Center for Substance Abuse Prevention (CSAP)

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

Question-by-Question Instruction Guide for Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO) Grantees and First Responders–Comprehensive Addiction and Recovery Act Cooperative Agreement (FR–CARA) Grantees

SPARS

SAMHSA
Substance Abuse and Mental Health Services Administration

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Introduction

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

Work plans include your Needs Assessment (only required for Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths [PDO] grantees), Disparities Impact Statement (DIS), Naloxone Distribution Plan (only required for PDO), and Evaluation Plan.

This Question-by-Question Instruction Guide provides guidance for successfully completing the DSP–MRT for PDO and First Responders–Comprehensive Addiction and Recovery Act Cooperative Agreement (FR–CARA) 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.

The tables below list progress report due dates. Check with your project officer for work plan due dates.

PDO (2016) & FR-CARA (2017)
Reporting Deadlines

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

FR-CARA Reporting Deadline for cohorts funded in 2018 and later*

Progress Report	Reporting Period	Due Date
1	October 1–September 30	December 31*

**Grantees should follow the deadlines in their Notice of Award (NOA). Deadlines may vary slightly by cohort.*

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. Note that work plans labeled "PDO only" will not be visible to FR–CARA grantees. Please check with your project officer for work plan deadlines.

Needs Assessment (PDO only)

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.

Data Item	Response Options	Content Guidance and Related Definitions
Upload Document	Document upload function	Click "View" to open the Needs Assessment work plan section, then select "Add a Document." Use the "Browse" button to find the document on 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 the document again.
Provide a brief description of your document and, if relevant, note any differences between this version and the previous 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 the document again. The field accepts 1,000 characters.

Disparity Impact Statement

Once your State Project Officer (SPO) approves your Disparities Impact Statement (DIS), you can use this section to upload the DIS. Once you upload the DIS, you will only update this section when you identify new disparate population(s) or if you revise plans to improve the quality of programming to address the needs (access, use/reach, outcomes) of the disparate population. If you do not have an approved DIS, please continue to work 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 and then select "Add a Document." Use the "Browse" button to select a file from your computer and then select the "Upload" button to add your document. If your document has not changed since your previous upload, then you do not need to upload a new document.
Provide a brief description of your document and, if relevant, note any differences between this version and the previous 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.

Naloxone Distribution Plan (PDO only)

Use this section to upload the Naloxone Distribution Plan and provide a brief description of the plan, if you wish. Once you upload the plan, you only need to update this section if you revise the plan.

Data Item	Response Options	Content Guidance and Related Definitions
Upload Document	Document upload function	Click "View" to open the Naloxone Distribution work plan section and 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 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, note any differences between this version and the previous 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.

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 for future endeavors.

Data Item	Response Options	Content Guidance and Related Definitions
Upload Document	Document upload function	Click "View" to open the Evaluation 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, note any differences between this version and the previous 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 100 characters.

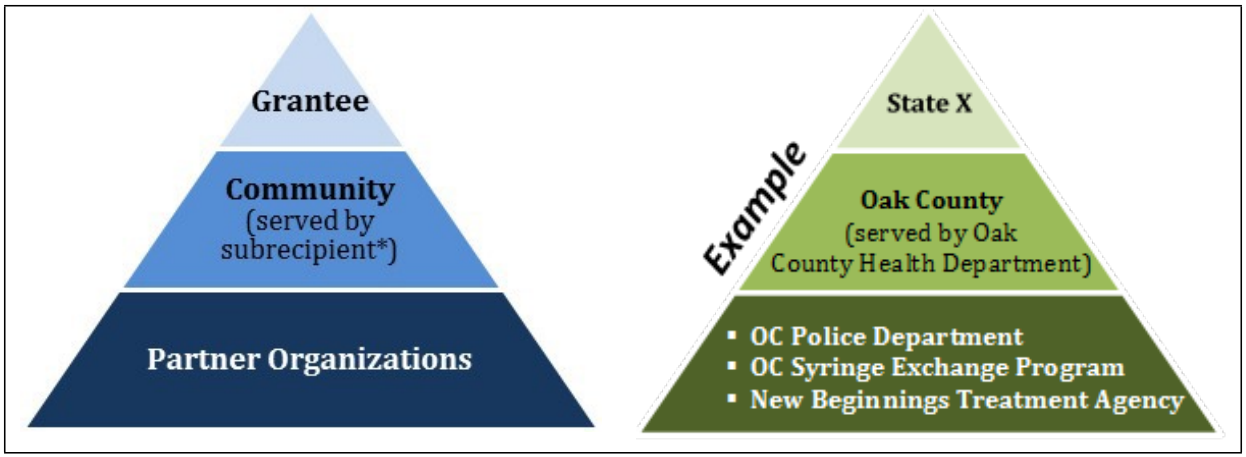
DSP–MRT Progress Report

Administration

Throughout the DSP–MRT, **grantee** refers to the state/tribe/jurisdiction receiving the award from SAMHSA. **Community** refers to the grantee's selected high-need communities, and **subrecipient** indicates the grantee's sub-awardees funded to lead the grant in the selected communities. Some grantees refer to their subrecipients as sub-grantees. Some grantees may not have a subrecipient responsible for leading the grant in each of the selected communities. The information you enter in the Administration section will drive how the other DSP–MRT sections report data, so please ensure that you correctly define subrecipients and high-need communities.

We use **partner organization** to indicate any of the selected high-need community's partners (for example, law enforcement agencies, syringe exchange programs) that receive naloxone kits or training or distribute naloxone to laypersons through the grant. If you are reporting for a grant other than the PDO/Naloxone Distribution Grant, consider all references to "naloxone" as being "approved opioid overdose reversal drugs or devices." Note that you may consider the subrecipient as being a partner organization if it will be conducting these activities (such as distributing to laypersons) rather than simply engaging and coordinating with other partner organizations. Exhibit 1 illustrates the involved levels and provides an example at each level. Note that some grantees may not have subrecipients, and that some subrecipients may serve more than one selected high-need community. For more information about these terms and examples of high-need communities, subrecipients, and partner organizations, see Appendix A.

Exhibit 1. Levels of Data Reporting



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?*	○ Yes ○ No	Subrecipients are the grantee's sub-awardees funded to lead the grant in the selected communities.
Do you use sub-states?*	○ Yes ○ No	**PDO grantees: Select "No" for this item.** 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.

Data Item	Response Options	Content Guidance and Related Definitions
State/Territory*	Drop-down menu	Select the state or territory from the list.
ZIP*	Numerical	The field only accepts 5 numerals.
Project Director Name	Free text	The field accepts up to 100 characters.
Project Director E-mail Address	Free text	The field accepts up to 100 characters.
Project Director Phone Number	Numerical	The field accepts up to 25 characters.
Project Coordinator Name	Free text	The field accepts up to 100 characters.
Project Coordinator E-mail Address	Free text	The field accepts up to 100 characters.
Project Coordinator Phone Number	Numerical	The field accepts up to 25 characters.
Lead Evaluator Name	Free text	The field accepts up to 100 characters.
Lead Evaluator E-mail Address	Free text	The field accepts up to 100 characters.
Lead Evaluator Phone Number	Numerical	The field accepts up to 25 characters.
Epidemiological Lead Name	Free text	The field accepts up to 100 characters.
Epidemiological Lead E-mail Address	Free text	The field accepts up to 100 characters.
Epidemiological Lead Phone Number	Numerical	The field accepts up to 25 characters.

Subrecipient

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

Data Item	Response Options	Content Guidance and Related Definitions
Subrecipient Name*	Free text	The field accepts up to 100 characters.
Subrecipient Type*	○ 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 accepts only 5 numerals.
Subrecipient Status*	○ Selected but not yet active or funded ○ Planning grant only: Not (yet) selected to implement all steps ○ Active: Has begun implementation and/or funding ○ Deactivated: No longer funded	Indicate your subrecipient's present status. You will need to update the status to reflect the subrecipient's status, if it ever changes.
Has this subrecipient been funded?*	○ Yes ○ No	Indicate "Yes" or "No" if you funded the subrecipient.
Date Funded*	Date (mm/dd/yyyy)	If you select "Yes" for "Has this subrecipient been funded?," complete this item. Report the date when the subrecipient began receiving funding through the PDO/Naloxone grant. The Date Funded should not change over the course of the grant.
Funding End Date*	Date (mm/dd/yyyy)	If you select "Yes" for "Has this subrecipient been funded?," complete this item.
Amount Awarded Per Year*	Numerical	If you select "Yes" for "Has this subrecipient been funded?," complete this item.

High-Need Community

Through the Disparities Impact Statement and Needs Assessment (if applicable), SAMHSA expects every grantee to identify one or more high-need/low-capacity community(ies). Use this section to add or update information about your selected high-need community(ies). For Single-Community grantees, if you identify your tribe or territory as your high-need community, enter that here. Select "Add a High-Need Community" to enter information.

Data Item	Response Options	Content Guidance and Related Definitions
Selected High-Need Community Name*	Free text	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 for 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 tool Look Up a ZIP Code 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 the subrecipients that you 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." **PDO grantees:** Select the subrecipient(s) that provide oversight or services specific to the PDO/Naloxone grant to this community.

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 or 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)	**PDO grantees:** The start date is the date the community began receiving resources (for example, implementation assistance, naloxone, trainings) **through the PDO/Naloxone grant.**

Partner Organization

Use this section to add or update partner organization information for each selected high-need community. **Partner organizations** are the entities receiving naloxone drugs or naloxone training (such as law enforcement agencies) or distributing to and training laypersons (for example, syringe exchange programs).

A later section of the progress report will ask you to report on naloxone drugs distributed to these partner organizations and the naloxone administration events reported by these partner organizations for this grant. Note that if the subrecipient for the selected high-need community will also be providing these activities (for example, distributing to laypersons) rather than simply engaging and assisting the other partner organizations, you need to enter the subrecipient as a partner organization here. The SPARS system carries partner organization information over from one reporting period to the next. Select “Add a Partner Organization” to enter information.

Data Item	Response Options	Content Guidance and Related Definitions
Partner Organization Name*	Free text	The field accepts up to 100 characters.
High-Need Community*	Drop-down menu with High-Need Communities entered in High-Need Community section	Select the PDO/Naloxone high-need community the partner organization is serving. The information entered in the High-Need Communities section populates the list. If the partner organization is serving more than one PDO/Naloxone high-need community, you will need to enter the partner organization separately for each high-need community that the organization serves.
Sector*	○ Corrections ○ Courts ○ Emergency Medical System (EMS) ○ Emergency Medical Technician (EMT) ○ Fire Departments ○ Harm Reduction Agency ○ Law Enforcement ○ Other Social Service Organization ○ Pharmacies ○ Public Health Agencies ○ Recovery Community Organization ○ Shelters ○ Substance Use Disorder Treatment ○ Syringe Exchange Programs ○ Other	Some options may not be applicable, depending on your grant. Contact your CSAP project officer if you have questions. Use the checkboxes to select all sectors that apply. If you select “Other,” enter a brief description. The field accepts up to 100 characters.

Data Item	Response Options	Content Guidance and Related Definitions
Target ZIP Codes of the Partner Organization's Service Area	Numerical	List the partner organization's service area within this PDO/Naloxone high-need community. Do not include ZIP codes that are outside of the selected PDO/Naloxone high-need community. Selecting "Add Target ZIP Code" will add the entered value to the list of ZIP codes. You can also use the USPS tool Look Up a ZIP Code to search for a ZIP code.
Target County or Counties (Alternative)	Free text	If this partner organization targets an entire county (or counties), provide the county name(s) here. The field accepts up to 100 characters.

Assessment

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

Needs Assessment Plan

The Needs Assessment 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 Needs Assessment, go to the Work Plans section on your Dashboard and select the plus sign (+) or "Edit" option next to Needs Assessment. For specifics on what to include in your plan, refer to the Work Plans section of this document on page 6.

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*	○ 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	Select an option from the drop-down menu to report any accomplishments you experienced related to Assessment during the reporting period. If you select "Other," enter a brief description of the accomplishment. The "Other" field accepts up to 200 characters.

Data Item	Response Options	Content Guidance and Related Definitions
Accomplishment Name* (continued)	○ Use of the Epidemiological Outcomes Workgroup to enhance and supplement the current process ○ 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).
Barrier/Challenge Name*	○ 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	Select an option from the drop-down menu to report any barriers/challenges you experienced related to Assessment during the reporting period. If you select “Other,” enter a brief description of the barrier/challenge. The “Other” field accepts up to 200 characters.

Data Item	Response Options	Content Guidance and Related Definitions
Barrier/Challenge Name* (continued)	○ Limited staff capacity to conduct assessments ○ Limited time to implement this Strategic Prevention Framework step Low survey response rates ○ Major external community events like weather disasters Mismatch between level of disaggregation of available data (e.g., county) and communities receiving funding (e.g., towns within counties) ○ Need for new data collection instruments ○ State/Tribal/Jurisdictional contract or other delays getting subrecipient or high-need communities on board ○ Other	
Describe the Challenge/Barrier*	Free text	Provide a brief description of the barrier/ challenge experienced during the reporting period. You can report a barrier/challenge again in subsequent reporting periods (for example, if a barrier continued to affect assessment for more than one reporting period). The field accepts up to 3,000 characters.
Was technical assistance (TA) requested to help address the Barrier/Challenge?*	○ 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.

Capacity

Capacity refers to the various types and levels of resources available to establish and maintain a community overdose prevention system. This prevention system can identify and leverage resources that will support an effective strategy aimed at the priority problems and identified risk factors in the community at the appropriate population level. Capacity to carry out strategies depends not only upon the resources of the community organizations and their function as a cohesive problem-solving group, but also upon the readiness and ability of the larger community to commit its resources to addressing 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 revise as new members join or old members become inactive. Select “Add Membership” to enter information.

Data Item	Response Options	Content Guidance and Related Definitions
Date Joined*	Date (mm/dd/yyyy)	
Member Type*	○ 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. **PDO grantees:** Note that SAMHSA does not require an EOW for the PDO/Naloxone grant.
Member Name*	Free text	The field accepts up to 100 characters.
Title*	Free text	The field accepts up to 100 characters.
Organization*	Free text	The field accepts up to 100 characters.
Sector*	○ 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 ○ LGBT supportive organization ○ Media (radio/TV stations, newspaper) ○ Mental health professionals/agencies	Use the drop-down menu to select the **primary** sector that the member represents. The field accepts up to 200 characters.

Data Item	Response Options	Content Guidance and Related Definitions
Sector* (continued)	○ 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*	○ Active ○ Inactive	Indicate the member's present status. Update this field if the member's status changes.
Date Exited*	Date (mm/dd/yyyy)	If you select "Inactive" for Status, enter the date when the member became inactive.

Advisory Council and Other Workgroup Meetings

Use this section to report Advisory Council, Epidemiological Outcome Workgroup, or other workgroup meetings conducted during this reporting period and upload meeting minutes. Please ensure that the minutes include meeting attendees. If you had no Advisory Council, EOW, or other workgroup meetings held during 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*	○ 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.

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	○ SAMHSA Partnerships for Success (PFS) ○ SAMHSA Strategic Prevention Framework for Prescription Drugs (SPF Rx) ○ SAMHSA Medication-Assisted Treatment–Prescription Drug and Opioid Addiction (MAT–PDOA) ○ SAMHSA Minority HIV/AIDS Initiative (MAI) ○ SAMHSA State Targeted Response to the Opioid Crisis Grants (Opioid STR) ○ SAMHSA Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO) ○ First Responders – Comprehensive Addiction and Recovery Act Cooperative Agreement (FR–CARA) ○ Improving Access to Overdose Treatment (OD Tx Access) ○ CDC Prescription Drug Overdose: Prevention for States (PfS) ○ CDC Data-Driven Prevention Initiative (DDPI) ○ CDC Expanded Overdose Surveillance ○ BJA Harold Rogers Prescription Drug Monitoring Program (PDMP) Grant ○ Health Resources and Services Administration (HRSA) Rural Opioid Overdose Reversal (ROOR) ○ Drug-Free Communities Grants ○ STOP Act Funding	Use the checkboxes to select all the funding sources that your organization received this fiscal year. Some funding sources not awarded to states (such as SAMHSA MAI, Drug-Free Communities, HRSA ROOR) appear in the list. We include these here because some CSAP grant programs fund tribal grantees, which may receive these community-level funds. 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.

Data Item	Response Options	Content Guidance and Related Definitions
Source of Funding/Resources (continued)	○ 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/Nonprofit 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?	○ Yes ○ No	For each funding source selected, indicate whether your organization used the source to fund program priorities in your communities.

Other Resources

Leveraged Resources

Use this section to enter information regarding leveraging resources, including grantee-level opioid workgroups and grantee-level funding resources. We use **grantee** to indicate the state/tribal entity/jurisdiction receiving the award.

Unless the information changes from one reporting period to another, you only need to enter this information once per fiscal year. Please note: If you are reporting for a grant other than the PDO/Naloxone Distribution Grant, consider all references to "naloxone" as being "approved opioid overdose reversal drugs or devices." 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
Does a grantee-level workgroup exist in your state/tribal entity/jurisdiction addressing opioid issues (prescribing, misuse, treatment, overdose)?	○ Yes ○ No	
Does the opioid workgroup serve as your Advisory Council?	○ Yes ○ No	This item will only appear if you selected "Yes" for "Does a grantee-level workgroup exist in your state/tribal entity/jurisdiction addressing opioid issues?"
Does a grantee-wide strategic plan exist addressing opioid issues, including prevention of misuse, treatment, and overdose prevention?	○ Yes ○ No	

Data Item	Response Options	Content Guidance and Related Definitions
How are opioid prevention efforts integrated into the statewide agenda for opioids?	Free text	The field accepts up to 1,000 characters.
In what ways have you coordinated opioid funding streams in your state/tribal entity/jurisdiction?	Free text	An example of coordinating opioid funding streams in your state, tribal entity, or jurisdiction includes funding trainings for certain participant types through one funding source and other participant types through another source. The field accepts up to 1,000 characters.
In what ways is your training curriculum informed by or congruent with the SAMHSA Opioid Overdose Prevention Toolkit?	Free text	The field accepts up to 1,000 characters.

Data Infrastructure

Use this section to enter information regarding data infrastructure and activities. Data infrastructure refers to a system or systems for collecting and disseminating data related to naloxone education trainings, distribution, and administration, and opioid overdose. Please note: If you are reporting for a grant other than the PDO/Naloxone Distribution Grant, consider all references to "naloxone" as being "approved opioid overdose reversal drugs or devices." 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
Do you have systems in place for collecting data on naloxone administrations?	○ Yes ○ No	

Data Item	Response Options	Content Guidance and Related Definitions
Which sectors report data into the system(s)?	○ Corrections ○ Courts ○ Emergency Medical System (EMS) ○ Emergency Medical Technician (EMT) ○ Fire departments ○ Harm reduction agency ○ Law enforcement ○ Other social service organization ○ Pharmacies ○ Public health agencies ○ Recovery community organization ○ Shelters ○ Substance use disorder treatment ○ Syringe exchange programs ○ Other	This item will only appear if you selected "Yes" for "Do you have systems in place for collecting data on naloxone administrations?" Use the checkboxes to select any sectors that report data into the systems. If you select "Other," enter a brief description of the sector. The field accepts up to 250 characters.
During this reporting period, have you engaged in efforts to . . .		
. . . enhance data infrastructure to track naloxone education trainings?	○ Yes ○ No	
. . . enhance data infrastructure to track naloxone distribution or administration?	○ Yes ○ No	
. . . enhance opioid overdose data infrastructure?	○ Yes ○ No	
. . . enhance access to existing opioid overdose data sources?	○ Yes ○ No	

Data Item	Response Options	Content Guidance and Related Definitions
Did you provide naloxone or opioid-related data to local community stakeholders during this reporting period?	○ 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.

Count training and TA as one unit per issue. It does not include simple clarifying assistance (for example, referring 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 grant activities in the selected communities.

Please note that this section only includes **trainings and technical assistance (TA) to enhance grantee/partner capacity,** such as training in using project data collection systems, building community partnerships, and implementing media campaigns. This section **does not include naloxone administration trainings or other types of trainings intended to influence outcomes** (such as trainings related to opioid prescribing or medication-assisted treatment), as you recorded such trainings in the Implementation section of this progress report.

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*	○ Received ○ Closed	A “Received Training or TA” status means that the grantee received training or TA. A “Closed Training or TA” status means that you reported the need for training or TA in the DSP–MRT, but the issue resolved without the grantee receiving training or TA.
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*	○ 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	Indicate the specific training or TA topic that you received. Select all items that apply. Use the “Other” option to indicate a Training/TA Topic not listed. The Other field accepts up to 250 characters.

Data Item	Response Options	Content Guidance and Related Definitions
Training/TA Topic* (continued)	○ National Outcomes Measures (NOMs) ○ Needs Assessment ○ Organization Development ○ Overdose Outcome Measures ○ Overdose Prevention in Specific Settings (e.g., shelter, correction facility) ○ Prevention Fundamentals ○ Prevention in Specific Settings (e.g., workplace, correctional facilities) ○ Readiness Assessment ○ Risk and Protective Factors ○ SAMHSA's Strategic Prevention Framework (SPF) ○ State/Territory Data Collection ○ Strategic Planning ○ Substance Use/Abuse ○ Sustainability ○ Utilizing Epidemiological Data ○ Violence Prevention ○ Youth Involvement ○ Other	
Brief Description of the Need for the Training/TA*	Free text	The field accepts up to 500 characters.

Data Item	Response Options	Content Guidance and Related
Source of Assistance*	○ CAPT ○ CSAP ○ My Project Officer ○ Other Grantee ○ This Grantee ○ PEP–C ○ SPARS ○ CDC ○ Batelle/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.
Delivery Mechanism*	○ Face-to-face ○ Video Conference ○ Telephone Conference ○ Web Conference ○ Moderated Distance Learning Course ○ Self-Paced Distance Learning 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?*	○ Yes ○ No	Indicate whether or not the training or TA was timely.
Indicate why you believe the training or TA was not timely*	Free text	This item will appear only if you selected "No" for "Was this training or TA timely?" The field accepts up to 500 characters.
Was this training or TA effective?*	○ 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 will only appear if you selected "No" for "Was this training or TA effective?" The field accepts up to 500 characters.

Data Item	Response Options	Content Guidance and Related Definitions
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*	○ Building coalitions ○ Contributing to decisions to allocate resources ○ Convening leaders and stakeholders ○ Coordination with Advisory Board/Council ○ Description of necessary infrastructure development	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.

Data Item	Response Options	Content Guidance and Related Definitions
Accomplishment Name* (continued)	○ Developing a set of Alcohol, Tobacco, or Other Drugs (ATOD) intervening variables, consequences, and consumption indicators ○ Developing relationships among stakeholders ○ Engagement of State/Tribe/Jurisdiction level stakeholders ○ Engaging stakeholders to help sustain outcomes ○ Leveraging funding and other resources ○ Organizing agency networks ○ Other infrastructure development ○ Planning for sustaining the infrastructure ○ Tracking substance use and consequences indicators over time ○ Training and technical assistance to enhance the capacity of community stakeholders, coalitions, partner organizations, and service providers ○ Training and technical assistance to enhance the capacity of State/Tribe/ Jurisdiction stakeholders ○ Using data to monitor changes in Alcohol, Tobacco, or Other Drugs intervening variables, consequences, and consumption indicators ○ Other	

Data Item	Response Options	Content Guidance and Related
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*	○ Differing perspectives between the project and jurisdiction-level administrators (e.g., Single State Authority, Governor's Office, tribal entity) ○ Difficulties getting buy-in from collaborating agencies ○ Difficulty balancing efficiency versus inclusiveness of project members ○ Funding challenges (e.g., state budget cuts or 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)	Select an option from the drop-down menu to report any barriers/challenges you experienced related to capacity during the reporting period. If you select "Other," enter a brief description of the barrier/challenge. The field accepts up to 200 characters.

Data Item	Response Options	Content Guidance and Related Definitions
Barrier/Challenge Name* (continued)	○ Inadequate time for project staff and members to devote to the project ○ Insufficient/inadequate technical assistance provided directly by the project or collaborating entity at the funded community level ○ Insufficient/inadequate training/technical assistance provided directly by the project or collaborating entity at the state/tribe/jurisdiction level ○ Lack of collaboration between stakeholders (e.g., between agencies, between coalitions, between jurisdictions and funded community levels) ○ Limited incorporation of cultural competencies ○ Limited time to implement the Strategic Prevention Framework step ○ Major external community events like weather disasters ○ No capacity for leveraging of funds or in-kind donations ○ No capacity for monitoring objectives and goals ○ No coordination of funds ○ No leadership or political commitment to the issue	

Data Item	Response Options	Content Guidance and Related
Barrier/Challenge Name* (continued)	○ 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). The field accepts up to 1,000 characters.
Was technical assistance (TA) requested to help address the Barrier/ Challenge?*	○ Yes ○ No	If you received TA for the issue, 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 1,000 characters.

Planning

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

Accomplishments and Barriers/Challenges

Use this section to enter information on any Accomplishments and/or Barriers/Challenges that you experienced while performing activities related to planning. Please include actions you took to address any Barriers/Challenges. Select “Add Accomplishments” or “Add Barriers/Challenges” to enter information. After you save the Accomplishment or Barrier/Challenge, it will appear on the list in SPARS. You can click “Edit” to revise the record or you can add an additional record by clicking the “Add Accomplishments” or the “Add Barriers/Challenges” button.

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

Data Item	Response Options	Content Guidance and Related Definitions
Accomplishment Name*	○ 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. The field accepts up to 250 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 1,000 characters.
Barrier/Challenge Name*	○ 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 versus 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	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. The field accepts up to 250 characters.

Data Item	Response Options	Content Guidance and Related Definitions
Barrier/Challenge Name* (continued)	○ 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	

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 1,000 characters.
Was technical assistance (TA) requested to help address the Barrier/Challenge?*	○ Yes ○ No	If you received TA for the issue, please report it under Capacity in the Training and Technical Assistance section.
Date TA Requested*	Date (mm/dd/yyyy)	If you select "Yes" for "Was TA requested to help address the Barrier/Challenge?" enter the date when you requested TA for the barrier/challenge.
In what other ways did you address the Barrier/Challenge?	Free text	Provide a brief description of ways, other than requesting TA, that you addressed this barrier/challenge. The field accepts up to 1,000 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 the risks, prevalence, and outcomes of substance use disorders.

Disparity Impact Statement

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

Population(s) Experiencing the Disparity

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

Grantees may describe the population(s) experiencing the disparity using a broad demographic or cultural category or **subpopulation**. DIS asks you to use publicly available data to identify subpopulations within your High-Need Communities. You may quantify subpopulations more specifically as a "disparate population" using data and a designated comparison group. For example, you may identify the subpopulations by "race" and the disparate population as "Black or African American." However, just because you *can* separate out a subpopulation (such as 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 LGBT 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)*	○ All High-Need Communities ○ Specific High-Need Community(ies)	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. 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 each high-need community in SPARS, regardless of it being a group or an individual.
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.*	**Race** ○ African American/Black ○ American Indian or Alaska Native ○ Asian ○ Native Hawaiian or Other Pacific Islander ○ White ○ Two or more races **Ethnicity** ○ Hispanic or Latino ○ Not Hispanic or Latino	**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 the characteristics and outcomes of these participants through attendance lists and pre–post surveys. Examples include training sessions and educational classes.

Data Item	Response Options	Content Guidance and Related Definitions
Plan (continued)	**Sex** ○ Male ○ Female **LGBTQ** ○ Lesbian, Gay, Bisexual, Transgender, Questioning, or Two-Spirit	**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). There are two categories of indirect strategies commonly implemented by grantees: • Information Dissemination • Environmental Strategies
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 *for this reporting period.*	**Race** ○ African American/Black ○ American Indian or Alaska Native ○ Asian ○ Native Hawaiian or Other Pacific Islander ○ White ○ Two or more races **Ethnicity** ○ Hispanic or Latino ○ Not Hispanic or Latino **Sex** ○ Male ○ Female	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 where you can 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.

Data Item	Response Options	Content Guidance and Related Definitions
Actual (continued)	**LGBTQ** ○ Lesbian, Gay, Bisexual, Transgender, Questioning, or Two-Spirit	
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.	Free text	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" for not applicable. The field accepts up to 1,000 characters.
If you select "Show Additional Populations": Select from the options below any additional subpopulation(s) for 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 its efforts *per year.*	**Age** ○ 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 **Residence** ○ Urban ○ City ○ Town ○ Suburb ○ Rural	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. You will now see the "Actual" columns where you can 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.

Data Item	Response Options	Content Guidance and Related Definitions
Show Additional Populations (continued)	**Socioeconomic status** ○ High ○ Middle ○ Low **Other** ○ Service members, veterans, veterans, and their families ○ Persons with disabilities ○ Persons with mental illness ○ Other	If you select "Other," enter a description of the population. The field accepts up to 2,500 characters.
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.

Data Item	Response Options	Content Guidance and Related Definitions
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	**Age** ○ 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 **Residence** ○ Urban ○ City ○ Town ○ Suburb ○ Rural **Socioeconomic status** ○ High ○ Middle ○ Low **Other** ○ Service members, veterans, veterans, and their families ○ Persons with disabilities ○ Persons with mental illness ○ Other	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. You will now see the “Actual” columns available for you to enter data for the actual number of people directly served and indirectly reached in each population. Fill in this data and save it so that SPARS includes it in your submission. If you select “Other,” enter a description of the population. The field accepts up to 250 characters.

Data Item	Response Options	Content Guidance and Related Definitions
Describe how and why the population(s) experiencing the disparity has changed. (This question only appears if you indicated that 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:** 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
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 Culturally and Linguistically Appropriate Services (CLAS) Standards.*	○ 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	Select all that apply. If you select "Other," enter a description of the strategy. The field accepts up to 250 characters.

Data Item	Response Options	Content Guidance and Related Definitions
How are communities documenting and monitoring use of National CLAS Standards?	Free text	The field accepts up to 3,000 characters.

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 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*	○ 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 Culturally and Linguistically Appropriate Services (CLAS) Standards into grant program activities	Report any accomplishments 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
Accomplishment Name* (continued)	○ 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)	

Data Item	Response Options	Content Guidance and Related Definitions
Accomplishment Name* (continued)	○ 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 grantee sustains progress made in addressing substance abuse-related behavioral health disparities beyond the grant program initiative ○ 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.
Barrier/Challenge Name*	○ 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)	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)	○ 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 ○ 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)	

Data Item	Response Options	Content Guidance and Related Definitions
Barrier/Challenge Name* (continued)	○ 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 1,000 characters.
Was technical assistance (TA) requested to help address the Barrier/Challenge?*	○ Yes ○ No	If you received TA for the barrier/challenge, please report it under Capacity in the Training and Technical Assistance section.
Date TA Requested*	Date (mm/dd/yyyy)	If you 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.

Implementation

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

The Naloxone Distribution 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 Naloxone Distribution Plan, go to the Work Plans section on your Dashboard and select the plus sign (+) or "Edit" option next to Naloxone Distribution Plan.

Promising Approaches and Innovations

Use this section to enter information on any promising approaches or innovations that your subrecipients or high-need communities demonstrated during 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 is visible only 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 can 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.

Policy

Use this section to report information about state-level policies related to naloxone or similar drugs. If possible, the information may be prepopulated based on publicly available, state-level information at the time of the grant award.[1] Please review the information for accuracy—to the best of your knowledge—and update this section when naloxone policies change in your state. We use **grantee** to indicate the state/tribal entity/jurisdiction receiving the award from SAMHSA/CDC. Please note: if you are reporting for a grant other than the PDO/Naloxone Distribution Grant, consider all references to "naloxone" as being "approved opioid overdose reversal drugs or devices."

The intent of policies reported in this section should be to ease naloxone distribution restrictions or clarify regulations related to naloxone access. Select the arrow to the left of each section to open each section, then select "Edit" to enter information.

Naloxone Access Laws

Data Item	Response Options	Content Guidance and Related Definitions
Does the state/tribal entity/jurisdiction have a naloxone access law (legislation designed to improve access to naloxone)?	○ Yes ○ No	Prepopulated. If you select "Yes," the items below will appear.
Prescribing and Dispensing Policies		
Do prescribers have CIVIL immunity for prescribing, dispensing, or distributing naloxone to a layperson?	○ Yes ○ No	Prepopulated; edit response as needed.
Do prescribers have CRIMINAL immunity for prescribing, dispensing, or distributing naloxone to a layperson?	○ Yes ○ No	Prepopulated; edit response as needed.
Do prescribers have DISCIPLINARY immunity for prescribing, dispensing, or distributing naloxone to a layperson?	○ Yes ○ No	Prepopulated; edit response as needed.

[1] Background on State laws from the Network for Public Health Law (https://protect2.fireeye.com/url?k=ac56fc2e-f003f5fe-ac56cd11-0cc47a6a52de-1c04ec3a36e7f2f5&u=https://nosorh.org/wp-content/uploads/2017/05/state-laws-naloxone.pdf) and naloxone prevention laws from the Prescription Drug Abuse Policy System (https://protect2.fireeye.com/url?k=004e7f8b-5c1b765b-004e4eb4-0cc47a6a52de-374cf87b927d3bcb&u=http://pdaps.org/datasets/laws-regulating-administration-of-naloxone-1501695139).

Data Item	Response Options	Content Guidance and Related Definitions
Do dispensers (pharmacists) have CIVIL immunity for prescribing, dispensing, or distributing naloxone to a layperson?	○ Yes ○ No	Prepopulated; edit response as needed.
Do dispensers (pharmacists) have CRIMINAL immunity for prescribing, dispensing, or distributing naloxone to a layperson?	○ Yes ○ No	Prepopulated; edit response as needed.
Do dispensers (pharmacists) have DISCIPLINARY immunity for prescribing, dispensing, or distributing naloxone to a layperson?	○ Yes ○ No	Prepopulated; edit response as needed.
Are prescriptions to third parties (e.g., family members, friends) authorized?	○ Yes ○ No	Prepopulated; edit response as needed.
Are insurers required to pay for naloxone drugs dispensed to third parties?	○ Yes ○ No	Prepopulated; edit response as needed.
Are insurers restricted from having a prior authorization policy for naloxone drugs prescriptions?	○ Yes ○ No	Prepopulated; edit response as needed.
Is prescription by a standing order authorized?	○ Yes ○ No	Prepopulated; edit response as needed.
Do pharmacists have authority to initiate prescriptions for naloxone (prescriptive authority)?	○ Yes ○ No	Prepopulated; edit response as needed.

Data Item	Response Options	Content Guidance and Related Definitions
Layperson Administration/Possession Policies		
Is a layperson immune from CIVIL liability when administering naloxone drugs?	○ Yes ○ No	Prepopulated; edit response as needed.
Is a layperson immune from CRIMINAL liability when administering naloxone drugs?	○ Yes ○ No	Prepopulated; edit response as needed.

Good Samaritan Laws

Data Item	Response Options	Content Guidance and Related Definitions
Does the state have an overdose Good Samaritan law (legislation designed to reduce criminal concerns when a layperson summons aid during an overdose)?	○ Yes ○ No	Prepopulated. If you select "Yes," the items below will appear.
What protection, if any, does the Good Samaritan law provide from controlled substance possession from . . .		
. . . Arrest	○ Yes ○ No	Prepopulated; edit response as needed.
. . . Charge	○ Yes ○ No	Prepopulated; edit response as needed.
. . . Prosecution	○ Yes ○ No	Prepopulated; edit response as needed.
What protection, if any, does the Good Samaritan Law provide from drug paraphernalia laws from . . .		
. . . Arrest	○ Yes ○ No	Prepopulated; edit response as needed.

Data Item	Response	Content Guidance and Related Definitions
. . . Charge	○ Yes ○ No	Prepopulated; edit response as needed.
. . . Prosecution	○ Yes ○ No	Prepopulated; edit response as needed.
Does the Good Samaritan law provide protection from parole or probation violations?	○ Yes ○ No	Prepopulated; edit response as needed.
Is reporting an overdose considered a mitigating factor in sentencing?	○ Yes ○ No	Prepopulated; edit response as needed.
Does the Good Samaritan law provide protection from outstanding warrants?	○ Yes ○ No	Prepopulated; edit response as needed.

High-Need Community Policies/Protocols

Use this section to provide information about whether local naloxone standing orders, collaborative practice agreements, or other policies exist within each of your selected high-need communities. We use **High-Need Community** to indicate the grantee's selected high-need communities. Please note: if you are reporting for a grant other than the PDO/Naloxone Distribution Grant, consider all references to "naloxone" as being "approved opioid overdose reversal drugs or devices."

Data Item	Response Options	Content Guidance and Related Definitions
Do any of your high-need communities have local naloxone standing orders, collaborative practice agreements, or other naloxone policies/ protocols?	○ Yes ○ No	This can include subareas within a community. For example, if the community is a county and one city has a standing order but others do not, you should answer "Yes." The following two items only appear if you select "Yes."

Data Item	Response Options	Content Guidance and Related Definitions
High-Need Community	Drop-down menu with list of High-Need Communities	SPARS populates the list of communities from the data entered in the High-Need Community section under Administration. Submit data for each community listed in this section.
Please provide a brief description of the local policies/protocols in this community.	○ Yes ○ No	Complete this item for each selected community.

Naloxone Education and Other Opioid-Related Trainings

Please note that for some grantees, the state, tribal entity, or jurisdiction only provides training because other funds are already covering naloxone distribution. The reverse may also be true: the PDO/Naloxone grant funds are covering naloxone distribution, but trainings are already in place through a different funding source. SAMHSA recognizes that grantees blend funding streams and does not expect numbers reported under trainings and naloxone distribution to necessarily align (for example, 10 police officers trained, 10 receive naloxone).

High-Need Community-Level Trainings

Use this section to report information on the naloxone education and other opioid-related trainings offered in each selected high-need community during the reporting period. These trainings can include group or individual trainings. Please note: if you are reporting for a grant other than the PDO/Naloxone Distribution Grant, consider all references to "naloxone" as being "approved opioid overdose reversal drugs or devices." Select "Add a High-Need Community-Level Training" to enter information. Make sure you create a record for each high-need community.

Data Item	Response Options	Content Guidance and Related Definitions
High-Need Community	Drop-down menu with list of high-need communities	SPARS populates the list of communities' data entered in the High-Need Community section under Administration. Submit data for each community listed in this section.

Data Item	Response Options	Content Guidance and Related Definitions
Number of requests for training services related to opioid and heroin overdose	Numerical	Enter the number of requests you received to provide training services related to opioid and heroin overdose. (This should include training requests on how to administer naloxone or a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose.)
Types of High-Need Community-Level Training(s) provided	○ Naloxone Administration ○ Other Opioid-Related Trainings (e.g., opioid prescribing, naloxone co-prescribing or dispensing, communicating with patients, medication-assisted treatment)	Only include trainings related to naloxone administration in this section. Report trainings provided to enhance community partner capacity to implement the grant under Implementation. If you select “Naloxone Administration,” the items in the “Naloxone Administration Trainings” section of this table will appear. If you select “Other Opioid-Related Trainings,” the items in the “Other Opioid-Related Trainings” section of this table will appear.

Data Item	Response Options	Content Guidance and Related Definitions
Naloxone Administration Trainings		
Which of the following audience(s) received naloxone trainings as part of the grant during this reporting period?	○ Professional first responders (e.g., law enforcement, emergency medical services, fire department) ○ Lay person and community organization staff (e.g., family/ friend/at-risk individuals, substance use disorder treatment staff) ○ Other individuals (e.g., correctional staff) (specify)	Trainings can include group or individual trainings.
If you selected professional first responders as one of your audiences, the following questions will appear.		
What is the approximate duration of the professional first responder training?	Numerical	Report the approximate duration of the training in minutes.
Number of professional first responder trainings provided during this reporting period	Numerical	
Total number of professional first responders who participated in trainings during this reporting period	Numerical	Record number of individual people, not number of first responder agencies.

Data Item	Response Options	Content Guidance and Related Definitions
Number of professional first responders who completed a post-survey	Numerical	
Number of professional first responders completing post-surveys who reported feeling confident administering naloxone in case of an overdose	Numerical	
Number of professional first responders completing post-surveys who reported perceiving they had learned new information or skills because of the training	Numerical	
If you selected layperson and community organization/agency/staff as one of your audiences, the following questions will appear.		
What is the approximate duration of the layperson and community organization staff training?	Numerical	Report the approximate duration of the training in minutes.
Number of layperson and community staff trainings provided during this reporting period	Numerical	
Total number of layperson and community staff who participated in trainings during this reporting period	Numerical	
Number of layperson and community staff who completed a post-survey	Numerical	
Number of layperson and community staff completing post-surveys who reported feeling confident administering naloxone drugs in case of an overdose	Numerical	

Data Item	Response Options	Content Guidance and Related Definitions
Number of layperson and community staff completing post-surveys who reported perceiving they had learned new information or skills because of the training	Numerical	
If you selected other individuals as one of your audiences, the following questions will appear.		
Please specify the other individuals	Free text	If you are conducting trainings with more than one **other individual**, list them all separately.
What is the approximate duration of the trainings for other individuals?	Free text (in case you offered more than one "Other" training audience)	If you are conducting trainings with more than one **other individual**, provide a separate estimate for each naloxone administration training type provided to other individuals for the duration items.
Number of other individuals' trainings provided during this reporting period	Numerical	
Total number of other individuals who participated in trainings during this reporting period	Numerical	
Number of other individuals who completed a post-survey	Numerical	
Number of other individuals completing post-surveys who reported feeling confident administering naloxone drugs in case of an overdose	Numerical	

Data Item	Response Options	Content Guidance and Related Definitions
Number of other individuals completing post-surveys who reported perceiving they had learned new information or skills because of the training	Numerical	
Other Opioid-Related Trainings		
Audience of training(s)	○ Medical professionals (excluding pharmacists) ○ Pharmacists ○ Other	If you select "Other," provide a brief description.
If you selected medical professionals (excluding pharmacists) as one of your audiences, the following questions will appear.		
Focus/Topic(s) of training(s) for medical professionals (excluding pharmacists)	Free text	
Number of trainings	Numerical	
Total number of trainees	Numerical	
If you selected pharmacists as one of your audiences, the following questions will appear.		
Focus/Topic(s) of training(s) for pharmacists	Free text	
Number of trainings	Numerical	
Total number of trainees	Numerical	

Data Item	Response Options	Content Guidance and Related Definitions
If you selected Other as one of your audiences, the following questions will appear.		
Focus/Topic(s) of training(s) for other audiences	Free text	
Number of trainings	Numerical	
Total number of trainees	Numerical	

Grantee-Level Trainings

If you provided any grantee-level naloxone administration or other opioid-related trainings, use this section to report the grantee-level trainings you provided during the reporting period. Examples of grantee-level trainings include a training delivered to all pharmacists attending a state pharmacy conference or a naloxone administration training provided to all state police officers at a statewide training. Remember to report trainings provided to enhance community partner capacity to implement the grant under Implementation. Please note: if you are reporting for a grant other than the PDO/Naloxone Distribution Grant, consider all references to "naloxone" as being "approved opioid overdose reversal drugs and devices."

Please note that for some grantees, the state, tribal entity, or jurisdiction is only providing training because other funds are covering naloxone distribution. The reverse may also be true: the PDO/Naloxone grant is covering naloxone distribution, but trainings are already in place through a different funding source. SAMHSA recognizes that grantees blend funding streams and does not expect numbers reported under trainings and naloxone distribution to necessarily align (for example, 10 police officers trained, 10 receive naloxone).

Data Item	Response Options	Content Guidance and Related Definitions
Did you provide any grantee-level naloxone administration or opioid-related trainings during this reporting period?	○ Yes ○ No	If you select "No," the following items will not appear.

Data Item	Response Options	Content Guidance and Related Definitions
Number of requests for training services related to opioid and heroin overdose	Numerical	Enter the number of requests you received to provide training services related to opioid and heroin overdose. (This should include training requests on how to administer naloxone or a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose.)
Type of grantee-level training(s) provided	○ Naloxone Administration ○ Other Opioid-Related Training (e.g., opioid prescribing, naloxone co-prescribing or dispensing, communicating with patients, medication-assisted treatment)	If you select "Naloxone Administration," the items in the "Naloxone Administration Trainings" section of the above table in the High-Need Community-Level Trainings section will appear. If you select "Other Opioid-Related Trainings," the items in the "Other Opioid-Related Trainings" section of the above table in the High-Need Community-Level Trainings section will appear.

Training Data Collection Information

Please provide information about the survey items you used to report trainee results.

Data Item	Response Options	Content Guidance and Related Definitions
Did your post-training surveys include a question related to respondents' confidence?	○ Yes ○ No	
Please provide the exact wording, including response options, of the survey question(s), as well as any information that would be helpful in understanding the data (e.g., which response option(s) were included in the reported percentage).	Free text	The field accepts up to 3,000 characters.
Did your post-training surveys include a question related to whether respondents learned new information and skills?	○ Yes ○ No	If your knowledge results used data across multiple items, select "Yes" and provide details for all items included in your reported results.
Please provide the exact wording, including response options, of the survey question(s), as well as any information that would clarify the data (e.g., which response option(s) did you include in the reported percentage).	Free text	The field accepts up to 3,000 characters.
Information about your training data collection/management tool and any additional information.	Free text	Provide information about the data collection/management tool(s) you are using to track training data (such as a Web-based data entry system) and any additional information that would be useful in understanding the training data you provide. The field accepts up to 3,000 characters.

Naloxone Distribution

Naloxone Distribution Plan

The Naloxone Distribution 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 Naloxone Plan, go to the Work Plans section on your Dashboard and select the plus sign (+) or "Edit" option next to Naloxone Plan. Please refer to the Work Plans section of this document on page 6 for specifics on what to include in your plan.

Costs

Use this section to report grant funds used to purchase naloxone during the reporting period. Please note: if you are reporting for a grant other than the PDO/Naloxone Distribution Grant, consider all references to "naloxone" as being "approved opioid overdose reversal drugs or devices." Use the arrow on the left to open each section, then select "Edit" to enter information.

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

Data Item	Response Options	Content Guidance and Related Definitions
Injectable (intramuscular), 1 mg/2 ml vial kits (Aurum)	Currency and Numerical	
Auto-injector kits (Kaleo/Evzio)	Currency and Numerical	
Other kits	Currency and Numerical	
Other kits (specify)	Free text	
Other kits	Currency and Numerical	
Other kits (specify)	Free text	
Total amount spent on the purchase of Naloxone products during this reporting period using funds from other sources (if known)		
Funds spent	Currency and Numerical	Enter a dollar value for the amount of funds spent on the purchase of Naloxone products using funds from other sources. If you do not know, select the box next to “Don’t Know.”
Number of kits	Numerical	Enter a number to indicate the number of kits purchased using funds from other sources. If you do not know, select the box next to “Don’t Know.”
Comments	Free text	Enter any comments regarding the information reported for funds spent and number of kits.

Kits Distributed to Partner Organizations

Use this section to report information regarding the distribution of naloxone kits to the selected high-need communities' partner organizations. This includes distribution to partner organizations whose staff will be responsible for administering naloxone drugs (as in the case of law enforcement) and to partner organizations whose staff then distribute the naloxone drugs to family/friends/at-risk individuals (as may be the case with syringe exchange programs). Select "Add Kits Distributed to Partner Organizations" to enter information.

You will first select the high-need community for which you are reporting. Once you select a community, the partner organizations specific to that community (entered in the Administration > Partner Organizations section) will appear in a drop-down list, and you will report distribution to each relevant partner organization.

Data Item	Response Options	Content Guidance and Related Definitions
High-Need Community*	Drop-down menu with list of high-need communities	SPARS populates the list of communities from data entered in the High-Need Community section under Administration. Submit data for each community listed in this section.
Partner Organization*	Drop-down menu with list of partner organizations	SPARS populates the list from data entered for this community in the Partner Organizations section under Administration. Submit data for at least one partner organization in this section. You may not have data to enter for all funded partner organizations.
Total number of kits distributed to this organization using funds from this grant	Numerical	

Data Item	Response Options	Content Guidance and Related Definitions
Type of kit distributed. Of the total kits distributed *using funds from this grant*, how many were—		
Nasal spray kits, 2 mg (Adapt/Narcan)	Numerical	These items must total the number reported in the total number of kits distributed. If you select "Other kits," provide a brief description. The field accepts up to 200 characters.
Nasal spray kits, 4 mg (Adapt/Narcan)	Numerical	
Injectable (intramuscular), 0.4 mg/10 ml vial kits (Hospira)	Numerical	
Injectable (intramuscular), 0.4 mg/1 ml vial kits (Mylan or West-Ward)	Numerical	
Injectable (intramuscular), 1 mg/2 ml vial kits (Aurum)	Numerical	
Auto-injector kits (Kaleo/Evzio)	Numerical	
Other kits	Numerical	
Other kits	Numerical	
Total number of kits distributed to or procured by this organization using funds from other sources (if known)		
Number of kits	Numerical and checkbox	Only report the partner organization's kit distribution efforts in the high-need community you have selected. If you do not know the number of kits distributed using funds from other sources, check "Don't know."
Information about your distribution data collection/management tool and any additional information	Free text	Please provide information about the data collection/management tool(s) or system(s) you are using to track distribution and any additional information that would be useful in understanding the data you provide. The field accepts up to 1,000 characters.

Naloxone Administration by Partner Organizations

Use this section to report information on the naloxone administrations reported during this reporting period by each of the partner organizations receiving naloxone or naloxone training from this grant. Please note: if you are reporting for a grant other than the PDO/Naloxone Distribution Grant, consider all references to "naloxone" as being "approved opioid overdose reversal drugs or devices."

Ideally, you will report *all* administration events reported by partner organizations, including those using kits paid for by this grant and those using kits paid for by other funding sources. If you are unable to report events using kits paid for by other sources, however, you will be able to report just those using kits paid for with grant funds.

First, select the high-need community for which you are reporting. Once you select a community, the partner organizations specific to that community (entered in the Administration > Partner Organizations section) will appear in a drop-down list, and you will report naloxone administration data provided to you by each relevant partner organization. Select "Add Naloxone Administration by Partner Organizations" to enter information.

Data Item	Response Options	Content Guidance and Related Definitions
High-Need Community*	Drop-down menu with list of high-need communities	SPARS populates the list of communities from data entered in the High-Need Community section under Administration. Submit data for each community listed in this section.
Partner Organization*	Drop-down menu with list of partner organizations	SPARS populates the list from data you entered for this community in the Partner Organizations section under Administration. Submit data for at least one partner organization in this section. You may not have data to enter for all funded partner organizations.

Data Item	Response Options	Content Guidance and Related Definitions
Are you reporting all administration events reported by this organization or only events using a kit paid for by this grant?	○ All events ○ Only those paid for by grant	Ideally, report *all* administration events reported by partner organizations including those using kits paid for by this grant *and* those using kits paid for by other funding sources. If you are unable to report events using kits paid for by other sources, you can report just those using kits paid for with grant funds.
Approximately what percentage of this organization's kits were paid for using funds from this grant?	Percentage	This item only appears if you answered "All events" to the item above. Report only the partner organization's efforts in the high-need community you selected.
Total number of administration events	Numerical	Enter your best estimate of the total number of administration events. SAMHSA and CDC are aware that naloxone administration events by laypersons will likely be significantly underreported.

Data Item	Response Options	Content Guidance and Related Definitions
Type of kit administered. Of the total administration events, how many were—		
Nasal spray kits, 2 mg (Adapt/Narcan)	Numerical	These items must total the number reported in the total number of administration events. If you report any number in "Other kits," specify the type of kit. The field accepts up to 200 characters.
Nasal spray kits, 4 mg (Adapt/Narcan)	Numerical	
Injectable (intramuscular), 0.4 mg/10 ml vial kits (Hospira)	Numerical	
Injectable (intramuscular), 0.4 mg/1 ml vial kits (Mylan or West-Ward)	Numerical	
Injectable (intramuscular), 1 mg/2 ml vial kits (Aurum)	Numerical	
Auto-injector kits (Kaleo/Evzio)	Numerical	
Other kits	Numerical	
Other kits	Numerical	
Single or Multiple Dose. Of the total administration events, how many consisted of—		
A single dose/unit administered	Numerical	These items must total the number reported in the total number of administration events.
Multiple doses/units administered	Numerical	
Unknown	Numerical	

Data Item	Response Options	Content Guidance and Related Definitions
Location of administration. Of the total administration events, how many were administered—		
At a private residence	Numerical	These items must total the number reported in the total number of administration events. If you select "Other," provide a description. The field accepts up to 200 characters.
In a public outdoor location (e.g., street, park), car, camp, or shelter	Numerical	
At an indoor public place/business (including hotel/motel)	Numerical	
Unknown	Numerical	
Other	Numerical	
Other	Numerical	
Outcome of administration event. Of the total administration events, how many had the following outcome—		
Overdose reversal		Record the acute outcome (at the scene, at time of event). There is no expectation that grantees will monitor outcomes after a patient has been transported to the emergency department. These items must total the number reported in the total number of kits administered.
Death		
Event was likely not an opioid overdose		
Unknown outcome		
Information about your administration data collection/management tool and any additional information	Free text	Provide information about the data collection/management tool(s) or system(s) you are using to track administration and any additional information that would be useful in understanding the data you provide. The field accepts up to 1,000 characters.

Other Interventions

Use this section to report any other interventions you or your selected high-need communities implemented as part of this grant initiative during the reporting period. When you check "Yes" for any intervention, SPARS asks you to report who implemented the intervention—the grantee, any of the communities, or both. Please note: if you are reporting for a grant other than the PDO/Naloxone Distribution Grant, consider all references to "naloxone" as being "approved opioid overdose reversal drugs or devices." Select "Add Community Interventions" to enter information.

Data Item	Response Options	Content Guidance and Related Definitions
High-Need Community	Drop-down menu with list of high-need communities	SPARS populates the list of communities from data entered in the High-Need Community section under Administration.
Public Policy Interventions	○ Naloxone policy change effort ○ Pharmacy benefit strategy change (e.g., institute drug utilization reviews for high-dose opioids, add nasal naloxone to Medicaid formulary, remove prior authorization for naloxone) ○ Other policy intervention	Select all that apply. If you select "Other," enter a description. The field accepts up to 250 characters.
Community/Organizational Interventions	○ Collaboration with prescribers to obtain standing orders ○ Collaboration with pharmacies to distribute naloxone drugs ○ Solidifying partnerships with community entities experienced in naloxone distribution to laypeople ○ Solidifying partnerships with first responder agencies experienced in naloxone administration	Select all that apply. If you select "Other," enter a description. The field accepts up to 250 characters.

Data Item	Response Options	Content Guidance and Related Definitions
Community/Organizational Interventions (continued)	○ Efforts to expand naloxone distribution to new community partners that have not received or distributed naloxone or related drugs previously ○ Enhancement of state or local cross-agency coordination of naloxone efforts ○ Other community/organizational intervention	
Information Dissemination for Prescribers/ Pharmacists	○ Information dissemination to prescribers on naloxone co-prescribing and opioid overdose risk ○ Information dissemination to pharmacists on naloxone dispensing ○ Other effort related to information dissemination to prescribers/pharmacists	Select all that apply. If you select "Other," enter a description.
Information Dissemination to Community Members	○ Media campaigns and community information dissemination about overdose, naloxone drugs, Good Samaritan laws ○ Messaging to pharmacy patients ○ Other effort related to information dissemination to community members	Select all that apply. If you select "Other," enter a description. The field accepts up to 250 characters. **Information Dissemination** includes dissemination of print and electronic materials, speaking engagements targeting prescribers/pharmacists, etc. This does not include naloxone education, which the Naloxone Education Trainings section captures.

Data Item	Response Options	Content Guidance and Related Definitions
Treatment and Recovery Access	○ Efforts or services to facilitate access to treatment and recovery ○ System changes for post-overdose or high-risk treatment/referral ○ Other effort related to treatment and recovery access	Select all that apply. If you select "Other," enter a description. The field accepts up to 250 characters.
Number of strategies developed to refer overdose victims and families to treatment services	Numerical	
Number of overdose victims and families receiving information about treatment services	Numerical	
Number of overdose victims receiving treatment	Numerical	
Of those receiving treatment listed above, how many received:		
Medication-Assisted Treatment (MAT)	Numerical	**Medication assisted treatment (MAT)** is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders.

Data Item	Response Options	Content Guidance and Related Definitions
Counseling	Numerical	**Counseling** refers to professional guidance of an individual (individual counseling) or group of people gathered together (group counseling) using psychological methods to improve the mental and emotional well-being of patients.
Behavioral Therapies	Numerical	**Behavioral therapies** focus on changing an individual's behaviors concerning substance misuse, in part by teaching them how to recognize unhelpful patterns of thinking and reacting and life skills that help them to better cope with situations that may lead to substance misuse and relapse. Several behavioral therapies have shown effectiveness in treating substance use disorders, with some types of therapy being better suited for a particular type of substance. Behavioral therapy can be provided in an outpatient setting or as part of an intensive inpatient or residential treatment setting. It can be conducted with individuals, families, or groups. Clients are generally expected to be active participants in their own therapy.
Other	Numerical	
Unknown	Numerical	

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 taken 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 implementation-related activities or faced new implementation-related Barriers/Challenges during this reporting period (for example, if you funded subrecipients or if your subrecipient communities began implementing interventions).

Data Item	Response Options	Content Guidance and Related Definitions
Accomplishment Name*	○ 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	Report any accomplishments you experienced related to Implementation 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
Accomplishment Name* (continued)	○ Implemented policies within organizations to facilitate interventions ○ Leadership or political commitment to the issue among stakeholders ○ Monitoring the development and implementation of community-level strategic plans ○ Monitoring the implementation of interventions ○ Obtaining evidence that selected interventions 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	

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*	○ Difficulties getting schools, law enforcement, medical facilities, or other organizations on board for implementation ○ Inadequate funds to thoroughly implement Strategic Prevention Framework 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	Report any barriers/challenges you experienced related to Implementation 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)	○ 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	

Data Item	Response Options	Content Guidance and Related
Barrier/Challenge Name* (continued)	○ No leadership or political commitment to the issue ○ Staffing challenges (e.g., hiring delays, lack of adequate skills, turnover) ○ State/Tribal/Jurisdictional contract or other delays getting subrecipient communities on board ○ Other	
Describe the Challenge/Barrier*	Free text	Provide a brief description of the barrier/challenge experienced during the reporting period. You can report a barrier/challenge again in subsequent reporting periods (for example, if a barrier continued to affect implementation for more than one reporting period). The field accepts up to 3,000 characters.
Was technical assistance (TA) requested to help address the Barrier/Challenge?*	○ 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 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.

Evaluation

The Evaluation step comprises conducting, analyzing, reporting on, and using the results of outcome evaluation. Outcome evaluation involves collecting and analyzing information about whether the grantee achieved the intended Goals and Objectives. Evaluation results identify areas where grantees may need to make modifications to prevention strategies, and grantees can use these results to 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 the Work Plans section of this document on page 6 for specifics on what to include in your plan.

Evaluation Report

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

Data Item	Response Options	Content Guidance and Related Definitions
Upload Document	Document upload function	Use the Browse button to select a file from your computer and click the Upload button to add your document.
Provide a brief description of your document and, if relevant, note any differences between this version and the previous 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 if your project officer requests submission of additional documents, you can upload them here. Do not use this section, however, to upload documents that are Work Plans (such as the Disparities Impact Statement or the Evaluation Plan).

Data Item	Response Options	Content Guidance and Related Definitions
Upload Document	Document upload function	Use the Browse button to select a file from your computer and click the Upload button to add your document.
Provide a brief description of your document and, if relevant, note any differences between this version and the previous 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*	○ 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.
Barrier/Challenge Name*	○ 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	Report any barriers/challenges you experienced related to Evaluation during the reporting period. If you select "Other," provide a brief description.

Data Item	Response Options	Content Guidance and Related Definitions
Barrier/Challenge Name* (continued)	○ Lack of available data to assess differences for racial/ethnic minorities, LGTBQ, 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 or 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 of available data (e.g., county) and communities being funded (e.g., towns within counties) ○ No capacity for monitoring objectives and goals	

Data Item	Response Options	Content Guidance and Related Definitions
Barrier/Challenge Name* (continued)	○ Other data or data collection challenges ○ State/Tribal/Jurisdictional contract or other delays getting subrecipient communities on board ○ Underdevelopment of existing data or performance monitoring infrastructure ○ Other	
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?*	○ 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.

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*	○ 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*	○ No capacity for leveraging of funds or in-kind donations to ensure sustainability of activities ○ No coordination of funds to ensure sustainability of program activities ○ No leadership or political commitment to sustaining program activities ○ No planning for sustaining the infrastructure ○ Underdeveloped data infrastructure to demonstrate outcomes in support of sustaining activities ○ Other	Report any barriers/challenges you experienced related to sustainability during the reporting period. If you select "Other," provide a brief description. The field accepts up to 200 characters.

Data Item	Response Options	Content Guidance and Related Definitions
Describe the Challenge/Barrier*	Free text	Provide a brief description of the barrier/challenge experienced during the reporting period. You can report a barrier/challenge again in subsequent reporting periods (for example, if a barrier continued to affect sustainability for more than one reporting period). The field accepts up to 3,000 characters.
Was technical assistance (TA) requested to help address the Barrier/Challenge?*	○ 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 select "Yes" for "Was TA requested to help address the Barrier/Challenge?," enter the date when you requested TA for the barrier/challenge.
In what other ways did you address the Barrier/Challenge?	Free text	Provide a brief description of ways, other than requesting TA, that you addressed this barrier/challenge. The field accepts up to 3,000 characters.

Overdose Outcomes

Use this section to report *annual* numbers of opioid-related and overdose-related outcomes. Aggregate the numbers 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.

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

State grantees do not need to report information on the Population nor Opioid Overdose Deaths, as SPARS extracts these data from CDC's WONDER database.

SAMHSA asks grantees to report both emergency department and hospitalization data, if available, but we are aware that some grantees may not have access to both or either type of data. Grantees may also report opioid overdose events from a different data source, if desired, or 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 B.

Data Item		Response Options	Content Guidance and Related Definitions
Data Source and Comments			
Total	○ Emergency Department Visits Involving Opioids Overdose ○ Hospitalizations Involving Opioid Overdose ○ Other Opioid Overdose Events (optional)	Numerical	Enter a number to report the total for each category.
Data Source		Free text	For each of the categories, enter a description of the data source. Field accepts up to 1,000 characters.
Additional information		Free text	For each of the categories, enter any additional information you would like to include. The field accepts up to 1,000 characters.

Data Item		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	○ 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.
Sex			
Male Female Not Available	○ 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 category. Leave fields blank if data are unknown. The values must total to the value entered in the "Total" line.

High-Need Community-Level Overdose Data

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

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

Data Item		Response Options	Content Guidance and Related Definitions
Data Source and Comments			
Total	○ Population (denominator) ○ Opioid Overdose Deaths ○ Emergency Department Visits Involving Opioids Overdose ○ Hospitalizations Involving Opioid Overdose ○ Other Opioid Overdose Events (optional)	Numerical	Enter a number to report the total for each category.
Data Source		Free text	For each of the categories, enter a description of the data source. Field accepts up to 1,000 characters.
Additional information		Free text	For each of the categories, enter any additional information you would like to include. The field accepts up to 1,000 characters.

Appendix A. Defining High-Need Communities, Subrecipients, and Partner Organizations

Depending on the DSP–MRT section, SAMHSA requires grantees to report data at various levels (that is, grantee, subrecipient, high-need community, or partner organization). The first step to ensure that you are submitting accurate, high-quality data is to make certain that you correctly define subrecipients, high-need communities, and partner organizations. Below are definitions and examples of each level. If you have questions about defining the entities participating in your state, tribal entity, or jurisdiction, please contact your CSAP project officer.

High-Need Community Information

All grantees will select high-need communities in which to implement grant activities. High-need communities have the following characteristics:

- High-need communities are the **geographic service areas** (for example, cities, towns, counties, regions) where you implement grant activities and where the population has or is at risk of having a higher than average prevalence rate of prescription drug/opioid misuse, prescription drug/opioid overdoses, prescription drug/opioid overdose deaths, or adverse events related to prescription drug/opioid misuse.
- More than one funded subrecipient or partner organization may serve the same high-need community.

Subrecipient Information

Not all grantees have subrecipients. Among grantees that fund subrecipients, these subrecipients may share the following characteristics. If you are reporting for a grant other than the PDO/Naloxone Distribution Grant, consider all references to "naloxone" as being "approved opioid overdose reversal drugs or devices."

- The grantee funds subrecipients directly **to lead grant activities in the selected high-need communities and to provide support to partner organizations**.
- Some subrecipients may implement programming in more than one selected high-need community.
- Subrecipients may work with more than one partner organization.
- Subrecipients may provide naloxone education or other opioid-related trainings to partner organizations, first responders, laypersons, or community organization staff.
- Subrecipients are usually responsible for distributing naloxone kits to partner organizations.

- Subrecipients do not usually distribute individual naloxone kits directly to first responders or laypersons. However, if the subrecipient for the selected high-need community will be distributing naloxone kits and training to laypersons rather than simply engaging and assisting other partner organizations, you must enter the subrecipient as a partner organization in SPARS. This is necessary because in the "Naloxone Distribution" section of the DSP–MRT, grantees report distribution and administration at the partner organization level.

Partner Organization Information

All grantees will select partner organizations that implement grant activities in selected high-need communities. If you are reporting for a grant other than the PDO/Naloxone Distribution Grant, consider all references to "naloxone" as being "approved opioid overdose reversal drugs or devices." Partner organizations have the following characteristics:

- Partner organizations are entities (such as law enforcement agencies, syringe exchange programs) operating in any of the selected high-need communities that **receive naloxone kits and/or naloxone trainings, or distribute naloxone kits to laypersons through the grant.**
- Partner organizations may receive naloxone kits directly from the grantee or from a subrecipient organization.
- Partner organizations may serve more than one high-need community.

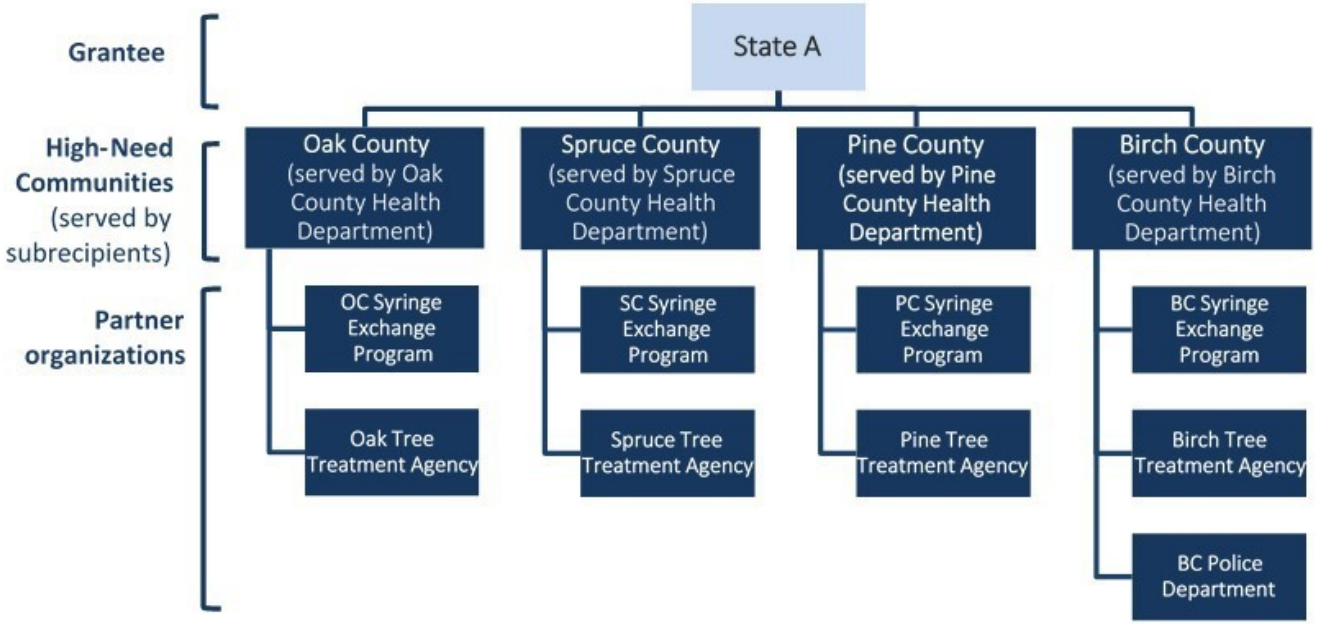
Levels of Data Reporting Examples

Below are examples of how you may implement grant funding and suggestions for correctly categorizing each entity (that is, grantee, high-need community, subrecipient, partner organization). If you are reporting for a grant other than the PDO/Naloxone Distribution Grant, consider all references to "naloxone" as being "approved opioid overdose reversal drugs or devices."

Example 1

State A has identified four high-need communities: 1) Oak County, 2) Spruce County, 3) Pine County, and 4) Birch County. Each high-need community is a county **served by a different county-level health department**, so State A has funded the four county health departments (these are the subrecipients) to lead grant activities in the selected high-need communities and provide support to partner organizations. The county health departments identified a total of nine partner organizations to participate in grant activities. All four county health departments selected a syringe exchange program and treatment agency to distribute naloxone kits directly to laypersons. Birch County also selected a police department to receive naloxone kits and training. Exhibit 2 illustrates the suggested level of reporting for this example.

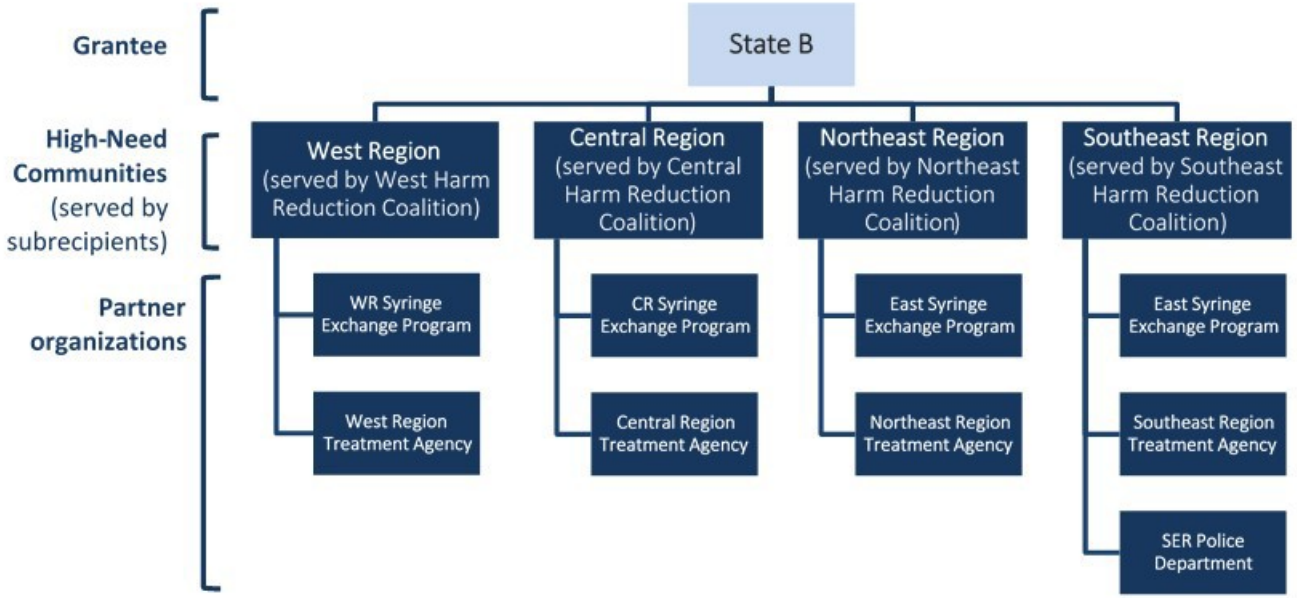
Exhibit 2. Suggested Level of Reporting for Example 1



Example 2

State B has identified four high-need communities: 1) West Region, 2) Central Region, Northeast Region, and 4) Southeast Region. Each high-need community is a region **served by a regional harm reduction coalition**, so State B has funded the regional harm reduction coalitions (these are the subrecipients) to lead grant activities in the selected regions and provide support to partner organizations. The regional harm reduction coalitions identified a total of nine partner organizations to participate in grant activities. In each region, a syringe exchange program and treatment agency are participating by distributing naloxone kits directly to laypersons. One syringe exchange program serves two of the high-need communities (Northeast and Southeast Regions), and the grantee will report the program's naloxone data separately for the two regions. In the Southeast Region, the grantee also selected a police department to receive naloxone kits and training. Exhibit 3 illustrates the suggested level of reporting for this example.

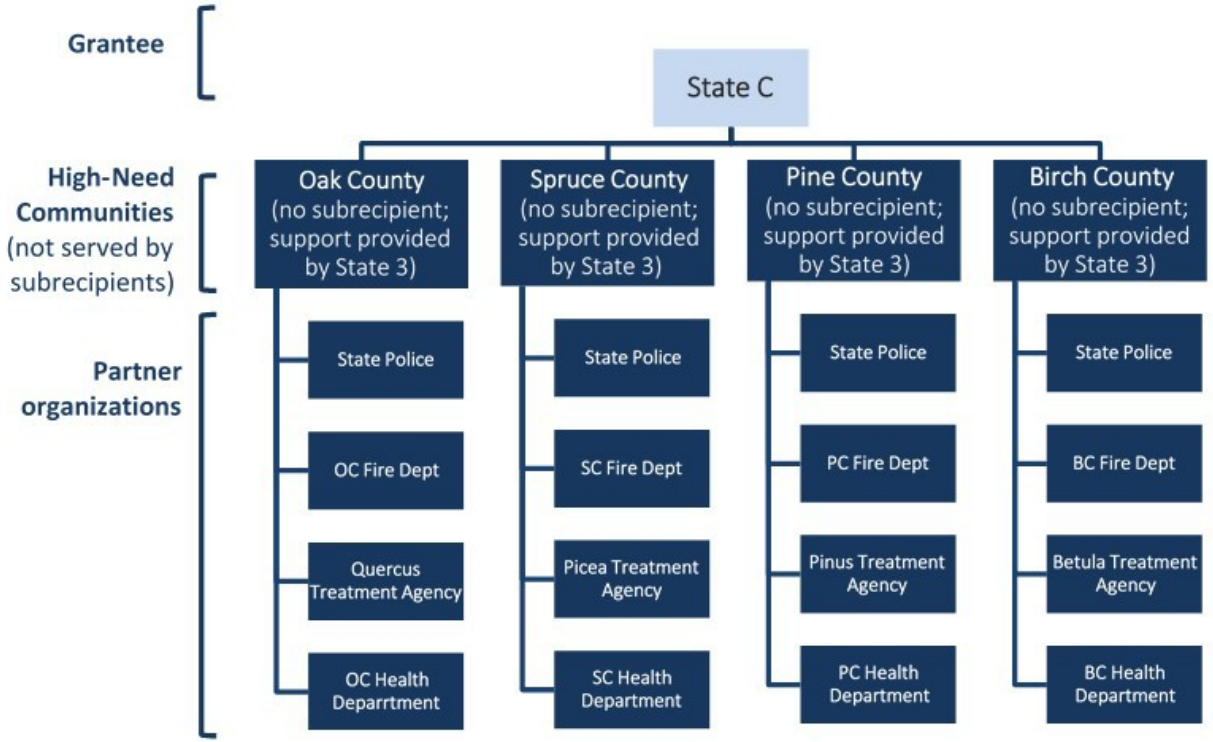
Exhibit 3. Suggested Level of Reporting for Example 2



Example 3

State C has identified four high-need communities: 1) Oak County, 2) Spruce County, 3) Pine County, and 4) Birch County. State C has not funded subrecipients to lead the PDO/Naloxone grant in the high-need communities. Instead, State C will lead grant activities in the high-need communities and provide support to partner organizations. The state will provide naloxone and training to all state police officers in the high-need counties. The grantee will report naloxone data for state police separately by high-need county. Fire departments in each county will also receive naloxone and training. Substance use disorder treatment agencies will distribute naloxone kit vouchers to laypersons and collect naloxone administration data when laypersons return for a replacement kit voucher. Treatment agencies in State C cannot distribute naloxone kits directly to laypersons. Laypersons must take the vouchers to their local health department to receive a naloxone kit. The grantee should list treatment agencies and the health departments as partner organizations. The grantee will submit naloxone distribution data under the local health departments and submit naloxone administration data under the treatment agencies. Exhibit 4 illustrates the recommended level of reporting for this example.

Exhibit 4. Suggested Level of Reporting for Example 3



Appendix B. Grantee-Level Overdose and High-Need Community Overdose

Overdose Morbidity and Mortality

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

1) Opioid Overdose Deaths
2) Emergency Department Visits Involving Opioid Overdose
3) Hospitalizations Involving Opioid Overdose
4) Other Opioid Overdose Events

Overdose Deaths: Drug Overdose Deaths Involving All Opioids

Definition of the 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. Deaths related to chronic use of drugs—for example, damage to organs from long-term drug use—are excluded from this indicator.
Demographic group	All state residents.

Numerator	Deaths with any of the following ICD-10 codes as the underlying cause of death: X40–X44: Accidental poisonings by drugs X60–X64: Intentional self-poisoning by drugs X85: Assault by drug poisoning Y10–Y14: Drug poisoning of undetermined intent With any of the following ICD-10 multiple cause-of-death codes: T40.0: Opium T40.3: Methadone T40.1: Heroin T40.4: Synthetic opioids, other than methadone T40.2: Natural and semisynthetic opioids T40.6: Other and unspecified narcotics
Denominator	Midyear population for the calendar year under surveillance.
Measures of frequency	Annual number of deaths. Annual mortality rate—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, jurisdictions are encouraged to analyze their 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	The accuracy of indicators based on codes found in vital statistics data is limited by the completeness and quality of reporting and coding. Death investigations may require weeks or months to complete; while investigations are being conducted, deaths may be assigned a pending status on the death certificate (ICD–10 underlying cause-of-death code of R99, "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. 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 the tests are performed, and how information is reported on death certificates may also vary. Drug overdose deaths that lack information about the specific drugs may have involved opioids. Estimates of fatal drug overdoses involving opioids may be underestimated from lack of drug specificity.

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). Emergency department visits 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) are excluded from this indicator.
Demographic group	All state residents.

Numerator prior to 10/01/2015: ICD–9–CM	**First-Listed 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 10/1/2015: 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—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 (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, jurisdictions are encouraged 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 accuracy of indicators based on emergency department billing data is limited by the completeness and quality of reporting and coding. 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, 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 should be reviewed 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). 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) are excluded from this indicator.		
Demographic group	All state residents.		
Numerator prior to 10/01/2015: 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 10/01/2015: 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—crude and age-adjusted—(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 (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, jurisdictions are encouraged 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 accuracy of indicators based on hospital inpatient billing data is limited by the completeness and quality of reporting and coding. 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, 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 should be reviewed in conjunction with the indicator.