods (for example, if a related accomplishment occurred in more than one reporting period). The field accepts up to 3,000 characters. |
| Barrier/Challenge Name* | <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• Underdeveloped data infrastructure to demonstrate outcomes in support of sustaining activities• Other | Report any barriers/challenges you experienced related to sustainability during the reporting period. If you select “Other,” provide a brief description. The field accepts up to 200 characters. |



| Data Item | Response Options | Content Guidance and Related Definitions |
|---|---|---|
| Describe the Challenge/Barrier* | Free text | Provide a brief description of the barrier/challenge experienced during the reporting period. You can report a barrier/challenge again in subsequent reporting periods (for example, if a barrier continued to affect sustainability for more than one reporting period). The field accepts up to 3,000 characters. |
| Was technical assistance (TA) requested to help address the Barrier/Challenge?* | <ul style="list-style-type: none"> • Yes • No | If you received TA for the barrier/challenge, please report it under Capacity in the Training and Technical Assistance section. |
| Date TA Requested* | Date (mm/dd/yyyy) | If you select “Yes” for “Was TA requested to help address the Barrier/Challenge?,” enter the date when you requested TA for the barrier/challenge. |
| In what other ways did you address the Barrier/Challenge? | Free text | Provide a brief description of ways, other than requesting TA, that you addressed this barrier/challenge. The field accepts up to 3,000 characters. |



Overdose Outcomes

Use this section to report annual numbers of opioid-related, overdose-related outcomes. Aggregate the numbers across all types of opioids, whether opioid pain relievers or illicit opioids (for example, heroin), and report any data and time points that become available before the report deadline.

We use **grantee** to indicate the state/tribal entity/jurisdiction receiving the grant award from SAMHSA. **High-Need Community** indicates the grantee's selected high-need communities.

Grantee-Level Overdose Data

First, report grantee-level adult (age 18+) data on emergency department and other hospital visits involving opioid overdose. Note that grantee-level data refers to the entire state or tribal area or jurisdiction. It does not refer to the aggregate of the selected high-need communities.

State grantees do not need to report information in the Population (Denominator) and Opioid Overdose Deaths fields, as SAMHSA will extract these data from the CDC WONDER online database. SPARS asks tribal and jurisdiction grantees to provide data for these fields.

SAMHSA asks grantees to report both emergency department and hospitalization data, if available, but we are aware that a few grantees may not have access to both or either type of data. Grantees may also report opioid overdose events from a different data source, if needed, or if emergency department or hospitalization data are unavailable. Select the arrow on the left beside the year for which you would like to add data, then select "Edit Overdose Data."

Please provide information about the data source along with additional information that will help the reader understand the overdose data you provide. For more information about definitions and examples of grantee-level overdose data, see Appendix A.

| Data Item | | Response Options | Content Guidance and Related Definitions |
|--------------------------|---|------------------|--|
| Data Source and Comments | | | |
| Total | <ul style="list-style-type: none"> Emergency Department Visits Involving Opioids Overdose Hospitalizations Involving Opioid Overdose Other Opioid Overdose Events (optional) | Numerical | Enter a number to report the total for each category. |
| Data Source | | Free text | For each category, enter a description of the data source. Field accepts up to 1,000 characters. |
| Additional information | | Free text | For each category, enter any additional information you would like to include. The field accepts up to 1,000 characters. |
| Age | | | |
| 15–24 years old | <ul style="list-style-type: none"> Emergency Department Visits Involving Opioids Overdose Hospitalizations Involving Opioid Overdose Other Opioid Overdose Events (optional) | Numerical | Use the table to fill in a number for each age group. Leave fields blank if data is unknown. The values must total to the value entered in the “Total” line. |
| 25–34 years old | | | |
| 35–44 years old | | | |
| 45–54 years old | | | |
| 55–64 years old | | | |
| 65+ years old | | | |
| Not available | | | |

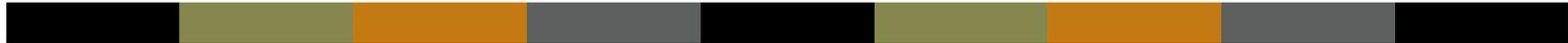


| Data Item | Response Options | Content Guidance and Related Definitions | |
|---------------|---|--|--|
| Sex | | | |
| Male | <ul style="list-style-type: none"> • Emergency Department Visits Involving Opioids Overdose • Hospitalizations Involving Opioid Overdose • Other Opioid Overdose Events (optional) | Numerical | |
| Female | | | Use the table to fill in a number for each category. Leave fields blank if data are unknown. The values must total to the value entered in the “Total” line. |
| Not Available | | | |

High-Need Community-Level Overdose Data

Next, report any community-level data that are available on opioid-related overdose deaths and events in your selected high-need communities. Select the arrow on the left next to the year for which you would like to add data, then select the arrow next to the high-need community name for which you would like to enter data. Finally, select “Edit Overdose Data” to enter information.

Please provide information about the data source, or any additional information that would be useful in understanding the overdose data you provide, or both. For more information about definitions and examples of high-need community-level overdose data, see Appendix A.



| Data Item | | Response Options | Content Guidance and Related Definitions |
|--------------------------|---|------------------|--|
| Data Source and Comments | | | |
| Total | <ul style="list-style-type: none"> • Population (denominator) • Opioid Overdose Deaths • Emergency Department Visits Involving Opioids Overdose • Hospitalizations Involving Opioid Overdose • Other Opioid Overdose Events (optional) | Numerical | Enter a number to report the total for each category. |
| Data Source | | Free text | For each category, enter a description of the data source. The field accepts up to 1,000 characters. |
| Additional information | | Free text | For each category, enter any additional information you would like to include. The field accepts up to 1,000 characters. |

Appendix A. Grantee-Level Overdose & High-Need Community Overdose Overdose Morbidity and Mortality

Report at the grantee level and at the high-need community level:

- Opioid Overdose Deaths
- Emergency Department Visits Involving Opioid Overdose
- Hospitalizations Involving Opioid Overdose
- Other Opioid Overdose Events

Overdose Deaths: Drug Overdose Deaths Involving All Opioids

| | |
|--------------------------------|---|
| Definition of indicator | Drug overdose deaths caused by acute poisonings that involve any opioid as a contributing cause of death, regardless of intent (for example, unintentional, suicide, assault, or undetermined). Opioids include both prescription opioid pain relievers such as hydrocodone, oxycodone, and morphine, as well as heroin and opium. Exclude deaths related to chronic use of drugs—for example, organ damage from long-term drug use—from this indicator. |
| Demographic group | All state residents. |
| Numerator | <p>Deaths with any of the following ICD-10 codes as the underlying cause of death:</p> <ul style="list-style-type: none"> X40–X44: Accidental poisonings by drugs X60–X64: Intentional self-poisoning by drugs X85: Assault by drug poisoning Y10–Y14: Drug poisoning of undetermined intent <p>As well as deaths with any of the following ICD-10 multiple cause-of-death codes:</p> <ul style="list-style-type: none"> T40.0: Opium T40.3: Methadone T40.1: Heroin T40.4: Synthetic opioids, other than methadone T40.2: Natural and semisynthetic opioids T40.6: Other and unspecified narcotics |



| | |
|--------------------------------------|--|
| Denominator | Midyear population for the calendar year under surveillance. |
| Measures of frequency | Annual number of deaths. Annual mortality rate is crude and age-adjusted (standardized by the direct method to the year 2000 standard U.S. population). |
| Data resources | Death certificate data from vital statistics agencies (numerator) and population estimates from the U.S. Census Bureau or suitable alternative (denominator). |
| Period for case definition | Calendar year based on date of death. If feasible and high-quality data are available, SAMHSA encourages jurisdictions to analyze data twice a year (for example, report drug overdose deaths occurring from January 1 through June 30 and July 1 through December 31). |
| Limitations of indicator | Drug overdose deaths involving opioids represent only a small proportion of the overall burden of drug misuse, abuse, dependence, and overdose. The indicator does not distinguish between prescription and illicit drugs as the cause of death. |
| Limitations of data resources | <p>The completeness and quality of reporting and coding limit the accuracy of indicators based on codes found in vital statistics data. Death investigations may require weeks or months to complete, therefore, deaths may be assigned a pending status on the death certificate (ICD-10 underlying cause-of-death code of R99 is “other ill-defined and unspecified causes of mortality”). Death certificates with incomplete underlying causes of death may contribute to an undercount of drug overdose deaths involving opioids.</p> <p>The percentage of death certificates with information on the specific drug(s) involved in drug overdose deaths varies substantially by state and local jurisdiction and may vary over time. The substances tested for, the circumstances under which technicians perform the tests, and how practitioners report information on death certificates may also vary. Drug overdose deaths that lack information about specific drugs may have involved opioids. Due to the lack of drug specificity reporting, researchers may underestimate fatal drug overdoses involving opioids.</p> |

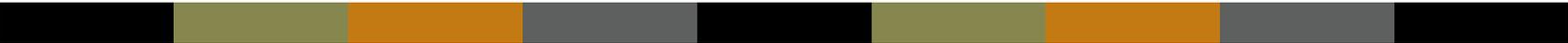
Emergency Department Visits:

Emergency Department Visits Involving All Opioid Overdoses Including Heroin

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| Definition of the indicator | Emergency department visits caused by nonfatal acute poisonings due to the effects of all opioid drugs, regardless of intent (for example, suicide, unintentional, or undetermined). Exclude emergency department visits related to late effects, adverse effects, and chronic poisonings due to the effects of drugs (for example, organ damage from long-term drug use) from this indicator. | | | |
| Demographic group | All state residents. | | | |
| Numerator before October 1, 2015: ICD-9-CM | Emergency Department Visits for All Opioid Overdoses <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Principal Diagnosis 965.00, 965.02, 965.09, 965.01</td> <td style="width: 10%; text-align: center;">OR</td> <td style="width: 40%;">Any Mention of External Cause of Injury E850.0, E850.1, E850.2</td> </tr> </table> | Principal Diagnosis 965.00, 965.02, 965.09, 965.01 | OR | Any Mention of External Cause of Injury E850.0, E850.1, E850.2 |
| Principal Diagnosis 965.00, 965.02, 965.09, 965.01 | OR | Any Mention of External Cause of Injury E850.0, E850.1, E850.2 | | |
| Numerator on and after October 1, 2015: ICD-10-CM | Any Mention of Diagnosis <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">T40.0X, T40.1X, T40.2X, T40.3X, T40.4X, T40.60, T40.69</td> <td style="width: 10%; text-align: center;">AND</td> <td style="width: 40%;">a 6th character of 1, 2, 3, or 4 [1, 2, 3, 4] a 7th character of A or missing [A, " "]</td> </tr> </table> | T40.0X, T40.1X, T40.2X, T40.3X, T40.4X, T40.60, T40.69 | AND | a 6th character of 1, 2, 3, or 4 [1, 2, 3, 4] a 7th character of A or missing [A, " "] |
| T40.0X, T40.1X, T40.2X, T40.3X, T40.4X, T40.60, T40.69 | AND | a 6th character of 1, 2, 3, or 4 [1, 2, 3, 4] a 7th character of A or missing [A, " "] | | |
| Denominator | Midyear population for the calendar year under surveillance. | | | |
| Measures of frequency | Annual number of emergency department visits. Annual incidence is crude and age-adjusted (standardized by the direct method to the year 2000 standard U.S. population). | | | |
| Data resources | State emergency department data (numerator) and population estimates from CDC WONDER database (denominator). | | | |



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| Period for case definition | Calendar year (January 1 through December 31) based on date of emergency department visit. If feasible and if high-quality data are available, SAMHSA encourages jurisdictions to analyze their data twice a year (for example, overdose-related emergency department visits occurring from January 1 through June 30 and July 1 through December 31). |
| Limitations of indicator | Injuries that result in emergency department visits represent only a portion of the overall burden of drug overdoses. Indicators in ICD-9-CM are not comparable to ICD-10-CM. Those reporting annual rates for 2015 should include a footnote about the transition from ICD-9-CM to ICD-10-CM. Using an “any mention” approach may reduce the specificity of the indicators. The sensitivity and specificity of these indicators may vary by year, hospital location, and drug type. |
| Limitations of data resources | The completeness and quality of reporting and coding limit the accuracy of indicators based on emergency department billing data. ICD-9-CM poisoning codes do not differentiate among initial encounters, subsequent encounters, and sequelae, likely reducing specificity. In ICD-9-CM, external cause-of-injury codes indicating suicide, assault, or undetermined intent for poisoning by opium, methadone, heroin, and other opiates and related narcotics do not exist. The overall completeness of external cause coding in ICD-9-CM is of particular concern and grantees should review this coding in conjunction with the indicator. |



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| Limitations of indicator | Injuries that result in hospitalizations represent only a portion of the overall burden of drug overdoses. Indicators in ICD-9-CM are not comparable to ICD-10-CM. Those reporting annual rates for 2015 should include a footnote about the transition from ICD-9-CM to ICD-10-CM. Using an “any mention” approach may reduce the specificity of the indicators. The sensitivity and specificity of these indicators may vary by year, hospital location, and drug type. |
| Limitations of data resources | The completeness and quality of reporting and coding limit the accuracy of indicators based on hospital inpatient billing data. ICD-9-CM poisoning codes do not differentiate between initial encounters, subsequent encounters, and sequelae, likely reducing specificity. In ICD-9-CM, external cause-of-injury codes indicating suicide, assault, or undetermined intent for poisoning by opium, methadone, heroin, other opiates, and related narcotics do not exist. The overall completeness of external cause coding in ICD-9-CM is of particular concern and grantees should review this coding in conjunction with the indicator. |