



Center for Substance Abuse Prevention (CSAP)

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

Question-by-Question Instruction Guide for Strategic Prevention Framework for Prescription Drugs (SPF Rx) Grantees





Contents

- [Introduction5](#)
- [Work Plans6](#)
 - [Disparity Impact Statement \(DIS\)6](#)
 - [Strategic Plan7](#)
 - [Community-Based Social Marketing/Public Education Plan8](#)
 - [Evaluation Plan9](#)
 - [Substitute Data Request10](#)
 - [Response Data Collection Detail17](#)
 - [Additional Fields for Survey Data Sources Only19](#)
- [DSP-MRT Progress Report22](#)
 - [Administration22](#)
 - [Grantee Information22](#)
 - [Sub-State24](#)
 - [Subrecipient25](#)
 - [High-Need Community27](#)
- [Assessment29](#)
 - [Accomplishments and Barriers/Challenges29](#)
- [Capacity34](#)
 - [Membership34](#)
 - [Advisory Council and Other Workgroup Meetings37](#)
 - [Other Opioid-Specific Workgroup Activities38](#)
 - [Grantee Funding Resources40](#)

<u>Other Resources</u>	<u>42</u>
<u>Policies, Regulations, and Laws</u>	<u>42</u>
<u>Data Infrastructure – SPF Rx</u>	<u>45</u>
<u>Training and Technical Assistance (TA)</u>	<u>47</u>
<u>Accomplishments and Barriers/Challenges</u>	<u>52</u>
<u>Planning</u>	<u>57</u>
<u>Strategic Plan</u>	<u>57</u>
<u>Accomplishments and Barriers/Challenges</u>	<u>57</u>
<u>Behavioral Health Disparities</u>	<u>61</u>
<u>Disparity Impact Statement (DIS)</u>	<u>61</u>
<u>Population(s) Experiencing the Disparity</u>	<u>61</u>
<u>Focus and Data Gaps</u>	<u>68</u>
<u>Access to Prevention Efforts</u>	<u>69</u>
<u>Use and Reach of Prevention Efforts</u>	<u>71</u>
<u>Outcomes of Prevention Efforts</u>	<u>72</u>
<u>Accomplishments and Barriers/Challenges</u>	<u>73</u>
<u>Implementation</u>	<u>78</u>
<u>Use of Federal Toolkits/Guidelines</u>	<u>78</u>
<u>Subrecipient Progress</u>	<u>79</u>
<u>Community-Based Social Marketing/Public Education Plan</u>	<u>80</u>
<u>Promising Approaches and Innovations</u>	<u>80</u>
<u>Accomplishments and Barriers/Challenges</u>	<u>81</u>
<u>Evaluation</u>	<u>86</u>
<u>Evaluation Plan</u>	<u>86</u>
<u>Evaluation Report</u>	<u>86</u>

<u>Other Document Upload.....</u>	<u>87</u>
<u>Accomplishments and Barriers/Challenges</u>	<u>88</u>
<u>Sustainability</u>	<u>92</u>
<u>Accomplishments and Barriers/Challenges</u>	<u>92</u>
<u>Outcomes.....</u>	<u>95</u>
<u>Grantee-Level Overdose Data.....</u>	<u>95</u>
<u>Subrecipient-Level Overdose Data.....</u>	<u>99</u>
<u>Target Consumption Outcomes Data</u>	<u>100</u>
<u>Response Data</u>	<u>106</u>
<u>Appendix A. Grantee-Level Overdose and Subrecipient Overdose</u>	<u>110</u>
<u>Overdose Morbidity and Mortality.....</u>	<u>110</u>
<u>Overdose Deaths: Drug Overdose Deaths Involving All Opioids.....</u>	<u>110</u>
<u>Emergency Department Visits:.....</u>	<u>113</u>
<u>Emergency Department Visits Involving All Opioid Overdoses Including Heroin</u>	<u>113</u>
<u>Hospitalizations:.....</u>	<u>115</u>
<u>Hospitalizations Involving All Opioid Overdose Including Heroin.....</u>	<u>115</u>

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 (SPARS) to complete the Division of State Programs–Management Reporting Tool (DSP-MRT), which captures information about grantees’ project planning and their progress implementing projects.

Work Plans include your Disparities Impact Statement (DIS), Strategic Plan, Public Education Plan, and Evaluation Plan. This *Question-by-Question Instruction Guide* provides guidance for successfully completing the DSP-MRT for Strategic Prevention Framework for Prescription Drugs (SPF Rx) grantees. Please reference the “Guidance and Related Definitions” column throughout the 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 1 month after the end of each reporting period. The table below lists the progress report due dates. Check with your project officer for Work Plan due dates.

SPF Rx Reporting Deadlines

Progress Report	Reporting Period	Due Date
1	October 1–December 31 Outcomes data required*	January 31
2	January 1–March 31 Disparities data required	April 30
3	April 1–June 30	July 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 work plan deadlines.

Disparity Impact Statement (DIS)

Once your state project officer (SPO) approves your DIS, you can use this section to upload it. After uploading 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 addressing the needs (access, use/reach, outcomes) of the disparate population. If you do not have an approved DIS, please continue working with your 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 Disparities Impact Statement work plan section, 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, 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. 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.

Strategic Plan

Your strategic plan should clearly explain how you used Prescription Drug Monitoring Programs (PDMP) and/or other epidemiological data to identify communities with high rates of prescription drug misuse. The plan should focus on how you will improve PDMP partnerships and access and use of PDMP data, identify data gaps, and address program sustainability.

Data Item	Response Options	Content Guidance and Related Definitions
Upload Document	Document upload function	Click “View” to open the Strategic Plan work plan section and select “Add a Document.” Use the “Browse” button to select a file from your computer, then click the “Upload” button to add your document. If your document has not changed since your previous upload, 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. If your document has not changed since your previous upload, you do not need to upload a new document. The field accepts 1,000 characters.
Were PDMP data incorporated into your strategic plan?	<ul style="list-style-type: none"> • Yes • No 	Indicate if your program incorporated any PDMP data when developing the strategic plan.



Community-Based Social Marketing/Public Education Plan

Upload and provide a brief description of your community-based social marketing/public education plan.

Data Item	Response Options	Content Guidance and Related Definitions
Upload Document	Document upload function	Click “View” to open the Community-Based Social Marketing/Public Education Plan work plan section, then select “Add a Document.” Use the “Browse” button to select a file from your computer and click the “Upload” button to add your document. If your document did not change since your previous upload, 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. If the 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.



Evaluation Plan

Use this section to upload your Evaluation Plan. Only upload your Evaluation Plan after the evaluation team approves it. Contact your project officer if you are unsure who to contact to review and approve your Evaluation Plan. 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 you achieved the intended goals and objectives. Evaluation results identify areas where you may need to make modifications to prevention strategies, and you can use evaluation results to plan for sustaining the prevention effort as well as plan for future endeavors.

Data Item	Response Options	Content Guidance and Related Definitions
Upload Document	Document upload function	Click “View” to open the Evaluation Plan work plan section, then select “Add a Document.” Use the “Browse” button to select a file from your computer, then click the “Upload” button to add your document. If the document has not changed since your previous upload, 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. If the 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.



Substitute Data Request

To submit a Substitute Data Request for Survey Data, select the arrow next to Survey Data (consumption data), then select “Add Data Source.” To submit a request for Administrative Data (overdose data), select the arrow next to Administrative Data, then select “Add Data Source.” To submit a request for PDMP data (PDMP indicators), select the arrow next to “PDMP Data,” select “Add Data Source,” and then in the drop-down menus select “PDMP indicators.”

- **Survey data** are data collected from individuals, usually a sample of the population, by asking questions either in person, on paper, by phone, or online. Examples of survey data include the National Survey on Drug Use and Health (NSDUH), Youth Risk Behavior Survey (YRBS), and Behavioral Risk Factor Surveillance System (BRFSS).
- **Other Administrative data** refers to information collected primarily for administrative—not research—purposes. Government departments and other organizations often collect this type of data for the purposes of registration, transaction, and record keeping, but the data may also include program outcome indicators. Examples of administrative data include educational records, client information from financial institutions, and hospital records of patient visits and health outcomes.
- **PDMP data** refers to prescription drug monitoring program (PDMP) data. PDMP data come from an **electronic database that tracks controlled substance prescriptions in a state**. PDMPs can provide health authorities timely information about prescribing and patient behaviors that contribute to the epidemic and facilitate a nimble and targeted response.

If you are providing data to meet requirements for a specific overdose measure, targeted consumption outcome measure, or PDMP indicator and your data source does not provide the required data (e.g., consumption measure definition does not match the NSDUH definition), you are required to submit a substitute data request and receive approval. Note that PDMP indicators are reported to the Program Evaluation for Prevention Contract (PEP-C) but substitute data requests for PDMP measures are submitted through SPARS.



Data Item	Response Options	Content Guidance and Related Definitions
<p>Label of the SPF Rx Required Outcome Measure(s) indicator for which grantee is requesting a Substituted Proxy Measure (e.g., 30-day use of alcohol)*</p> <p>Note: Outcome measures not specific to SPF Rx grantees will be included in each list.</p>	<p>Survey Data Response Options</p> <ul style="list-style-type: none"> • 30-day alcohol use • 30-day prescription drug misuse and abuse • Past-year prescription drug misuse and abuse • Binge drinking • Perception of parental disapproval/attitude • Perception of peer disapproval/attitude • Perceived risk/harm of use • Family communication around drug use • Other <p>Other Administrative Data Response Options</p> <ul style="list-style-type: none"> • School attendance and enrollment • Alcohol and/or drug-related car crashes and injuries 	



Data Item	Response Options	Content Guidance and Related Definitions
	<p>Other Administrative Data Response Options (continued)</p> <ul style="list-style-type: none"> • Alcohol- and drug-related crime • Alcohol- and prescription drug–related emergency room visits • Emergency department visits or hospitalizations • Opioid overdose deaths • PDMP indicators • 30-day nonmedical use of prescription drugs • 30-day nonmedical use of prescription pain relievers • Past-year nonmedical use of prescription drugs • Past-year nonmedical use of prescription pain relievers • Other <p>PDMP Data Response Options</p> <ul style="list-style-type: none"> • School attendance and enrollment • Alcohol- and/or drug-related car crashes and injuries • Alcohol- and drug-related crime 	



Data Item	Response Options	Content Guidance and Related Definitions
	<p>PDMP Data Response Options (continued)</p> <ul style="list-style-type: none"> • Alcohol- and prescription drug–related emergency room visits • Emergency department visits or hospitalizations • Opioid overdose deaths <p>PDMP indicators</p> <ul style="list-style-type: none"> • 30-day nonmedical use of prescription drugs • 30-day nonmedical use of prescription pain relievers • Past-year nonmedical use of prescription drugs • Past-year nonmedical use of prescription pain relievers • Other 	
Data source name*	Free text	<p>Insert the specific name of the survey (e.g., “YRBS”) in the Data Source Name field. The field accepts up to 500 characters.</p>

Data Item	Response Options	Content Guidance and Related Definitions
Exact wording of the proxy item and response options the grantee is requesting to substitute for the SPF Rx Required Outcome Measure*	Free text	<p>If entering survey data, enter the survey item used for this measure, followed by the response options. Type the survey item and the response options verbatim, exactly as they appear on the survey. For example, “On how many occasions (if any) have you had alcoholic beverages (beer, wine, or hard liquor) to drink—more than just a few sips—during the past 30 days: 0 occasions, 1 or 2 occasions, 3 to 5 occasions, 6 to 9 occasions, 10 to 19 occasions, 20 to 39 occasions.”</p> <p>The field accepts up to 1,000 characters.</p>
Exact wording of the outcome that will be reported to SAMHSA/CSAP*	Free text	<p>The outcome is the actual result and related statistic that you are reporting for this measure. For example, the reported outcome could be “Percentage Who Used Alcohol in the Past 30 Days.”</p> <p>The field accepts up to 1,000 characters.</p>
Formulae for calculating or deriving the prevalence estimate (reported outcomes)*	Free text	<p>Provide any additional information about the calculations you will make. For example, “Recode any response indicating use on at least one occasion as having used during the past 30 days.”</p> <p>The field accepts up to 1,000 characters.</p>

Data Item	Response Options	Content Guidance and Related Definitions
Summarize how the collection and reporting of community-level SPF Rx Required Outcome Measure was written in your approved SPF Rx Strategic Plan*	Free text	The field accepts up to 3,000 characters.
Does the requested substitution differ from what was written in your approved SPF Rx Strategic Plan?*	<ul style="list-style-type: none"> • Yes • No 	If you did not complete a strategic plan, select “No.”
If yes, why? (If “Yes” is selected.)	Free text	This item only appears if you select “Yes” for whether the requested substitution differs from what you wrote in the SPF Rx strategic plan. The field accepts up to 3,000 characters.
Reason for the substitution request*	Free text	Justification for the request could include evidence that a new data collection or the modification of an existing data collection effort is necessary for reporting, or that you investigated a standard SPF Rx Required Outcome Measure and deemed the measure unviable. The field accepts up to 3,000 characters.
Agency/organization responsible for data collection*	Free text	The field accepts up to 1,000 characters.
Were there validity and reliability tests of the survey items constituting the substitute measure?* [SURVEY DATA ONLY]	<ul style="list-style-type: none"> • Yes • No 	Were validity and reliability tests conducted for the relevant survey item(s), either in previous studies/evaluations or for the purpose of SPF–SPF Rx?

Data Item	Response Options	Content Guidance and Related Definitions
Description of the reliability/validity study(ies) (If “Yes” is chosen.) [SURVEY DATA ONLY]	Free text	The field accepts up to 1,000 characters.
Are there any published validity/reliability studies for this instrument?* [SURVEY DATA ONLY]	<ul style="list-style-type: none"> • Yes • No 	Were validity and reliability tests conducted for the survey instrument as a whole, either in previous studies/evaluations or for the purpose of SPF–SPF Rx?
Bibliographic Information (If “Yes” is chosen.) [SURVEY DATA ONLY]	Free text	The field accepts up to 2,000 characters.
Substitute Data Source Request Supporting Document	Upload feature	Use the upload function to include any documents that support your request. Include any reliability and/or validity data, if possible.
For each data file, describe the contents of the data record(s) field that will be displayed*	Free text	This item only appears if you uploaded a supporting document. The field accepts up to 4,000 characters.

Remember: Select “Save” to add your data source. Your outcome measure will then appear in the list of data sources. Select “Add Response Data Collection Detail” to complete additional items for the Substitute Data Request.

Response Data Collection Detail

Data Item	Response Options	Content Guidance and Related Definitions
Subrecipient* [Item only appears if applicable.]	Drop-down menu	<p>Select the subrecipient name from the drop-down menu. You must first enter subrecipient information in the Administrative tab for the subrecipient name to appear in the drop-down menu.</p> <p>Note: Grantees that do not fund subrecipients will not see this item and will enter data at the grantee level.</p>
Does the data approximate the community (e.g., county, city, town, school) where SPF–SPF Rx grant funded interventions are delivered?*	<ul style="list-style-type: none"> • Yes • No 	Report whether the boundaries of the area where you collected data approximately match the SPF Rx community target area. For example, if the SPF Rx community is a town within a larger county and the data are county-level data, select “No.”
If no, indicate how it differs. (If “No” is selected)	Free text	The field accepts up to 3,000 characters.
Most recent month and year for which data are available*	Date field	Report the month and year when you conducted the survey. If the data collection took multiple months, report the month at the middle of the period. If the survey took an even number of months, report the middle month closer to the survey’s end date. If you combined multiple years of data into a single estimate due to a small sample size, report the month and year of the most recent survey.

Data Item	Response Options	Content Guidance and Related Definitions
Is there a data point collected at least 6 months prior to the implementation of SPF–SPF Rx grant funded interventions in the community?* (i.e., a baseline prevalence estimate)	<ul style="list-style-type: none"> • Yes • No 	
Is the data collection repeated every year?*	<ul style="list-style-type: none"> • Yes • No 	
Frequency of data collection* (If “No” is selected)	Free text	The field accepts up to 100 characters.
Are trend data available?*	<ul style="list-style-type: none"> • Yes • No 	Select “Yes” if data are available for two or more time points prior to the baseline data point.
Start year of trend data* (If “Yes” is selected)	Numeric field	Indicate the year in which trend data starts.

Additional Fields for Survey Data Sources Only

Data Item	Response Options	Content Guidance and Related Definitions
Date of Data Collection*	Date field	Report the month and year when you conducted the survey. If the data collection took multiple months, report the month at the middle of the period. If the survey took an even number of months, report the middle month closer to the end date. If you combined multiple years of data into a single estimate due to a small sample size, report the month and year of the most recent survey.
Sample Size*	Numerical	<p>Sample size is how many respondents completed the survey. If data to complete this field are not yet available, enter the following 10-digit “not yet available” code: 9999999999.</p> <p>Remember: Once data are available, return to this field and enter the correct result. The field accepts up to 100 characters.</p>
Sampling Ratio*	Free text	<p>Sampling ratio is the proportion of individuals selected to complete the survey to individuals in the overall target population. For example, if the survey sampled 300 individuals in a population of 60,000, the sampling ratio is 0.005 (300/60,000). If data to complete this field are not yet available, enter the following 10-digit “not yet available” code: 9999999999.</p> <p>Remember: Once data are available, return to this field and enter the correct result. The field accepts up to 100 characters.</p>

Data Item	Response Options	Content Guidance and Related Definitions
What type of sampling strategy was used to select respondents?*	<ul style="list-style-type: none"> • Census • Convenience sample • Random sample • Stratified random sample 	<p>Census: You asked all members of the target population to participate.</p> <p>Convenience sample: The survey used any members of the target population who were available or volunteered to participate (e.g., intercept surveys at malls or schools, surveys on Facebook).</p> <p>Random sample: You randomly selected individuals to complete the survey.</p> <p>Stratified random sample: You divided members of the population into subgroups or strata and then applied random sampling within each stratum.</p>
<p>If “Random sample” or “Stratified random sample” is selected:</p> <p>Stratified Sampling—Identify each stratum</p> <p>Cluster Sampling—Identify the clustering unit</p> <p>Multistage design—Identify the unit sampled at each stage</p> <p>Potential sources of bias in the sample design</p>	<p>Free text</p> <p>Free text</p> <p>Free text</p> <p>Free text</p>	<p>Each field accepts up to 1,000 characters. <i>Describe potential bias that could result from the selected sampling strategy.</i></p> <p>Each field accepts up to 1,000 characters. <i>Describe potential bias that could result from the selected sampling strategy.</i></p> <p>Each field accepts up to 1,000 characters. <i>Describe potential bias that could result from the selected sampling strategy.</i></p> <p>Each field accepts up to 1,000 characters. <i>Describe potential bias that could result from the selected sampling strategy.</i></p>



Data Item	Response Options	Content Guidance and Related Definitions
What was the survey response rate?*	Numeric field	<p>Report the percentage of individuals completing the survey out of the number of individuals targeted to complete the survey. For example, if 700 students completed the survey out of 1,000 students sampled to complete the survey, record the percentage “70.”</p> <p>If the survey was a convenience sample, use the overall targeted population as the denominator. For example, if 200 college students on a campus of 1,000 completed an online survey, record the percentage “20.”</p> <p>If data needed to complete this field are not yet available, enter the following 10-digit “not yet available” code: 9999999999.</p> <p>Remember: Once data are available, return to this field and enter the correct result.</p>

Once your Substitute Data Request data entry is complete, return to the Dashboard in SPARS, select the gear icon under “Actions” next to Substitute Data Request, and select “Submit to Project Officer.” Enter your information in the submission form that appears and select “Submit.”

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 SPARS reports data in other DSP-MRT sections, so please ensure that 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 between 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.

Data Item	Response Options	Content Guidance and Related Definitions
Project Director Email Address	Free text	The field accepts up to 100 characters.
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 Email 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 Email 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 Email 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 of SPARS only appears 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. Select “Add a Subrecipient” to enter information.

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. The field accepts up to 100 characters.
Street Address*	Free text	The field accepts up to 100 characters.
City*	Free text	The field accepts up to 100 characters.

Data Item	Response Options	Content Guidance and Related Definitions
State/Territory*	Drop-down menu	Select the state or territory from the list.
Zip Code*	Numerical	The field only accepts 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 	<p>Indicate your subrecipient’s present status.</p> <p>If the subrecipient’s status ever changes, you will need to update the status to reflect the change.</p>
Has this subrecipient been funded?*	<ul style="list-style-type: none"> • Yes • No 	Indicate “Yes” or “No” if you funded the subrecipient.
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 DIS and Needs Assessment (if applicable), SAMHSA expects grantees 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	The field accepts up to 100 characters.
Selected High-Need Community ZIP Code(s)	Numerical	This refers to the community that the subrecipient or the grantee targets its program efforts. 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.
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 2–3 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(s) 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
Accomplishment Name*	<ul style="list-style-type: none"> • Assessing community assets and resources • Assessment of community capacity • Assessment of community readiness to act • Assessment of community risk and protective/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 	<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"> • Limited time to implement this Strategic Prevention Framework step • Low survey response rates • Major external community events like weather disasters • Mismatch between level of disaggregation of available data (e.g., county) and communities being funded (e.g., towns within counties)Need for new data collection instruments • State/Tribal/Jurisdictional contract or other delays getting subrecipient or high-need communities on board • Other 	
Describe the Challenge/Barrier*	Free text	<p>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).</p> <p>The field accepts up to 3,000 characters.</p>
Was technical assistance (TA) requested to help address the Barrier/Challenge?*	<ul style="list-style-type: none"> • Yes • No 	<p>If you received TA for the barrier/challenge, report it under Capacity in the Training and Technical Assistance section.</p>



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.

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 on the resources of the community organizations and their function as a cohesive problem-solving group but also on the readiness and ability of the larger community to commit its resources to addressing the identified problems.

Membership

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

Data Item	Response Options	Content Guidance and Related Definitions
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 • Syringe exchange program • Tribal government/tribal health board • Youth groups/representatives • Other (not listed) 	<p>Use the drop-down menu to select the primary sector that the member represents. The field accepts up to 200 characters.</p>



Data Item	Response Options	Content Guidance and Related Definitions
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 to upload meeting minutes. Please ensure that the minutes include the meeting attendees. If you had no Advisory Council, EOW, or other workgroup meetings held during this 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	Include meeting attendees in the minutes.

Other Opioid-Specific Workgroup Activities

Use this section to enter information about opioid-specific workgroups outside of your State/Tribal Epidemiological Outcomes Workgroup (SEOW/TEOW). Information about SEOW/TEOW is reported in a separate section. The section includes questions regarding leveraging resources, including state- or grantee-level opioid workgroups and grantee-level funding resources. Select “Edit the Record” to enter information.

Data Item	Response Options	Content Guidance and Related Definitions
Do you have a state-/grantee-level opioid workgroup?	<ul style="list-style-type: none"> • Yes • No 	
Does your opioid workgroup serve as your SPF Rx Advisory Council?	<ul style="list-style-type: none"> • Yes • No 	This item only appears if you selected “Yes” for “Do you have a state-/grantee-level opioid workgroup?”
Does a state-/grantee-wide strategic plan exist addressing opioid issues, including prevention of misuse, treatment, and overdose prevention?	<ul style="list-style-type: none"> • Yes • No 	
Is there an opioid-focused taskforce out of your governor’s office?	<ul style="list-style-type: none"> • Yes • No 	
How has the opioid-focused taskforce out of your governor’s office informed the SPF Rx project?	Free text	This item only appears if you selected “Yes” for “Is there an opioid-focused taskforce out of your governor’s office?” The field accepts up to 1,000 characters.
Is your SPF Rx strategic plan integrated into or harmonized with the state-/grantee-wide opioid strategic plan?	<ul style="list-style-type: none"> • Yes • No 	This item only appears if you selected “Yes” for “Do you have a state-/grantee-level opioid workgroup?”



Data Item	Response Options	Content Guidance and Related Definitions
Have you engaged in efforts to coordinate opioid funding streams during this reporting period?	<ul style="list-style-type: none">• Yes• No	
Please describe your efforts to coordinate opioid funding streams during this reporting period.	Free text	This item only appears if you selected “Yes” for “Have you engaged in efforts to coordinate opioid funding streams during this reporting period?” The field accepts up to 1,000 characters.

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) • CDC Prescription Drug Overdose: Prevention for States (PFS) • CDC Data-Driven Prevention Initiative (DDPI) • CDC Expanded Overdose Surveillance 	<p>Use the checkboxes to select all funding sources that your organization received this fiscal year.</p> <p>Several funding sources not awarded to states (e.g., SAMHSA MAI, Drug-Free Communities, HRSA ROOR) appear in the list. SPARS includes these here because some 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"> • BJA Harold Rogers Prescription Drug Monitoring Program (PDMP) Grant • Health Resources and Services Administration (HRSA) Rural Opioid Overdose Reversal (ROOR) • Drug Free Communities Grants • STOP Act Funding • Substance Abuse Prevention and Treatment Block Grant Medicaid (Federal, State, and Local) • Other Federal Funds • State/Territory Funds (excluding State Medicaid) • Municipal Government Funds (excluding State Medicaid) • Local Funds (excluding State Medicaid) • Foundation/Non-Profit Organization Funding • Private/Corporate Entities • Individual Donations/Funding from Fundraising Events • Other 	
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.

Other Resources

Policies, Regulations, and Laws

Use this section to enter information regarding the existence of policies, regulations, and laws related to prescribing or dispensing opioids in your state, tribal area, or jurisdiction. Once you complete this section, you will only update it when there are any revisions or additional changes related to your policies, regulations, or laws. Select the arrow on the left to open this section, then select “Edit” to enter information.

Data Item	Response Options	Content Guidance and Related Definitions
<i>Indicate if guidelines/regulations currently exist in your state/jurisdiction related to any of the following:</i>		
Required universal prescriber registration with the PDMP	<ul style="list-style-type: none"> • Yes • No 	
Doctors can assign authorized delegates to access the PDMP	<ul style="list-style-type: none"> • Yes • No 	
Requirements for prescribers to query PDMP before prescribing opioids in certain conditions (e.g., for more than short-term use)	<ul style="list-style-type: none"> • Yes • No 	
Pharmacists have a set time frame for uploading opioid dispensing data	<ul style="list-style-type: none"> • Yes • No 	
If yes, what is the time frame for uploading opioid dispensing data?	Free text	This item only appears if you selected “Yes” for “Is there an opioid-focused taskforce out of your governor’s office?” The field accepts up to 100 characters.

Data Item	Response Options	Content Guidance and Related Definitions
PDMP patient records and electronic health records are linked in at least one large health care system	<ul style="list-style-type: none"> • Yes • No 	
PDMP records are linked with vital records (e.g., deaths)	<ul style="list-style-type: none"> • Yes • No 	
PDMP data can be used for public health surveillance, prevention, and research	<ul style="list-style-type: none"> • Yes • No 	
PDMP produces regular reports that summarize key state or regional statistics of interest	<ul style="list-style-type: none"> • Yes • No 	
PDMP produces unsolicited reports	<ul style="list-style-type: none"> • Yes • No 	
If yes, reports are for which groups? (Choose all that apply.)	<ul style="list-style-type: none"> • Prescribers • Dispensers • Licensing boards • Law enforcement agencies • Other group(s) (Please Specify) 	This item only appears if you selected “Yes” for “PDMP produces unsolicited reports.” The field accepts up to 250 characters.
Interstate agreements to share PDMP data	<ul style="list-style-type: none"> • Yes • No 	
Requirements for prescribers to receive training on safe opioid prescribing	<ul style="list-style-type: none"> • Yes • No 	

Data Item	Response Options	Content Guidance and Related Definitions
Limit to dose of opioid prescription (e.g., 90 MME/day) without special approval	<ul style="list-style-type: none"> • Yes • No 	
Limit to the duration of opioid prescription for noncancer patients without special approval	<ul style="list-style-type: none"> • Yes • No 	
Requirements that pain clinics must be regularly certified by the state medical board	<ul style="list-style-type: none"> • Yes • No • N/A (State does not have pain clinics) 	
Requirements that pain clinics must be owned and operated by a licensed physician	<ul style="list-style-type: none"> • Yes • No • N/A (State does not have pain clinics) 	
Other relevant PDMP guidelines or regulations not captured above	Free text	The field accepts up to 1,000 characters.

Data Infrastructure – SPF Rx

Use this section to enter information regarding data infrastructure and related activities. Select the arrow on the left to open this section, then select “Edit” to enter information.

Data Item	Response Options	Content Guidance and Related Definitions
<i>During this reporting period, have you engaged in efforts to:</i>		
... Enhance access to PDMP data at the grantee/state level?	<ul style="list-style-type: none"> • Yes • No 	
... Enhance access to PDMP data at the subrecipient level?	<ul style="list-style-type: none"> • Yes • No 	
... Enhance usage of PDMP data at the grantee/state level?	<ul style="list-style-type: none"> • Yes • No 	
... Enhance usage of PDMP data at the subrecipient level?	<ul style="list-style-type: none"> • Yes • No 	
... Enhance the quality of PDMP data collected?	<ul style="list-style-type: none"> • Yes • No 	
... Increase registration for the PDMP?	<ul style="list-style-type: none"> • Yes • No 	
... Increase voluntary PDMP enrollment?	<ul style="list-style-type: none"> • Yes • No 	
... Increase mandatory PDMP enrollment?	<ul style="list-style-type: none"> • Yes • No 	

Data Item	Response Options	Content Guidance and Related Definitions
... Increase timely data upload by pharmacists to the PDMP?	<ul style="list-style-type: none"> • Yes • No 	
... Integrate PDMPs with electronic health records?	<ul style="list-style-type: none"> • Yes • No 	
... Integrate PDMPs with health information exchanges?	<ul style="list-style-type: none"> • Yes • No 	
... Increase reports to prescribers?	<ul style="list-style-type: none"> • Yes • No 	
... Increase reports to dispensers?	<ul style="list-style-type: none"> • Yes • No 	
... Increase reports to licensing boards?	<ul style="list-style-type: none"> • Yes • No 	
Please describe any other efforts to improve data infrastructure that have not been captured.	Free text	The field accepts up to 1,000 characters.



Training and Technical Assistance (TA)

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

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

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

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

Grantee refers to the state, tribe, or jurisdiction receiving the award from SAMHSA. **Community** refers to the grantee's selected high-need communities, and **subrecipient** indicates the grantee's sub-awardees funded to lead the grant in the selected communities.

Please note that this section does not include prescriber education trainings, which you should report in the Implementation section of this progress report and in the Annual Implementation Instrument.

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

Data Item	Response Options	Content Guidance and Related Definitions
Status*	<ul style="list-style-type: none"> • Received • Closed 	<p>“Received Training or TA” status means that the grantee received training or TA.</p> <p>“Closed Training or TA” status means that the grantee reported the need for training or TA in the DSP-MRT, but the problem 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* (select all that apply)	<ul style="list-style-type: none"> • Behavioral Health Disparities • CAPT Information • Collaboration • Community Data Collection • Community Development • Cultural Competence/Diversity • Data Entry • Developing Prevention Systems • Development of Overdose Prevention System • Environmental Strategies 	<p>Indicate the specific training or TA topic that you received.</p> <p>Select all items that apply. Use the “Other” option to indicate a Training/TA Topic not listed. The Other field accepts up to 250 characters.</p>



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

Data Item	Response Options	Content Guidance and Related Definitions
Training/TA Topic* (select all that apply) (continued)	<ul style="list-style-type: none"> • SAMHSA’s Strategic Prevention Framework (SPF) • State/Territory Data Collection • Strategic Planning • Substance Use/Abuse • Sustainability • Utilizing Epidemiological Data • Violence Prevention • Youth Involvement • Other 	
Brief Description of the Need for the Training/TA*	Free text	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 the source of assistance in the Other field that appears. The field accepts up to 250 characters.

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

Data Item	Response Options	Content Guidance and Related Definitions
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 • 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 	<p>Select an option from the drop-down menu to report any barriers/challenges you experienced related to capacity during the reporting period.</p> <p>If you select "Other," enter a brief description of the barrier/challenge. 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"> • 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 	
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).
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, 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.



Planning

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

Strategic Plan

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

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 	Select an option from the drop-down menu to report any accomplishments you experienced related to planning during the reporting period. If you select “Other,” enter a brief description of the accomplishment.
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).



<p>Barrier/Challenge Name*</p>	<ul style="list-style-type: none">• Challenges finding other sources of funding for the plan• Challenges planning for sustaining the infrastructure• Differing perspectives between the project and jurisdiction-level administrators (e.g., Single State Authority, Governor's Office, tribal entity, etc.)• Difficulty balancing efficiency vs. inclusiveness of project members• Difficulty convening members• Disagreement among stakeholders about resource allocation procedures (i.e., alignment)• Disagreement among stakeholders regarding the project's priorities or strategies• Inadequate time for project staff and members to devote to the project• Lack of collaboration between stakeholders (e.g., between agencies, between coalitions, between jurisdictions and funded community levels)• Lack of stakeholder support for the program plan• Limited time to implement this Strategic Prevention Framework step• Major external community events like weather disasters• No leadership or political commitment to substance abuse prevention• Resistance to adopting Strategic Prevention Framework model• State/Tribal/Jurisdictional contract or other delays getting 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. If you select "Other," enter a brief description of the barrier/challenge.</p>
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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 barrier/challenge, please report it under Capacity in the Training and Technical Assistance section.
Date TA Requested*	Date (mm/dd/yyyy)	If you selected “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. Field accepts 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 (for more information, visit <https://www.samhsa.gov/samhsa-data-outcomes-quality/samhsas-efforts>).

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 (DIS)

The DIS 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 DIS, 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 the Work Plans section of this guide on page 5 for specifics on what to include in your plan.

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 can 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, whether it is a group or an individual.</p>

Data Item	Response Options	Content Guidance and Related Definitions
<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 per year.</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>LGBTQ</p> <ul style="list-style-type: none"> • Lesbian, Gay, Bisexual, Transgender, Questioning, or Two-Spirit 	<p>Directly serve refers to individual-based prevention strategies or services delivered directly to individuals, either on a one-on-one basis or in a group setting. 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 these participants' characteristics and outcomes through attendance lists and pre-post surveys.</p> <p>Examples include training sessions and educational classes.</p> <p>Indirectly reach refers to population-based prevention strategies aimed at affecting an entire population. 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).</p> <p>There are two categories of indirect strategies commonly implemented by grantees:</p> <ul style="list-style-type: none"> • Information Dissemination • Environmental Strategies

Data Item	Response Options	Content Guidance and Related Definitions
<p>Actual: From the subpopulations below, please select all the disparate populations on which this high-need community is focusing its efforts. 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>LGBTQ</p> <ul style="list-style-type: none"> • Lesbian, Gay, Bisexual, Transgender, Questioning, or Two-Spirit 	<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>
<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.”</p>

Data Item	Response Options	Content Guidance and Related Definitions
<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. 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>Socioeconomic status</p> <ul style="list-style-type: none"> • High • Middle • Low <p>Other</p> <ul style="list-style-type: none"> • Service members, veterans, veterans, and their families • Persons with disabilities • Persons with mental illness • Other 	<p>Select “Show Additional Populations” to view this section.</p> <p>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 then 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. 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 250 characters.</p>

Data Item	Response Options	Content Guidance and Related Definitions
Describe how and why the population(s) experiencing the disparity has changed.	Free text	This question will appear only if you need to edit your Disparity Impact Statement. The field accepts up to 1,000 characters.
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>Age</p> <ul style="list-style-type: none"> • 12–17 years old • 18–24 years old • 25–34 years old • 35–44 years old • 45–54 years old • 55–64 years old • 65+ years old <p>Residence</p> <ul style="list-style-type: none"> • Urban • City • Town • Suburb • Rural <p>Socioeconomic status</p> <ul style="list-style-type: none"> • High • Middle • Low 	<p>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. SPARS then marks the plan as complete and you will see an “Edit Actual” link. Select this link to open the record.</p> <p>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. Complete and save this data so that SPARS includes it with 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
	Other <ul style="list-style-type: none">• Service members, veterans, veterans, and their families• Persons with disabilities• Persons with mental illness• Other	
Describe how and why the population(s) experiencing the disparity has changed. (This question appears if you indicate you need to edit your plan.)	Free text	This question appears only if you need to edit your Disparity Impact Statement. The field accepts up to 1,000 characters.



Focus and Data Gaps

The following questions ask about ensuring that high-need communities focus on the subpopulation(s) experiencing the disparities and about any 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 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
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.	Free text	The field accepts up to 3,000 characters.
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. Note: You will report general updates in the Implementation section. Information reported here should be specific to behavioral health disparities.	Free text	The field accepts up to 3,000 characters.

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"> • 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 • 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) 	<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.</p>

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

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"> • 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 • ALL: Problems understanding or applying National Standards for Culturally and Linguistically Appropriate Services (CLAS) to grant program activities 	Report any barriers/challenges you experienced related to Behavioral Health Disparities 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
Barrier/Challenge Name* (continued)	<ul style="list-style-type: none"> • 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?	<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 selected “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. Field accepts up to 3,000 characters.



Implementation

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

The Community-Based Social Marketing/Public Education 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 Community-Based Social Marketing/Public Education Plan, go to the Work Plans section on your Dashboard and select the plus sign (+) or “Edit” option next to Public Education Plan.

Use of Federal Toolkits/Guidelines

Federal resources can assist grantees in training and increasing capacity to prevent opioid misuse and overdose. Please describe how you used the tools listed below. Select “Edit the Record” to enter information.

Data Item	Response Options	Content Guidance and Related Definitions
Did the grantee/state use SAMHSA’s Opioid Overdose Prevention Toolkit?	<ul style="list-style-type: none">• Yes• No	
How was SAMHSA’s Opioid Overdose Prevention Toolkit used?	Free text	This question only appears if you selected “Yes” for the above question. The field accepts up to 1,000 characters.
Did the grantee/state use the CDC’s Guidelines for Prescribing Opioids for Chronic Pain?	<ul style="list-style-type: none">• Yes• No	
How were the CDC’s Guidelines for Prescribing Opioids for Chronic Pain used?	Free text	This question only appears if you selected “Yes” for the above question. The field accepts up to 1,000 characters.



Subrecipient Progress

Please select the Subrecipient Community that you want to provide a brief description of where the community is in the process and its 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 the 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.

Community-Based Social Marketing/Public Education Plan

The Public Education 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 Public Education Plan, go to the Work Plans section on your Dashboard and select the plus sign (+) or “Edit” option next to Public Education Plan. Please refer to page 7 of the Work Plans section of this guide for specifics on what to include in your plan.

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	This item will only be 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. Promising approaches and innovations could include innovations you as the grantee implemented with a subrecipient or high-need community.
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. 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” button 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 	<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
Accomplishment Name* (continued)	<ul style="list-style-type: none"> • 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 	
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.

Data Item	Response Options	Content Guidance and Related Definitions
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 • 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 	<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"> • 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 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.



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 its 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 help 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 8 of the Work Plans section of this guide 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.

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, then 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

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

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, then 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 	Report any accomplishments you experienced related to Evaluation during the reporting period. If you select “Other,” provide a brief description. The field accepts up to 200 characters.
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.

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) 	<p>Report any barriers/challenges you experienced related to Evaluation during the reporting period. 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"> • 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 • Under-development 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, report it under Capacity in the Training and Technical Assistance section.
Date TA Requested*	Date (mm/dd/yyyy)	If you selected “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.



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 • Under-developed 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.
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.

Data Item	Response Options	Content Guidance and Related Definitions
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 selected “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.



Outcomes

Use this section to report *annual* numbers of opioid-related and overdose-related outcomes and of targeted consumption outcomes related to prescription drug misuse. Opioid-related overdose and overdose deaths should be aggregated across *all types of opioids*, whether opioid pain relievers or illicit opioids (such as heroin). You will report any data/time points that become available before the report deadline. Outcome data due in January 2021 will be for calendar year 2019 if possible.

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

Grantee-Level Overdose Data

First, report grantee-level adult (ages 18 years and older) data on emergency department and other hospital visits involving opioid overdose. Note that grantee-level data refer to the *entire* state or tribal area or jurisdiction; they do not refer to the aggregate of the selected high-need communities.

State grantees do not need to report information on the Population nor Opioid Overdose Deaths, as SPARS extracts these data from CDC's WONDER database. Tribal and jurisdiction grantees are asked to provide data for these fields.

Grantees are required to report emergency department data if available. If emergency department data are not available, please report hospitalization data. Grantees may also report opioid overdose events from a different data source if emergency department or hospitalization data are unavailable. Select the arrow on the left next to the year for which you would like to add data, then select "Edit Overdose Data."

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 grantee-level overdose data, see **Appendix A**.



Data Item	Data Item 2	Response Options	Content Guidance and Related Definitions
Data Source and Comments			
Total	<ul style="list-style-type: none"> Emergency Department Visits Involving Opioids Overdose 	Numerical	Enter a number to report the total for each category.
Data Source	<ul style="list-style-type: none"> Hospitalizations Involving Opioid Overdose 	Free text	For each of the categories, enter a description of the data source. Field accepts up to 1,000 characters.
Additional Information	<ul style="list-style-type: none"> Other Opioid Overdose Events (optional) 	Free text	<p>For each of the categories, enter the numerical breakdown by opioid category and the numerical breakdown for age and sex/gender by opioid category, as well as any additional information you would like to include. See example below. The field accepts up to 1,000 characters.</p> <p>5,000 = 2,500 (Opioids excluding Heroin) + ,2500 (Heroin) + 0 (Other)</p> <p>Age:</p> <ul style="list-style-type: none"> 18–24: 500 (Opioids excluding Heroin) + 500 (Heroin) + 0 (Other) 25–34: 500 (Opioids excluding Heroin) + 500 (Heroin) + 0 (Other) 35–44: 500 (Opioids excluding Heroin) + 500 (Heroin) + 0 (Other) 45–54: 500 (Opioids excluding Heroin) + 500 (Heroin) + 0 (Other) 55–64: 250 (Opioids excluding Heroin) + 250 (Heroin) + 0 (Other) 65+: 150 (Opioids excluding Heroin)+ 150 (Heroin) + 0 (Other) Unavailable: 100 (Opioids excluding Heroin) + 100 (Heroin) +0 (Other) <p>Sex:</p> <ul style="list-style-type: none"> Male: 1,500 (Opioids excluding Heroin) + 1,000 (Heroin) + 0 (Other) Female: 1,000 (Opioids excluding Heroin) + 1,500 (Heroin) + 0 (Other) Unavailable: 0 (Opioids excluding Heroin) + 0 (Heroin) + 0 (Other) <p>ICD codes 965.00, 965.02, 965.09, 965.01</p>



Data Item	Data Item 2	Response Options	Content Guidance and Related Definitions
Age			
15–24 years old 25–34 years old 35–44 years old 45–54 years old 55–64 years old 65+ years old Not available	<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 are unknown. The values must total to the value entered in the “Total” line. Note that SPARS does not have an age group for less than 15 years of age. Data for individual aged 14 or younger need entered into the “Not Available” category.

Note that values entered for the age groups must total the values entered in the total line.



Data Item	Data Item 2	Response Options	Content Guidance and Related Definitions
Sex			
Male Female Not available	<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 (aggregated across all opioid categories) for each category. Leave fields blank if data are unknown. The values by sex must sum to the value entered in the “Total” line.

Note that values entered by sex must sum to the value entered in the “Total” line.

Subrecipient-Level Overdose Data

Next, report any subrecipient-level data that are available on opioid-related overdose deaths and events in your selected subrecipient. **State grantees do not have to report opioid overdose death data or the population denominator at the grantee-level or for county-level subrecipients. This data can be pulled from the CDC Wonder. However, you do have to report that data for non-county-level subrecipients.** 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 subrecipient 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 subrecipient-level overdose data, see Appendix A.

Data Item	Data Item 2	Response Options	Content Guidance and Related Definitions
Data Source and Comments			
Total	<ul style="list-style-type: none"> Population (denominator) 	Numerical	Enter a number to report the total for each category.
Data Source	<ul style="list-style-type: none"> Opioid Overdose Deaths 	Free text	For each of the categories, enter a description of the data source. Field accepts up to 1,000 characters.
Additional Information	<ul style="list-style-type: none"> Emergency Department Visits Involving Opioid Overdose Hospitalizations Involving Opioid Overdose Other Opioid Overdose Events (optional) 	Free text	For each of the categories, enter the numerical breakdown by opioid category, as well as any additional information you would like to include. See the example below. The field accepts up to 1,000 characters. 5,000 = 2,500 (Opioids excluding Heroin) + 2,500 (Heroin) + 0 (Other)



Target Consumption Outcomes Data

SPF Rx grantees use this section to enter targeted consumption outcome data related to prescription drug misuse at the grantee level and for subrecipients. If you do not have subrecipients, use this section to enter grantee-level targeted consumption outcome data. To begin entering data at the grantee level, click on “Add Baseline Response Data.” To begin entering data for your subrecipients, click on “Add Subrecipient Response Data” and select a subrecipient from the drop-down menu. Once you have added records, you will be able to view previously added records for the selected subrecipient.

Grantees should enter all outcomes data in SPARS by January 31 each year as part of the Q1 progress report. Data entered in the January 2021 progress report will cover calendar year 2019, if possible.

SPF Rx grantees are asked to submit as many of the following targeted consumption outcome measures as possible:

Prescription Drug Misuse/Abuse

- Percentage of target population with any misuse of prescription drugs in the past 30 days
- Percentage of target population with any misuse of prescription drugs during the past 12 months

Prescription Pain Reliever Misuse/Abuse

- Percentage of target population with any misuse use of prescription pain relievers in the past 30 days
- Percentage of target population with any misuse use of prescription pain relievers during the past 12 months

If one or more of the above measures are not available, grantees can report other targeted prescription measures shown below:

Other Targeted Prescription Drug Outcome Measure

Specify substance and measure:

- Past 30-day use
- Past 12-month use
- Other time period (Specify)

To report targeted consumption outcome data related to prescription drug misuse, complete the following items, which ask for detailed outcome information. Targeted consumption outcome data are survey data. To enter the targeted consumption data, select “Add Data Source,” enter the name of the survey, and select “Save.”

Data Item	Response Options	Content Guidance and Related Definitions
Data Source Name*	Free text	The field accepts up to 200 characters.

After you enter the data source, select the arrow next to the data source name and select “Add Outcome Measure” to enter data associated with that data source.

Data Item	Response Options	Content Guidance and Related Definitions
Specified Substance* Note: Some substances may appear in the list that do not apply to SPF Rx grantees.	<ul style="list-style-type: none"> • Alcohol • Prescription Drugs • Prescription Drug Misuse/Abuse • Prescription Pain Reliever Misuse/Abuse • Other Targeted Prescription Drug Outcome Measure 	Please select the specific substance for the measure that you are reporting in this record. If you are reporting data for a substance that is not listed, select “Other” and you will receive a prompt to describe the substance(s).
Other (If “Other Targeted Prescription Drug Measure” is selected for Specified Substance)	Free text	This item only appears if you selected “Other Targeted Prescription Drug Measure” for the specified substance. The field accepts up to 500 characters.



Data Item	Response Options	Content Guidance and Related Definitions
<p>Outcome Measure*</p> <p>Note: Some outcome measures may appear that do not apply to SPF Rx grantees.</p>	<p>Alcohol Outcome Measure Response Options (PFS)</p> <ul style="list-style-type: none"> • 30-day use • Binge drinking • Perception of parental disapproval/attitude • Perception of peer disapproval/attitude • Perceived risk/harm of use • Substance-related car crashes and injuries • Substance-related crime • Family communication • Substance-related emergency room visits • Other <p>Prescription Drug Outcome Measure Response Options (PFS)</p> <ul style="list-style-type: none"> • 30-day use • Perception of parental disapproval/attitude • Perception of peer disapproval/attitude • Perceived risk/harm of use • Substance-related car crashes and injuries • Substance-related crime • Family communication • Substance-related emergency room visits • Past 12-month use • Other 	<p>Select the Targeted Consumption Outcome Measure that you are reporting in this record. If you are reporting data for an outcome that is not listed, select “Other” and you will receive a prompt to describe the outcome measure.</p>

Data Item	Response Options	Content Guidance and Related Definitions
Outcome Measure* (continued)	<p>Prescription Drug Misuse/Abuse Outcome Measure Response Options (SPF Rx)</p> <ul style="list-style-type: none"> • Percentage of target population with any misuse of prescription drugs in the past 30 days • Percentage of target population with any misuse of prescription drug during the past 12 months <p>Prescription Pain Reliever Misuse/Abuse Outcome Measure Response Options (SPF Rx)</p> <ul style="list-style-type: none"> • Percentage of target population with any misuse of prescription drugs in the past 30 days • Percentage of target population with any misuse of prescription drugs during the past 12 months <p>Other Targeted Prescription Drug Measure Response Options (SPF Rx)</p> <ul style="list-style-type: none"> • Past 30-day use • Past 12-month use • Other 	
Other Outcome Measure*	Free text	This item only appears if you selected “Other” for the required outcome measure. The field accepts up to 500 characters.

Data Item	Response Options	Content Guidance and Related Definitions
Survey Item*	Free text	<p>Indicate for which survey item you are reporting data. Type the source item <i>verbatim</i>, providing the exact wording of the item as it appears on the survey instrument. For example, <i>During the past 30 days, on how many days did you use prescription drugs?</i></p> <p>This field accepts up to 500 characters.</p>
Response Options*	Free text	<p>Enter the response options for the survey item used for this measure. Type the entire set of response options <i>verbatim</i>, exactly as they appear on the survey instrument. If applicable, include the associated codes for each response that you used in analyses. The coding schema is necessary for CSAP to understand reported outcomes that are means, medians, and so forth.</p> <p>Example: A number between 0 and 30 or for example: 0 = no risk, 1 = slight risk, 2 = moderate risk, 3 = great risk, 99 = don't know/can't say.</p> <p>This field accepts up to 1,000 characters.</p>

Data Item	Response Options	Content Guidance and Related Definitions
Reported Outcome Description*	Free text	Provide a description of the specific outcome you will be reporting for this measure. For example: <i>Percentage of Grade 9 students who misused prescription drugs in the past 30 days.</i> This field accepts up to 1,000 characters.

Remember:

- Click on “Add Follow-up Data” to add follow-up data for a previously entered baseline record.
- To edit existing records, click “Edit” next to the Survey Item name.
- To enter Subrecipient Survey Response Data, select “Add Subrecipient Response Data.”
- If you are entering survey data at the grantee level, select “Add Grantee-Level Response Data.”

Response Data

Data Item	Response Options	Content Guidance and Related Definitions
Subrecipient* [Item only appears if applicable]	Drop-down menu with subrecipient names	<p>You must first enter subrecipient information in the Administration section for the subrecipient name to appear in the drop-down menu.</p> <p>Note: Grantees that do not fund subrecipients will not see this item and will enter data at the grantee level.</p>
Data Collection Date*	Date Field	<p>Report the month and year when you conducted the survey. If data collection took multiple months, report the month at the middle of the period. If data collection took an even number of months, report the middle month closer to the end date of the survey. If you combined multiple years of data into a single estimate due to a small sample size, report the month and year of the most recent survey and check “Multiple Year Pooled Estimate.”</p> <p>Note: CSAP must pre-approve the use of multi-year estimates.</p>
Population Parameters*	<ul style="list-style-type: none"> • Age Range • Grade 	<p>Indicate whether you defined the survey population by Age Range (e.g., 18- to 25-year-olds) or by Grade (e.g., 9th-grade students). If you chose Age Range, SPARS will prompt you to enter the applicable age range by indicating minimum and maximum ages. If you chose Grade, SPARS will prompt you to enter the applicable grade levels by indicating the grades involved in the survey data.</p>
Age Range Minimum* (If “Age range” is selected for Population Parameters)	Numerical	<p>Enter the lower bounds of the age range for the population specified.</p>

Data Item	Response Options	Content Guidance and Related Definitions
Age Range Maximum* (If “Enter age range” is selected for Population Parameters)	Numerical	Enter the upper bounds of the age range for the population specified. For example, if the outcome is alcohol-related motor vehicle crashes among young adults ages 18 to 25, the maximum would be 25. If the population age range is bound at the lower, but not the upper end (such as ages 16 and older), enter 99 as the maximum age.
Grades* (If “Grade” is selected for Population Parameters)	<ul style="list-style-type: none"> • K • 1 • 2 • 3 • 4 • 5 • 6 • 7 • 8 • 9 • 10 • 11 • 12 • College 	<p>Select the grade(s) of the population represented by the survey. When possible, report data for each specified grade separately.</p> <p>If you administered the survey to Grade 7 students <i>only</i>, then select 7. If you administered the survey to students in Grades 9 and 11 and you are reporting current data for Grade 9 students, then select 9.</p> <p>If you administered the survey to students in Grades 9 and 11 and you are reporting data for both grades together, select <i>both</i> 9 and 11.</p>
Other Sample Descriptors*	Free text	<p>Describe any other distinguishing characteristics of the sample, if applicable. For example, the sample may represent a specific racial/ethnic group, LGBTQ, or veterans.</p> <p>This field accepts up to 500 characters.</p>

Data Item	Response Options	Content Guidance and Related Definitions
Description of Sampling Design*	<ul style="list-style-type: none"> • Census • Convenience Sample • Random Sample • Stratified Random Sample 	<p>Indicate which type of sampling you used for the survey:</p> <p>Census: Researchers ask all members of the target population to participate.</p> <p>Convenience sample: The survey uses any members of the target population who are available or volunteer to participate (e.g., intercept surveys at malls or schools, Facebook surveys).</p> <p>Random sample: Researchers randomly select individuals to complete the survey.</p> <p>Stratified random sample: Researchers divide members of the population into subgroups, or strata, then apply random sampling within each stratum.</p>
Multiple Year Pooled Estimate*	<ul style="list-style-type: none"> • Yes • No 	<p>Indicate whether you are reporting data pooled across several years of survey data. Note: You must receive prior approval from CSAP to report pooled multi-year estimates.</p>
Multiple Year Estimate Description* (If “Yes” is selected for Multiple Year Pooled Estimate)	Free text	<p>Report the data collection years for the multi-year pooled estimate that you are reporting. This field accepts up to 100 characters.</p>
Value Type*	<ul style="list-style-type: none"> • Percentage • Mean • Other 	<p>Select from the drop-down list the type of number that you will report in the Calculated Value field (percentage, mean, other).</p>
Other (If “Other” is selected for Value Type)	Free text	<p>This item only appears if you selected “Other” for Value Type. The “Other” field accepts up to 500 characters.</p>

Data Item	Response Options	Content Guidance and Related Definitions
Calculated Value*	Numerical response	<p>Enter the actual numeric result. For example, to report that 23.20 percent of the targeted population used alcohol in the past 30 days enter “23.20.”</p> <p>If data to complete this field are not yet available, enter the following 10-digit “not yet available” code: 9999999999.</p> <p>Once data are available, return to this field and enter the correct result. The percentage must be between 0 percent and 100 percent with up to two decimals.</p>
Standard Error*	Numerical response	<p>Enter the standard error for the calculated value, computed considering the sampling design used (such as simple random, two-stage cluster design). Enter numeric values up to two decimals.</p>
Standard Deviation*	Numerical response	<p>Enter the standard deviation for the calculated value computed considering the sampling design used (such as simple random or two-stage cluster design).</p>
Survey Item Valid N*	Numerical response	<p>Indicate how many respondents provided a valid response (i.e., not missing) to the survey item. If data to complete this field are not yet available, please enter the following 10-digit “not yet available” code: 9999999999. Remember: Once data are available, return to this field and enter the correct result. <i>Survey Item Valid N is required.</i></p>
Comments	Free text	<p>Provide any comments that you think may help the reader understand the data and other information you are providing. This field accepts up to 500 characters.</p>



Appendix A. Grantee-Level Overdose and Subrecipient Overdose

Overdose Morbidity and Mortality

Report at the grantee level and at the subrecipient 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 drugs, medicaments, and biological substances 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 T40.1: Heroin T40.2: Natural and semisynthetic opioids T40.3: Methadone T40.4: Synthetic opioids, other than methadone 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>
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Emergency Department Visits:

Emergency Department Visits Involving All Opioid Overdoses Including Heroin

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 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 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).
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.

Hospitalizations:

Hospitalizations Involving All Opioid Overdose Including Heroin

Definition of the indicator	Hospitalizations caused by nonfatal acute poisonings due to the effects of all opioid drugs, regardless of intent (for example, suicide, unintentional, or undetermined). Exclude hospitalizations related to late effects, adverse effects, and chronic poisonings due to the effects of drugs (for example, damage to organs from long-term drug use) from this indicator.
Demographic group	All state residents.
Numerator before October 1, 2015: ICD-9-CM	Hospitalizations for All Opioid Overdose ICD-9-CM Codes Principal Diagnosis 960.00, 965.01, 965.02, 960.09 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 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 hospitalizations. Annual incidence is the crude and age-adjusted rates standardized by the direct method to the year 2000 standard U.S. population.
Data resources	State hospital discharge data (numerator) and population estimates from CDC WONDER database (denominator).
Period for case definition	Calendar year (January 1 through December 31) based on date of discharge. If feasible and if high-quality data are available, SAMHSA encourages jurisdictions to analyze their data twice a year (for example, overdose related hospitalizations occurring from January 1 through June 30 and July 1 through December 31).



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.