

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

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

Administration

Throughout the progress report, grantee refers to the State/Tribe/Jurisdiction receiving the award from the Substance Abuse and Mental Health Services Administration (SAMHSA). **Community** refers to the grantee’s selected high-need communities, and **subrecipient** indicates the grantee’s 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.

Grantee Information

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

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

Contact Information

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

Item	Response Options
Lead Evaluator Email Address	Free Text
Lead Evaluator Phone Number	Numerical
Epidemiological Lead Name	Free Text
Epidemiological Lead Email Address	Free Text
Epidemiological Lead Phone Number	Numerical

Sub-State Information

If you selected “yes” in the grantee information section to indicate you use a sub-state model for this grant, enter information on the sub-state(s) below. The term “**sub-state**” refers to a regional, county-level, or other entity that serves as an intermediary between the grantee and the subrecipients.

In the SPARS data collection system, there will be an “Add” button to add each of your sub-states. Grantees will be able to click that button to add additional sub-states as needed.

Item	Response Options
Sub-State Name	Free Text
Sub-State Type	<ul style="list-style-type: none"> • Region • County • City • Tribe/Tribal Organization • Coalition • Provider Agency • Other
Specify Other Sub-State Type	Free Text
Total Funding for Sub-State	Numerical
Briefly Describe How Subrecipients Are Being Funded:	Free Text

Subrecipients

Enter information for the selected subrecipient. **Subrecipient** indicates the grantee’s subawardees funded to lead the grant in the selected communities. Some grantees refer to their subrecipients as **sub-grantees** or **funded entities**.

In the SPARS data collection system, there will be an “Add” button to add each of your subrecipients and/or selected high-need communities. Grantees will be able to click that button to add additional subrecipients and/or communities as needed.

Subrecipient Items

Item	Response Options
Subrecipient Name	Free Text
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 (specify)
Other Subrecipient Type, Specify	Free Text
Subrecipient Street Address	Free Text
Subrecipient City	Free Text
Subrecipient State/Territory	<ul style="list-style-type: none"> • All states and territories
Subrecipient ZIP Code	Numerical
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 • De-activated: No longer funded
Has This Subrecipient Been Funded?	<ul style="list-style-type: none"> • Yes • No
Date Funded (If YES Is Selected)	Date Field
Funding End Date (If YES Is Selected)	Date Field
Amount awarded per year (If YES Is Selected)	Numerical

High-Need Communities

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

In the SPARS data collection system, there will be an “Add” button to add each of your selected high-need communities. Grantees will be able to click that button to add additional communities as needed.

High-Need Community Items

Item	Response Options
Selected High-Need Community Name	Free Text
Selected High-Need Community ZIP Code(s) (this is the community this subrecipient or you target for your program effort[s])	“Add” button and “USPS ZIP Code Look-up” link
ALTERNATIVE: If this subrecipient or you target an entire county (or counties), as the selected High-Need Community, indicate the county name(s) here.	Free Text
Subrecipients Please select Subrecipients that are connected to this High-Need Community.	<ul style="list-style-type: none"> • Subrecipient 1 • Subrecipient 2 • Subrecipient 3 • Etc.
Briefly describe how you are defining this community as a High-Need Community. This should summarize in 2–3 sentences what you reported in detail in your Disparity Impact Statement.	Free Text
Start Date for High-Need Community	Date Field

Needs Assessment

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

Needs Assessment

Use this section to upload and provide a brief description of your Needs Assessment document. Once you upload your Needs Assessment document, you will only update this section if you revise your Needs Assessment.

This document may not be required by your grant program; so please ask your project officer if you need to upload.

Item	Response Options
Upload Needs Assessment Document	"Browse" button
Provide a brief description of your Needs Assessment document and, if relevant, any changes made to your Needs Assessment document between the previous version and this one.	Free Text

Accomplishments and Barriers/Challenges

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

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

In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional accomplishments as needed.

Accomplishments

Item	Response Options
Accomplishment Name	<p><u>Accomplishments</u></p> <ul style="list-style-type: none"> • Functioning of the State/Tribal/Jurisdiction Epidemiology Outcome Workgroup • Monitoring community needs assessment activities • Assessing community assets and resources • Assessment of community risk and protective factors/casual factors • Identification of community gaps in services • Assessment of community capacity • Assessment of community readiness to act • Assessment of the magnitude of substance abuse–related problems (consumption/consequences) • Identification of State/Tribe/Jurisdiction high-need priorities • 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 State Epidemiological Outcomes Workgroup process • Identification of target communities • Assessment of State/Tribe/Jurisdiction capacity • Identification of State/Tribe/Jurisdiction gaps in services • Assessment of State/Tribe/Jurisdiction readiness to act • Organizing Alcohol, Tobacco, or Other Drug (ATOD) indicators into a State/Tribe profile • Other Assessment Accomplishment (provide title in description box below)
Describe the Accomplishment	Free Text

Barriers/Challenges

Item	Response Options
Barrier/Challenge Name	<p><u>Barrier/Challenges</u></p> <ul style="list-style-type: none"> • Major external community events like weather disasters • Lack of collaboration between stakeholders (e.g., between agencies, between coalitions, between jurisdictions and funded community levels) • State/Tribal/Jurisdictional contract or other delays getting subrecipient or high-need communities on board • Low survey response rates • Need for new data collection instruments • Difficulty sampling target populations • Lack of available data to address National Outcomes Measures (NOMs) • Lack of available data for specific age group populations (e.g. 18- to 25-year-olds) • Lack of available data to assess differences for racial/ethnic minorities, LGTBQ, or other special populations • Mismatch between level of disaggregation of available data (e.g., county) and communities being funded (e.g., towns within counties) • Identification of State/Tribe/Jurisdiction gaps in services and capacity • Lack of data analysis or evaluation expertise • Limited staff capacity to conduct assessments • Inadequate time for project staff and members to devote to the project • Limited time to implement this Strategic Prevention Framework (SPF) step • Organizing ATOD indicators into a State/Tribe profile • Other Assessment Barrier (provide title in description box below)
Describe the Barrier/Challenge	Free Text
Was technical assistance (TA) requested to help address this Barrier/Challenge?	<ul style="list-style-type: none"> • Yes • No
Date TA Requested (If YES is selected) NOTE: If you received TA for this issue, please report it on the Capacity > Training and Technical Assistance page.	Date Field
In what other ways did you address this Barrier/Challenge?	Free Text

Capacity

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

Membership

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

In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional members as needed.

Item	Response Options
Date Joined	Date Field
Member Type	<ul style="list-style-type: none"> • Project Advisory Council • EOW • Evidence-Based Practices Workgroup • Other (specify)
Specify Other Type	Free Text
Member Name	Free Text
Title	Free Text
Organization	Free Text

Item	Response Options
Sector	<ul style="list-style-type: none"> • Advocacy volunteers • Affected family members • Behavioral health department/division • Business community • Civic or volunteer organization • 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)
Status	<ul style="list-style-type: none"> • Active • Inactive
Date Exited (If "Inactive" is selected for Status)	Date Field

Advisory Council and Other Workgroup Meetings

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

In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional meetings as needed.

Item	Response Options
Meeting Date	Date Field
Meeting Type	<ul style="list-style-type: none"> • Project Advisory Council • EOW • Evidence-Based Practices Workgroup • Other
Specify Other Meeting Type	Free Text
Meeting Name/Topic	Free Text
Upload Minutes	“Browse” button

Grantee Funding Resources

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

Which of the following funding sources did your organization receive during this fiscal year?

Which of those sources did your organization use to fund priorities in high-need communities?

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

Training and Technical Assistance (TA)

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

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

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

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

Grantee refers to the state, tribe, or jurisdiction receiving the award from SAMHSA.

Community refers to the grantee’s selected high-need communities, and **Subrecipient** indicates the grantee’s subawardees funded to lead the grant in the selected communities.

In the SPARS data collection system, there will be “Add” buttons for both Training and TA received by the Grantee AND Training and TA provided to Subrecipients or Communities. Grantees will be able to click these buttons to add Training and TA as needed.

Item	Response Options
Status	<ul style="list-style-type: none">• Has Received• Closed
Subrecipients	<ul style="list-style-type: none">• Subrecipient 1• Subrecipient 2• Subrecipient 3
Date Began Receiving This Training and TA	Date Field
Name of Training and TA	Free Text

Item	Response Options
Training and TA Topic	<ul style="list-style-type: none"> • Behavioral Health Disparities • CAPT Information • Collaboration • Community Data Collection • Community Development • Cultural Competence/Diversity • Data Entry • Developing Prevention Systems • Development of Overdose Prevention System • Environmental Strategies • Grant Writing/Funding/Resource Development • Grantee Data Collection • Identifying/Selecting/Implementing Evidence-Based Programs • Information Technology • Infrastructure Development • Marketing/Communications • NOMs • Needs Assessment • Organization Development • Overdose Outcome Measures • Overdose Prevention in Specific Settings (e.g., shelter, correction facility) • Prevention Fundamentals • Prevention in Specific Settings (e.g., workplace, correctional facilities) • Readiness Assessment • Risk and Protective Factors • SAMHSA's 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 and TA	Free Text
Source of Assistance	<ul style="list-style-type: none"> • CAPT • Center for Substance Abuse Prevention (CSAP) • My Project Officer • Other Grantee • This Grantee • Program Evaluation for Protection Contract (PEP-C) • SPARS • CDC • Battelle/Cloudburst • Other
Specify Other Source of Assistance	Free Text

Item	Response Options
Delivery Mechanism	<ul style="list-style-type: none"> • Face to Face • Video Conference • Telephone Conference • Web Conference • Moderated Distance Learning Course • Self-Paced Distance Learned Course/Tool • Other
Was this training or TA timely?	<ul style="list-style-type: none"> • Yes • No
Was this training or TA effective?	<ul style="list-style-type: none"> • Yes • No
Explain why you believe the training or TA was not timely or effective (If “No” is selected for either Timely or Effective fields)	Free Text
Provide any additional description of this training or TA experience here	Free Text

Accomplishments and Barriers/Challenges

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

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

In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional accomplishments as needed.

Accomplishments

Item	Response Options
Accomplishment Name	<p><u>Accomplishments</u></p> <ul style="list-style-type: none"> • Engagement of State-/Tribe-/Jurisdiction-level stakeholders • Convening leaders and stakeholders • Developing relationships among stakeholders • Building coalitions • Training and TA to enhance the capacity of State/Tribe/Jurisdiction stakeholders • Organizing agency networks • Leveraging funding and other resources • Description of necessary infrastructure development • Engaging stakeholders to help sustain outcomes • Contributing to decisions to allocate resources • Coordination with Advisory Board/Council • Developing a set of ATOD intervening variables, consequences, and consumption indicators • Tracking substance use and consequences indicators over time • Using data to monitor changes in ATOD intervening variables, consequences, and consumption indicators • Training and TA to enhance the capacity of community stakeholders, coalitions, partner organizations, and service providers • Planning for sustaining the infrastructure • Other infrastructure development • Other Capacity Accomplishment (provide title in description box below)
Describe the Accomplishment	Free Text

In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional accomplishments as needed.

Barriers/Challenges

Item	Response Options
Barrier/Challenge Name	<p><u>Barrier/Challenges</u></p> <ul style="list-style-type: none"> • Major external community events like weather disasters • Lack of collaboration between stakeholders (e.g., between agencies, between coalitions, between jurisdictions and funded community levels) • Differing perspectives between the project and jurisdiction-level administrators (e.g., Single State Authority, Governor’s Office, tribal entity, etc.) • No leadership or political commitment to the issue • State/Tribal/Jurisdictional contract or other delays getting sub-recipient communities on board • Inadequate pool of qualified people for identifying members (State Advisory Council, Epidemiological Outcomes Workgroup, Evidence Based-Practices Workgroup) • Difficulties getting buy-in from partnering agencies • Difficulty balancing efficiency vs. inclusiveness of project members • Insufficient/inadequate training/technical assistance provided directly by the project or partnering entity at the State/Tribe/Jurisdiction level • Insufficient/inadequate TA provided directly by the project or partnering entity at the funded community level • Funding challenges (e.g., state budget cuts; delayed receipt of program funds) • No coordination of funds • No capacity for leveraging of funds or in-kind donations • No capacity for monitoring objectives and goals • Underdeveloped prevention infrastructure • Limited incorporation of cultural competencies • Inadequate funds to thoroughly implement SPF model • Staffing challenges (e.g., delays in hiring, delays in training, turnover) • Inadequate time for project staff and members to devote to the project • Limited time to implement the SPF step • Other Capacity Barrier (provide title in description box below)
Describe the Barrier/Challenge	Free Text
Was technical assistance (TA) requested to help address this Barrier/Challenge?	<ul style="list-style-type: none"> • Yes • No

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

Planning

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

Strategic Plan

Use this section to upload and provide a brief description of your strategic plan. Note that this section is for uploading grantee-level, rather than community- or subrecipient-level, documents. So do not load community- or subrecipient-level plans here. Once you upload the strategic plan, only update this section if you have revised the plan.

This document may not be required by your grant program, so please ask your project officer if you need to upload.

Item	Response Options
Upload State-, Tribe-, or Territory-wide Strategic Plan	Browse
Describe the document or any changes made to your strategic plan between the previous version and this one. If a plan was not available or not uploaded, describe the plan or guidelines you are using.	Free Text

Accomplishments and Barriers/Challenges

Use this section to enter information on any Accomplishments and/or Barriers/Challenges that you experienced while performing activities related to Planning. Each Accomplishment or Barrier/Challenge will be listed in the table. Use the table heading links to sort Accomplishments/Barriers/Challenges by column.

Click on the Name that you have assigned to each Accomplishment or Barrier to edit that record. You will also report on actions taken to resolve Barriers/Challenges related to Planning during this reporting period.

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

In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional accomplishments as needed.

Accomplishments

Item	Response Options
Accomplishment Name	<p><u>Accomplishments</u></p> <ul style="list-style-type: none"> • Use of statewide needs assessment in the development of the strategic plan • Discussion on adjustments based on ongoing needs assessment activities • Identification of the State-/Tribe-/Jurisdiction-level priorities • Articulation of a vision for prevention activities • Identification of key milestones and outcomes • Identification/coordination/allocation of resources • Identification of other sources of funding for the plan • Identification of appropriate funding mechanism(s) • Establishment of key policies • Involvement of public and private service systems in planning • Planning for sustaining the infrastructure • Other Planning Accomplishment (provide title in description box below)
Describe the Accomplishment	Free Text

Barriers/Challenges

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

Behavioral Health Disparities

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

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

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

Disparities Impact Statement (DIS)

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

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

Population(s) Experiencing the Disparity

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

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

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

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

In the SPARS data collection system, there will be an “Add a Population(s) Experiencing Disparity Record” button for this section. Grantees will be able to click that button to add additional records as needed.

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

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

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

Focus and Data Gaps

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

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

Access to Prevention Efforts

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

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

Use and Reach of Prevention Efforts

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

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

Outcomes of Prevention Efforts

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

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

Accomplishments and Barriers/Challenges

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

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

In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional accomplishments as needed.

Accomplishments

Item	Response Options
Accomplishment Name	<p><u>Accomplishments</u></p> <ul style="list-style-type: none"> • ASSESSMENT: Defined disparate population(s) (race, ethnicity, sex, LGBTQ) • ASSESSMENT: Defined additional high-need subpopulations (age, residential area, SES, other) • ASSESSMENT: Identified specific behavioral health disparities faced by your disparate or high-need subpopulation(s) • ASSESSMENT: Obtained data specific to your disparate or high-need subpopulation(s) • PLANNING: Considered behavioral health disparities in the planning process (e.g., in prioritization, community selection, or intervention selection) • ALL: Ensured the involvement of population(s) experiencing substance abuse–related behavioral health disparities in assessment, capacity building, planning, implementation, evaluation, or dissemination efforts • ALL: Integrated National Standards for CLAS into grant program activities • CAPACITY: Developed coalitions or strategic partnerships with other agencies or key stakeholders to address substance abuse–related behavioral health disparities in your state, tribe, or jurisdiction • CAPACITY: Provided training to increase the capacity of prevention workforce and relevant agencies or organizations to address substance abuse–related behavioral health disparities in your state, tribe, or jurisdiction • CAPACITY: Delivered training to increase subrecipient community capacity related to behavioral health disparities • IMPLEMENTATION: Ensured that implemented interventions were specific to behavioral health disparities of disparate and high-need subpopulation(s) • IMPLEMENTATION: Helped adapt interventions to make them apply to specific health disparities of disparate and high-need subpopulation(s) • IMPLEMENTATION: Increased availability of substance abuse prevention services to disparate population(s) (race, ethnicity, sex, LGBTQ) • IMPLEMENTATION: Increased availability of substance abuse prevention services to high-need subpopulation(s) (age, residential area, SES, other) • IMPLEMENTATION: Increased access to substance abuse prevention services to disparate population(s) (race, ethnicity, SES, other) • IMPLEMENTATION: Increased access to substance abuse prevention services to high-need subpopulation(s) (age, residential area, SES, other) • EVALUATION: Assessed changes in outcomes by populations that face behavioral health disparities related to substance abuse • EVALUATION: Assessed changes in the number of individuals in the disparate population served or reached (race, ethnicity, sex, LGBTQ) • EVALUATION: Assessed changes in the number of individuals in the high-need subpopulation served or reached (age, residential area, SES, other) • 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 Behavioral Health Disparities Accomplishment (provide title in description box below)
Describe the Accomplishment	Free Text

In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional accomplishments as needed.

Barriers/Challenges

Item	Response Options
Barrier/Challenge Name	<p><u>Barrier/Challenges</u></p> <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 CLAS to grant program activities • CAPACITY: Difficulty developing coalitions or strategic partnerships with other agencies or key stakeholders to address substance abuse–related behavioral health disparities in your state, tribe, or jurisdiction • CAPACITY: Low capacity among subrecipients to address behavioral health disparities issues • CAPACITY: Difficulty finding or providing appropriate training for communities to address behavioral health disparities • IMPLEMENTATION: Lack of interventions specific to the disparate population(s) (race, ethnicity, sex, LGBTQ) • IMPLEMENTATION: Lack of interventions specific to the high-need subpopulation(s) (age, residential area, SES, other) • IMPLEMENTATION: Inability to adapt interventions to make them applicable to specific behavioral health disparities of disparate and high-need subpopulation(s) • EVALUATION: Lack of data to assess changes in outcomes by populations that face behavioral health disparities related to substance use • EVALUATION: Lack of data to assess changes in the number of individuals in the disparate population served or reached (race, ethnicity, sex, LGBTQ) • EVALUATION: Lack of data to assess changes in the number of individuals in the high-need subpopulation served or reached (age, residential area, SES, other) • Other Behavioral Health Disparities Barrier (provide title in description box below)
Describe the Barrier/Challenge	Free Text
Was technical assistance (TA) requested to help address this Barrier/Challenge?	<ul style="list-style-type: none"> • Yes • No

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

Implementation

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

Accomplishments and Barriers/Challenges

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

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

In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional accomplishments as needed.

Accomplishments

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

In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional barriers/challenges as needed.

Barriers/Challenges

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

Subrecipient Progress

Item	Response Options
Select Subrecipient	<ul style="list-style-type: none"> • Subrecipient 1 • Subrecipient 2 • Etc.
Briefly describe where this Subrecipient is in the process and their accomplishments to date	Free Text

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.

In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional approaches or innovations as needed.

Item	Response Options
Select Subrecipient (This question will only be visible if you entered subrecipients in the administration section. If not, it is assumed the approach or innovation being reported is at the grantee level.)	<ul style="list-style-type: none"> • Subrecipient 1 • Subrecipient 2 • Etc.
Promising Approach or Innovation Name	Free Text
Briefly describe the promising approach or innovation implemented	Free Text

Evaluation

The Evaluation Step is comprised of conducting, analyzing, reporting on, and using the results of outcome evaluation. Outcome evaluation involves collecting and analyzing information about whether the intended Goals and Objectives were achieved. Evaluation results identify areas where modifications to prevention strategies may be needed and can be used to help plan for sustaining the prevention effort as well as future endeavors.

Evaluation Plan Upload

Upload and provide a brief description of your document. Use the Browse button to select a file from your computer, use the Upload button to add your document, enter a description, and then click the Save button. If your document has not changed since your previous upload, then you do not need to upload a new document.

Item	Response Options
Upload Evaluation Plan	Browse button
Description	Free Text

Evaluation Report

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

Item	Response Options
Upload Final Evaluation Report	Browse button
Description	Free Text

Other Document Upload

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

In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional records as needed.

Item	Response Options
Upload Other Document	Browse button
Other Document Description	Free Text

Accomplishments and Barriers/Challenges

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

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

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

In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional accomplishments as needed.

Accomplishments

Item	Response Options
Accomplishment Name	<p><u>Accomplishments</u></p> <ul style="list-style-type: none"> • Monitor and evaluate all program activities • Development and implementation of community-level evaluation • Assess program effectiveness • Ensure service delivery quality • Encourage needed improvement • Promote sustainability of outcomes • Identify successes • Other Evaluation Accomplishment (provide title in description box below)
Describe the Accomplishment	Free Text

In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional barriers/challenges as needed.

Barriers/Challenges

Item	Response Options
Barrier/Challenge Name	<p><u>Barrier/Challenges</u></p> <ul style="list-style-type: none"> • Major external community events like weather disasters • Lack of collaboration between stakeholders (e.g., between agencies, between coalitions, between jurisdictions and funded community levels) • State/Tribal/Jurisdictional contract or other delays getting subrecipient communities on board • Lack of cooperation/follow-through by communities/subrecipients/partners in collecting data • Challenges in development and implementation of community-level evaluation • Underdevelopment of existing data or performance monitoring infrastructure • 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 • Mismatch between level available data (e.g., county) and communities being funded (e.g., towns within counties) • Other data or data collection challenges • No capacity for monitoring objectives and goals • Challenges assessing program effectiveness • Challenges identifying successes • Lack of data analysis or evaluation expertise • Delays in hiring evaluator • Inadequate time for project staff and members to devote to the project • Limited time to implement this SPF step • Other Evaluation Barrier (provide title in description box below)
Describe the Barrier/Challenge	Free Text
Was technical assistance (TA) requested to help address this Barrier/Challenge?	<ul style="list-style-type: none"> • Yes • No
Date TA Requested (If YES is selected) NOTE: If you received TA for this issue, please report it on the Capacity > Training and Technical Assistance page.	Date
In what other ways did you address this Barrier/Challenge?	Free Text

Sustainability

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

Accomplishments and Barriers/Challenges

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

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

In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional accomplishments as needed.

Accomplishments

Item	Response Options
Accomplishment Name	<p><u>Accomplishments</u></p> <ul style="list-style-type: none"> • Establishment of key ongoing policies • Planning for sustaining the infrastructure • Leveraging funding and other resources to ensure sustainability of efforts • Training grantee-level stakeholders and administrators on the importance of program activities • Other Sustainability Accomplishment (provide title in description box below)
Describe the Accomplishment	Free Text

In the SPARS data collection system, there will be an “Add” button for this section. Grantees will be able to click that button to add additional barriers/challenges as needed.

Barriers/Challenges

Item	Response Options
Barrier/Challenge Name	<p><u>Barrier/Challenges</u></p> <ul style="list-style-type: none"> • No leadership or political commitment to sustaining program activities • No coordination of funds to ensure sustainability of program activities • No capacity for leveraging of funds or in-kind donations to ensure sustainability of activities • No planning for sustaining the infrastructure • Underdeveloped data infrastructure to demonstrate outcomes in support of sustaining activities • Other Sustainability Barrier (provide title in description box below)
Describe the Barrier/Challenge	Free Text
Was technical assistance (TA) requested to help address this Barrier/Challenge?	<ul style="list-style-type: none"> • Yes • No
Date TA Requested (If YES is selected) NOTE: If you received TA for this issue, please report it on the Capacity > Training and Technical Assistance page.	Date
In what other ways did you address this Barrier/Challenge?	Free Text

Outcomes

Use this section to report annual numbers of opioid-related overdose and overdose deaths, and 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 (e.g., heroin). You will report any data/time points that have become available prior to the report deadline.

Grantee is used to indicate the state/tribal entity/jurisdiction receiving the award from SAMHSA/CDC. Subrecipient is used to indicate the grantee’s subrecipient communities.

Grantee-Level Overdose Data

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

State grantees do not need to report information in the Population (Denominator) and Opioid Overdose Deaths fields, as these data will be pulled from CDC’s Wide-ranging ONline Data for Epidemiological Research (WONDER) database. Tribal and jurisdiction grantees are asked to provide data for these fields.

Grantees are asked to report emergency department data. If emergency department data are not available, you should report hospitalization data. If emergency department and hospitalization data are not available, grantees may report opioid overdose events from a different data source.

Item	Response Options
2017	Click on arrow next to year, then click “Edit Overdose Data”
2018	Click on arrow next to year, then click “Edit Overdose Data”
2019	Click on arrow next to year, then click “Edit Overdose Data”
2020, etc.	Click on arrow next to year, then click “Edit Overdose Data”

Data Source and Comments:

Please provide information about the data source, any additional information that would be useful in understanding the overdose data you have provided, or both.

Item	Emergency Department Visits Involving Opioids Overdose	Hospitalizations Involving Opioid Overdose	Other Opioid Overdose Events (optional)
Total	Numerical	Numerical	Numerical
Data Source	Free Text	Free Text	Free Text
Additional Information	Free Text	Free Text	Free Text

Age

Note: Please complete the fields below, leaving fields blank if data are unknown.

Item	Emergency Department Visits Involving Opioids Overdose	Hospitalizations Involving Opioid Overdose	Other Opioid Overdose Events (optional)
15–24 years	Numerical	Numerical	Numerical
25–34 years	Numerical	Numerical	Numerical
35–44 years	Numerical	Numerical	Numerical
45–54 years	Numerical	Numerical	Numerical
55–64 years	Numerical	Numerical	Numerical
65+ years	Numerical	Numerical	Numerical
Not available	Numerical	Numerical	Numerical

Sex

Note: The values entered for the age groups and the sexes must each total the values entered in the total line.

Item	Emergency Department Visits Involving Opioids Overdose	Hospitalizations Involving Opioid Overdose	Other Opioid Overdose Events (optional)
Male	Numerical	Numerical	Numerical
Female	Numerical	Numerical	Numerical
Sex Not Available	Numerical	Numerical	Numerical

Subrecipient-Level Overdose Data

Next, you will report any subrecipient-level data that are available on opioid-related overdose deaths and events in your selected subrecipient. County-level subrecipients do not need to report information in the Population (Denominator) and Opioid Overdose Deaths fields, as these data will be pulled from CDC’s WONDER database. Non-county-level subrecipients must report this information.

Item	Response Options
2017 <ul style="list-style-type: none"> Subrecipient 1 Subrecipient 2 	Click on arrow next to year, click on the subrecipient name, then click "Edit Overdose Data"
2018 <ul style="list-style-type: none"> Subrecipient 1 Subrecipient 2 	Click on arrow next to year, click on the subrecipient name, then click "Edit Overdose Data"
2019 <ul style="list-style-type: none"> Subrecipient 1 Subrecipient 2 	Click on arrow next to year, click on the subrecipient name, then click "Edit Overdose Data"
2020, etc. <ul style="list-style-type: none"> Subrecipient 1 Subrecipient 2 	Click on arrow next to year, click on the subrecipient name, then click "Edit Overdose Data"

Data Source and Comments:

Please provide information about the data source, any additional information that would be useful in understanding the overdose data you have provided, or both.

Item	Population (denominator)	Opioid Overdose Deaths	Emergency Department Visits Involving Opioids Overdose	Hospitalizations Involving Opioid Overdose	Other Opioid Overdose Events (optional)
Total	Numerical	Numerical	Numerical	Numerical	Numerical
Data Source	Free Text	Free Text	Free Text	Free Text	Free Text
Additional Information	Free Text	Free Text	Free Text	Free Text	Free Text

Target Consumption Outcomes Data

Use this section to report any available survey data related to prescription drug misuse. The data are intended to reflect changes at the grantee level or community level in the consumption variable(s) targeted by the SPF Rx grant.

Note: State grantees do not need to report any state-level National Survey on Drug Use and Health data. You have the option to report other available survey data (e.g., from schools) that may be relevant to their states’ SPF Rx goals.

If tribes or nonstate jurisdictions have access to existing survey data (e.g., from community or school surveys), report that survey data for your consumption indicator(s) for your target population.

To report targeted consumption outcome data, complete the following items, which ask for detailed outcome information.

In the MRT, there will be an “Export Data” button.

Export Data

Fields That Appear If “Survey Data” Is Selected in the Data Source Type Field

Data Item	Response Options
Data Source Name	Free Text
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
Specify substance and measure (if “Other Targeted Prescription Drug Outcome Measure” is selected for Specified Substance)	Free Text

Data Item	Response Options
<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 Drugs 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>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 drug 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 pain relievers in the past 30 days • Percentage of target population with any misuse of prescription pain relievers during the past 12 months <p>Other Targeted Prescription Drug Outcome Measure (SPF Rx)</p> <ul style="list-style-type: none"> • Past 30-day use • Past 12-month use • Other
<p>Other Outcome Measure (if “Other” is selected for “Other Targeted Prescription Drug Outcome Measure”)</p>	<p>Free Text</p>
<p>Survey Item</p>	<p>Free Text</p>
<p>Response Option(s)</p>	<p>Free Text</p>
<p>Reported Outcome Description</p>	<p>Free Text</p>

- 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 Baseline Response Data.”

Response Data

Data Item	Response Options
Select Subrecipient* [Item only appears if applicable]	Drop-down menu with subrecipient names
Data Collection Date	Date Field
Population Parameters	<ul style="list-style-type: none"> • Age range • Grade(s)
Age Range Minimum (If “Enter age range” is selected for Population Parameters)	Numerical
Age Range Maximum (If “Enter age range” is selected for Population Parameters)	Numerical
Grades (If “Enter grade[s]” is selected for Population Parameters) (Check all that apply)	<ul style="list-style-type: none"> • K • 1 • 2 • 3 • 4 • 5 • 6 • 7 • 8 • 9 • 10 • 11 • 12 • College
Other Sample Descriptors	Free Text
Description of Sampling Design	<ul style="list-style-type: none"> • Census • Convenience Sample • Random Sample • Stratified Random Sample
Multiple Year Pooled Estimate	<ul style="list-style-type: none"> • Yes • No
Multiple Year Estimate Description (if “yes” is selected)	Free Text
Value Type	<ul style="list-style-type: none"> • Percentage • Mean • Other
Value Type Other (if “Other” is selected)	Free Text
Calculated Value	Numerical
Standard Error	Numerical
Standard Deviation	Numerical
Survey Item Valid N	Numerical
Comments	Free Text

- Click on “Add Follow-up” to add follow-up data for a previously entered baseline record.
- To edit existing records, click “Edit.”

Follow-Up Data

Data Item	Response Options
Select Subrecipient* [Item only appears if applicable]	Drop-down menu with subrecipient names
Data Collection Date	Date Field
Population Parameters	<ul style="list-style-type: none"> • Age range • Grade(s)
Age Range Minimum (If “Enter age range” is selected for Population Parameters)	Numerical
Age Range Maximum (If “Enter age range” is selected for Population Parameters)	Numerical
Grades (If “Enter grade[s]” is selected for Population Parameters) (Check all that apply)	<ul style="list-style-type: none"> • K • 1 • 2 • 3 • 4 • 5 • 6 • 7 • 8 • 9 • 10 • 11 • 12 • College
Other Sample Descriptors	Free Text
Description of Sampling Design	<ul style="list-style-type: none"> • Census • Convenience Sample • Random Sample • Stratified Random Sample
Multiple Year Pooled Estimate	<ul style="list-style-type: none"> • Yes • No
Multiple Year Estimate Description (if “yes” is selected)	Free Text
Value Type	<ul style="list-style-type: none"> • Percentage • Mean • Other
Value Type Other (if “Other” is selected)	Free Text
Calculated Value	Numerical
Standard Error	Numerical
Standard Deviation	Numerical
Survey Item Valid N	Numerical
Comments	Free Text

Substitute Data Request

Use this section to obtain approval for the use of substitute outcome measures. 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 meet the requirements, you are required to submit a substitute data request and receive approval.

Substitute Data Source Request Detail

To submit a Substitute Data Request for Survey Data (Targeted Consumption Outcomes), select the arrow next to Survey Data and then select “Add Data Source.” To submit a request for Administrative Data (Overdose Outcomes), select the arrow next to Administrative Data and then select “Add Data Source.” To submit a request for PDMP Data, select the arrow next to PDMP Data, select “Add Data Source,” and then select “PDMP indicators” from the dropdown list.

Data Item	Response Options
<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 • 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 • 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

Data Item	Response Options
Data source name	Free Text
Exact wording of the proxy item and response options the grantee is requesting to substitute for the SPF Rx Required Outcome Measure	Free Text
Exact wording of the outcome that will be reported to SAMHSA/CSAP	Free Text
Formulae for calculating or deriving the prevalence estimate (reported outcomes)	Free Text
Summarize how the collection and reporting of community-level SPF Rx Required Outcome Measure was written in your approved SPF Rx Strategic Plan, if applicable	Free Text
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 yes, why? (If “Yes” is selected)	Free Text
Reason for the substitution request	Free Text
Agency/organization responsible for data collection	Free Text
Were there validity and reliability tests of the survey items constituting the substitute measure? (If Survey Data is selected)	<ul style="list-style-type: none"> • Yes • No
Description of the reliability/validity study(ies) (If Survey Data is selected) (If “yes” was selected)	Free Text
Are there any published validity/reliability studies for this instrument? (If Survey Data is selected)	<ul style="list-style-type: none"> • Yes • No
Bibliographic Information (If Survey Data is selected) (If “yes” was selected)	Free Text
Substitute Data Source Request Supporting Document	File upload

- Select “Save” to add your data source. Your outcome measure will then appear in the list of data sources.
- If you are entering community outcomes at the subrecipient level, select “Add Subrecipient Response Data” to complete data entry to the substitute data request.
- If you are entering community outcome data at the grantee level, select “Add Grantee-Level Response Data.”

In the MRT, grantees will select their subrecipients from a prepopulated list to access the following required items for submitting a substitute data source request.

Data Item	Response Options
Subrecipient* [Item only appears if applicable]	Dropdown menu
Do the data approximate the community (e.g., county, city, town, school) where SPF Rx interventions are delivered?	<ul style="list-style-type: none"> • Yes • No
If no, indicate how they differ (If “No” is selected)	Free Text
Most recent month and year for which data are available?	Date Field
Is there a data point collected at least 6 months prior to the implementation of SPF Rx 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
Are trend data available?	<ul style="list-style-type: none"> • Yes • No
Start year of trend data (If “Yes” is selected)	Free Text

Additional Fields for Survey Data Sources Only

Fields That Appear If “Survey data” Is Selected in the Data Source Type Field in the Previous Section

Data Item	Response Options
Date of Data Collection	Date Field
Sample Size	Numerical
Sampling Ratio	Free Text
What type of sampling strategy was used to select respondents?	<ul style="list-style-type: none"> • Census • Convenience sample • Random sample • Stratified random sample
If “Random sample” or “Stratified random sample” is selected:	
Stratified Sampling – Identify each stratum	Free Text
Cluster Sampling – Identify the clustering unit	Free Text
Multistage design – Identify the unit sampled at each stage	Free Text
Potential sources of bias in the sample design	Free Text
Method of Administration	<ul style="list-style-type: none"> • Mail-in • Telephone • Face-to-face • Self-administered: school-based • Self-administered: survey site other than school • Other
Other Method (Specify) (If “Other” is selected)	Free Text
Was this a computer-assisted interview?	<ul style="list-style-type: none"> • Yes • No
What was the survey response rate?	Free Text