



# **Center for Substance Abuse Prevention (CSAP)**

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

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





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## Introduction

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

Work plans include your Disparities Impact Statement (DIS), Strategic Plan, Public Education Plan, and Evaluation Plan. This *Question-by-Question Instruction Guide* provides guidance for successfully completing the DSP–MRT for SPF Rx grantees. Please reference the “Guidance and Related Definitions” column throughout the document for information about what to report for each data item. SAMHSA requires that grantees complete the items marked with an asterisk throughout this document. In SPARS, use the tabs at the top of the screen to navigate to each section of the report. Select “View” to open each subsection of the report.

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

### SPF Rx Reporting Deadlines

Progress Report	Reporting Period	Due Date
1	October 1 – December 31	January 31
2	January 1 – March 31 Disparities data required	April 30
3	April 1 – June 30	July 31
4	July 1 – September 30 Disparities data required	October 31



## Work Plans

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

## Disparity Impact Statement

Once your State Project Officer (SPO) approves your Disparities Impact Statement, you can use this section to upload the DIS. After uploading the DIS, you will only update this section when you identify new disparate population(s) or if you revise plans to improve the quality of programming to addressing the needs (access, use/reach, outcomes) of the disparate population. If you do not have an approved DIS, please continue working with your SPO to finalize it as soon as possible. You should not enter any additional information in the Behavioral Health Disparities module until SAMHSA approves your DIS.

<b>Data Item</b>	<b>Response Options</b>	<b>Content Guidance and Related Definitions</b>
Upload Document	Document upload function	Click “View” to open the Disparities Impact Statement work plan section, then select “Add a Document.” Use the “Browse” button to select a file from your computer and then click the “Upload” button to add your document. If your document has not changed since your previous upload, you do not need to upload a new document.
Provide a brief description of your document and, if relevant, any changes made to your document between the previous version and this one.	Free text	Enter a description of the document, then click the “Save” button. If your document has not changed since your previous upload, you do not need to upload a new document. The field accepts up to 1,000 characters.

## Strategic Plan

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

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



## Community-Based Social Marketing/Public Education Plan

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

<b>Data Item</b>	<b>Response Options</b>	<b>Content Guidance and Related Definitions</b>
Upload Document	Document upload function	Click “View” to open the Community-Based Social Marketing/Public Education Plan work plan section, then select “Add a Document.” Use the “Browse” button to select a file from your computer and click the “Upload” button to add your document. If your document did not change since your previous upload, you do not need to upload a new document.
Provide a brief description of your document and, if relevant, any changes made to your document between the previous version and this one.	Free text	Enter a description of the document, then click the Save button. If the document has not changed since your previous upload, you do not need to upload a new document. The field accepts up to 1,000 characters.



## Evaluation Plan

Use this section to upload your Evaluation Plan. Only upload your evaluation plan after the evaluation team approves it. Contact your project officer if you are unsure who to contact to review and approve your evaluation plan. Your plan should include information about how your project will conduct, analyze, report on, and use the results of the outcome evaluation. Outcome evaluation involves collecting and analyzing information about whether you achieved the intended goals and objectives. Evaluation results identify areas where you may need to make modifications to prevention strategies, and you can use evaluation results to plan for sustaining the prevention effort as well as plan for future endeavors.

<b>Data Item</b>	<b>Response Options</b>	<b>Content Guidance and Related Definitions</b>
Upload Document	Document upload function	Click “View” to open the Evaluation Plan work plan section, then select “Add a Document.” Use the “Browse” button to select a file from your computer, then click the “Upload” button to add your document. If the document has not changed since your previous upload, you do not need to upload a new document.
Provide a brief description of your document and, if relevant, any changes made to your document between the previous version and this one.	Free text	Enter a description of the document, then click the “Save” button. If the document has not changed since your previous upload, you do not need to upload a new document. The field accepts up to 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 SPARS reports data in other DSP–MRT sections, so please ensure that you correctly define subrecipients and high-need communities.

## Grantee Information

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

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



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

## Sub-State

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

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

## Subrecipient

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


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



<b>Data Item</b>	<b>Response Options</b>	<b>Content Guidance and Related Definitions</b>
City*	Free text	The field accepts up to 100 characters.
State/Territory*	Drop-down menu	Select the state or territory from the list.
Zip Code*	Numerical	The field only accepts 5 numerals.
Subrecipient Status*	<ul style="list-style-type: none"> <li>• Selected but not yet active or funded</li> <li>• Planning grant only: Not (yet) selected to implement all steps</li> <li>• Active: Has begun implementation and/or funding</li> <li>• Deactivated: No longer funded</li> </ul>	Indicate your subrecipient’s present status. If the subrecipient’s status ever changes, you will need to update the status to reflect the change.
Has this subrecipient been funded?*	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	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 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 grantees to identify one or more high-need/low-capacity community(ies). Use this section to add or update information about your selected high-need community(ies). For Single-Community grantees, if you identify your tribe or territory as your high-need community, enter that here. Select “Add a High-Need Community” to enter information.

Data Item	Response Options	Content Guidance and Related Definitions
Selected High-Need Community Name*	Free text	The field accepts up to 100 characters.
Selected High-Need Community Zip Code(s)	Numerical	This refers to the community that the subrecipient or the grantee targets its program efforts. Selecting “Add Target Zip Code” will add the entered value to the list of zip codes. You can also use the USPS <a href="#">Look Up a ZIP Code</a>  tool to search for a zip code.
Alternative: If this subrecipient or you target an entire county (or counties) as the selected High-Need Community, indicate the county name(s) here.	Free text	The field accepts up to 100 characters.
Subrecipients	Check boxes with subrecipients that were entered in the “Subrecipient” section	Select subrecipient(s) connected to this High-Need Community. If you selected “No” under “Do you fund subrecipients for this grant?” in the Grantee Information section, the system will indicate “No subrecipients added.”
Briefly describe how you are defining this community as a High-Need Community. This description should summarize in 2-3 sentences what you reported in detail in your Disparity Impact Statement.*	Free text	The field accepts up to 3,000 characters.
Start Date for High-Need Community	Date (mm/dd/yyyy)	

## Assessment

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

## Accomplishments and Barriers/Challenges

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

Data Item	Response Options	Content Guidance and Related Definitions
Accomplishment Name*	<ul style="list-style-type: none"> <li>• Assessing community assets and resources</li> <li>• Assessment of community capacity</li> <li>• Assessment of community readiness to act</li> <li>• Assessment of community risk and protective/causal factors</li> <li>• Assessment of State/Tribe/Jurisdiction capacity</li> <li>• Assessment of State/Tribe/Jurisdiction readiness to act</li> <li>• Assessment of the magnitude of substance abuse related problems (consumption/consequences)</li> <li>• Functioning of the State/Tribal/Jurisdiction Epidemiology Outcome Workgroup</li> <li>• Identification of community gaps in services</li> </ul>	<p>Select an option from the drop-down menu to report any accomplishments you experienced related to Assessment during the reporting period.</p> <p>If you select “Other,” enter a brief description of the accomplishment. The “Other” field accepts up to 200 characters.</p>



<b>Data Item</b>	<b>Response Options</b>	<b>Content Guidance and Related Definitions</b>
Accomplishment Name* (continued)	<ul style="list-style-type: none"> <li>• Identification of State/Tribe/Jurisdiction high-need priorities</li> <li>• Identification of target communities</li> <li>• Monitoring community needs assessment activities</li> <li>• Specification of baseline data</li> <li>• Use of needs assessment data collected prior to award</li> <li>• Use of the Epidemiological Outcomes Workgroup to enhance and supplement the current process</li> <li>• Other</li> </ul>	
Describe the Accomplishment*	Free text	Provide a brief description of the accomplishment experienced during the reporting period. You can report an accomplishment again in subsequent reporting periods (for example, if a related accomplishment occurred in more than one reporting period). The field accepts up to 3,000 characters.
Barrier/Challenge Name*	<ul style="list-style-type: none"> <li>• Difficulty sampling target populations</li> <li>• Identification of State/Tribe/Jurisdiction gaps in services and capacity</li> <li>• Inadequate time for project staff and members to devote to the project</li> <li>• Lack of available data for specific age group populations (e.g., 18- to 25-year-olds)</li> <li>• Lack of available data to address NOMs</li> </ul>	<p>Select an option from the drop-down menu to report any barriers/challenges you experienced related to Assessment during the reporting period.</p> <p>If you select “Other,” enter a brief description of the barrier/challenge. The “Other” field accepts up to 200 characters.</p>





<b>Data Item</b>	<b>Response Options</b>	<b>Content Guidance and Related Definitions</b>
Barrier/Challenge Name* (continued)	<ul style="list-style-type: none"><li>• Lack of available data to assess differences for racial/ethnic minorities, LGBTQ, or other special populations</li><li>• Lack of collaboration between stakeholders (e.g., between agencies, between coalitions, between jurisdictions and funded community levels)</li><li>• Lack of data analysis or evaluation expertise</li><li>• Limited staff capacity to conduct assessments</li><li>• Limited time to implement this Strategic Prevention Framework step</li><li>• Low survey response rates</li><li>• Major external community events like weather disasters</li><li>• Mismatch between level of disaggregation of available data (e.g., county) and communities being funded (e.g., towns within counties)</li><li>• Need for new data collection instruments</li><li>• State/Tribal/Jurisdictional contract or other delays getting subrecipient or high-need communities on board</li><li>• Other</li></ul>	



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

## Capacity

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

## Membership

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

Data Item	Response Options	Content Guidance and Related Definitions
Date Joined*	Date (mm/dd/yyyy)	
Member Type*	<ul style="list-style-type: none"> <li>• Project Advisory Council</li> <li>• Epidemiological Outcomes Workgroup</li> <li>• Evidence-Based Practices Workgroup</li> <li>• Other</li> </ul>	If a member is involved in more than one workgroup, add them as many times as necessary. If you select “Other,” enter a brief description of the member type.
Member Name*	Free text	The field accepts up to 100 characters.
Title*	Free text	The field accepts up to 100 characters.
Organization*	Free text	The field accepts up to 100 characters.
Sector*	<ul style="list-style-type: none"> <li>• Advocacy volunteers</li> <li>• Affected family members</li> <li>• Behavioral health department/division</li> <li>• Business community</li> </ul>	Use the drop-down menu to select the <b>primary</b> sector that the member represents. The field accepts up to 200 characters.



<b>Data Item</b>	<b>Response Options</b>	<b>Content Guidance and Related Definitions</b>
Sector* (continued)	<ul style="list-style-type: none"> <li>• Civic or volunteer organizations</li> <li>• Corrections</li> <li>• Courts/judiciary</li> <li>• Emergency medical system</li> <li>• Faith-based organizations</li> <li>• Healthcare professionals</li> <li>• Law enforcement agency</li> <li>• LGBTQ supportive organization</li> <li>• Media (radio/TV stations, newspaper)</li> <li>• Mental health professionals/ agencies</li> <li>• Military/veteran organization</li> <li>• Parent/family/caregiver groups</li> <li>• Pharmacy</li> <li>• Public health department</li> <li>• Recovery community</li> <li>• Research/evaluation</li> <li>• School(s)/school districts</li> <li>• State/Tribe/Jurisdiction agency</li> <li>• Substance use disorder treatment</li> <li>• Syringe exchange program</li> <li>• Tribal government/tribal health board</li> <li>• Youth groups/representatives</li> <li>• Other (not listed)</li> </ul>	
Status*	<ul style="list-style-type: none"> <li>• Active</li> <li>• Inactive</li> </ul>	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 the meeting attendees. If you had no Advisory Council, EOW, or other workgroup meetings held during this reporting period related to your activities, please skip this section. Select “Add Meeting” to enter information.

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

## Other Opioid-Specific Workgroup Activities

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

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



<b>Data Item</b>	<b>Response Options</b>	<b>Content Guidance and Related Definitions</b>
Please describe your efforts to coordinate opioid funding streams during this reporting period.	Free text	This item only appears if you selected “Yes” for “Have you engaged in efforts to coordinate opioid funding streams during this reporting period?” The field accepts up to 1,000 characters.

## Grantee Funding Resources

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

*Which of the following funding sources did your organization receive during this fiscal year? Which of those sources did your organization use to fund program priorities in your communities?*

Data Item	Response Options	Content Guidance and Related Definitions
Source of Funding/Resources	<ul style="list-style-type: none"> <li>• SAMHSA Partnerships for Success (PFS)</li> <li>• SAMHSA Strategic Prevention Framework for Prescription Drugs (SPF Rx)</li> <li>• SAMHSA Medication-Assisted Treatment-Prescription Drug and Opioid Addiction (MAT-PDOA)</li> <li>• SAMHSA Minority HIV/AIDS Initiative (MAI)</li> <li>• SAMHSA State Targeted Response to the Opioid Crisis Grants (Opioid STR)</li> <li>• SAMHSA Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO)</li> <li>• CDC Prescription Drug Overdose: Prevention for States (PFS)</li> <li>• CDC Data-Driven Prevention Initiative (DDPI)</li> <li>• CDC Expanded Overdose Surveillance</li> </ul>	<p>Use the checkboxes to select all funding sources that your organization received this fiscal year. Several funding sources not awarded to states (e.g., SAMHSA MAI, Drug-Free Communities, HRSA ROOR) appear in the list. SPARS includes these here because some CSAP grant programs fund tribal grantees that may receive these community-level funds.</p> <p>Use the “Other” option to indicate a funding source not listed. Specify the source and select “Add Other.” The field accepts up to 250 characters.</p>





<b>Data Item</b>	<b>Response Options</b>	<b>Content Guidance and Related Definitions</b>
Source of Funding/Resources (continued)	<ul style="list-style-type: none"> <li>• BJA Harold Rogers Prescription Drug Monitoring Program (PDMP) Grant</li> <li>• Health Resources and Services Administration (HRSA) Rural Opioid Overdose Reversal (ROOR)</li> <li>• Drug Free Communities Grants</li> <li>• STOP Act Funding</li> <li>• Substance Abuse Prevention and Treatment Block Grant Medicaid (Federal, State, and Local)</li> <li>• Other Federal Funds</li> <li>• State/Territory Funds (excluding State Medicaid)</li> <li>• Municipal Government Funds (excluding State Medicaid)</li> <li>• Local Funds (excluding State Medicaid)</li> <li>• Foundation/Non-Profit Organization Funding</li> <li>• Private/Corporate Entities</li> <li>• Individual Donations/Funding from Fundraising Events</li> <li>• Other</li> </ul>	
Did the grantee use the funding stream for program priorities in your communities?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	For each funding source selected, indicate whether your organization used the source to fund program priorities in your communities.

## Other Resources

### Policies, Regulations, and Laws

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

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



Data Item	Response Options	Content Guidance and Related Definitions
PDMP records are linked with vital records (e.g., deaths)	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	
PDMP data can be used for public health surveillance, prevention, and research	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	
PDMP produces regular reports that summarize key state or regional statistics of interest	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	
PDMP produces unsolicited reports	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	
If yes, reports are for which groups? (Choose all that apply.)	<ul style="list-style-type: none"> <li>• Prescribers</li> <li>• Dispensers</li> <li>• Licensing boards</li> <li>• Law enforcement agencies</li> <li>• Other group(s) (Please Specify)</li> </ul>	This item only appears if you selected “Yes” for “PDMP produces unsolicited reports.” The field accepts up to 250 characters.
Interstate agreements to share PDMP data	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	
Requirements for prescribers to receive training on safe opioid prescribing	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	
Limit to dose of opioid prescription (e.g., 90 MME/day) without special approval	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	
Limit to the duration of opioid prescription for noncancer patients without special approval	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	



<b>Data Item</b>	<b>Response Options</b>	<b>Content Guidance and Related Definitions</b>
Requirements that pain clinics must be regularly certified by the state medical board	<ul style="list-style-type: none"><li>• Yes</li><li>• No</li><li>• N/A (State does not have pain clinics)</li></ul>	
Requirements that pain clinics must be owned and operated by a licensed physician	<ul style="list-style-type: none"><li>• Yes</li><li>• No</li><li>• N/A (State does not have pain clinics)</li></ul>	
Other relevant PDMP guidelines or regulations not captured above	Free text	The field accepts up to 1,000 characters.

## Data Infrastructure – SPF Rx

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

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



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

## Training and Technical Assistance (TA)

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

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

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

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

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

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

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

<b>Data Item</b>	<b>Response Options</b>	<b>Content Guidance and Related Definitions</b>
Status*	<ul style="list-style-type: none"> <li>• Received</li> <li>• Closed</li> </ul>	<p>“Received Training or TA” status means that the grantee received training or TA.</p> <p>“Closed Training or TA” status means that the grantee reported the need for training or TA in the DSP–MRT, but the problem resolved without the grantee receiving training or TA.</p>
Date Began Receiving this Training or TA*	Date (mm/dd/yyyy)	
Name of Training/TA*	Free text	The field accepts up to 100 characters.



Data Item	Response Options	Content Guidance and Related Definitions
Training/TA Topic* (select all that apply)	<ul style="list-style-type: none"> <li>• Behavioral Health Disparities</li> <li>• CAPT Information</li> <li>• Collaboration</li> <li>• Community Data Collection</li> <li>• Community Development</li> <li>• Cultural Competence/Diversity</li> <li>• Data Entry</li> <li>• Developing Prevention Systems</li> <li>• Development of Overdose Prevention System</li> <li>• Environmental Strategies</li> <li>• Grant Writing/Funding/ Resource Development</li> <li>• Grantee Data Collection</li> <li>• Identifying/Selecting/ Implementing Evidence-Based Programs</li> <li>• Information Technology</li> <li>• Infrastructure Development</li> <li>• Marketing/Communications</li> <li>• National Outcomes Measures (NOMs)</li> <li>• Needs Assessment</li> <li>• Organization Development</li> <li>• Overdose Outcome Measures</li> <li>• Overdose Prevention in Specific Settings (e.g., shelter, correction facility)</li> <li>• Prevention Fundamentals</li> <li>• Prevention in Specific Settings (e.g., workplace, correctional facilities)</li> <li>• Readiness Assessment</li> <li>• Risk and Protective Factors</li> </ul>	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.





<b>Data Item</b>	<b>Response Options</b>	<b>Content Guidance and Related Definitions</b>
Training/TA Topic* (select all that apply) (continued)	<ul style="list-style-type: none"> <li>• SAMHSA’s Strategic Prevention Framework (SPF)</li> <li>• State/Territory Data Collection</li> <li>• Strategic Planning</li> <li>• Substance Use/Abuse</li> <li>• Sustainability</li> <li>• Utilizing Epidemiological Data</li> <li>• Violence Prevention</li> <li>• Youth Involvement</li> </ul> Other	
Brief Description of the Need for the Training/TA*	Free text	The field accepts up to 500 characters.
Source of Assistance*	<ul style="list-style-type: none"> <li>• CAPT</li> <li>• CSAP</li> <li>• My Project Officer</li> <li>• Other Grantee</li> <li>• This Grantee</li> <li>• PEP-C</li> <li>• SPARS</li> <li>• CDC</li> <li>• Battelle/Cloudburst</li> <li>• Other</li> </ul>	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.



<b>Data Item</b>	<b>Response Options</b>	<b>Content Guidance and Related Definitions</b>
Delivery Mechanism*	<ul style="list-style-type: none"> <li>• Face to Face</li> <li>• Video conference</li> <li>• Telephone Conference</li> <li>• Web Conference</li> <li>• Moderated Distance Learning Course</li> <li>• Self-Paced Distance Learned Course/Tool</li> <li>• Other</li> </ul>	Indicate the delivery mechanism from the drop-down menu. If you select “Other,” specify the delivery mechanism in the Other field that appears. The field accepts up to 250 characters.
Was this training or TA timely?*	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	Indicate whether or not the training or TA was timely.
Explain why you believe the training or TA was not timely.*	Free text	This item only appears if you selected “No” for “Was this training or TA timely?” The field accepts up to 500 characters.
Was this training or TA effective?*	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	Indicate whether or not the training or TA was effective.
Explain why you believe the training or TA was not effective.*	Free text	This item only appears if you selected “No” for “Was this training or TA effective?” The field accepts up to 500 characters.
Provide any additional description of this training/TA experience here.	Free text	The field accepts up to 1,000 characters.

## Accomplishments and Barriers/Challenges

Use this section to enter information on any Accomplishments and/or Barriers/Challenges that you experienced while performing activities related to capacity building, such as building your advisory council or workgroups, leveraging resources, and training staff or subrecipients and communities. Please include actions you took to address any Barriers/Challenges. Select “Add Accomplishments” or “Add Barriers/Challenges” to enter information. After you save the Accomplishment or Barrier/Challenge, it will appear on the list in SPARS. You can click “Edit” to revise the record or you can add an additional record by clicking the “Add Accomplishments” or the “Add Barriers/Challenges” button.

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

Data Item	Response Options	Content Guidance and Related Definitions
Accomplishment Name*	<ul style="list-style-type: none"> <li>• Building coalitions</li> <li>• Contributing to decisions to allocate resources</li> <li>• Convening leaders and stakeholders</li> <li>• Coordination with Advisory Board/Council</li> <li>• Description of necessary infrastructure development</li> <li>• Developing a set of Alcohol Tobacco or Other Drug intervening variables, consequences, and consumption indicators</li> <li>• Developing relationships among stakeholders</li> <li>• Engagement of State/Tribe/Jurisdiction level stakeholders</li> <li>• Engaging stakeholders to help sustain outcomes</li> <li>• Leveraging funding and other resources</li> <li>• Organizing agency networks</li> <li>• Other infrastructure development</li> <li>• Planning for sustaining the infrastructure</li> <li>• Tracking substance use and consequences indicators over time</li> </ul>	<p>Select an option from the drop-down menu to report any accomplishments you experienced related to capacity during the reporting period. If you select “Other,” enter a brief description of the accomplishment. The field accepts up to 200 characters.</p>



<b>Data Item</b>	<b>Response Options</b>	<b>Content Guidance and Related Definitions</b>
Accomplishment Name* (continued)	<ul style="list-style-type: none"> <li>• Training and technical assistance to enhance the capacity of community stakeholders, coalitions, partner organizations, and service providers</li> <li>• Training and technical assistance to enhance the capacity of State/Tribe/Jurisdiction stakeholders</li> <li>• Using data to monitor changes in Alcohol Tobacco or Other Drug intervening variables, consequences, and consumption indicators</li> </ul> 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*	<ul style="list-style-type: none"> <li>• Differing perspectives between the project and jurisdiction-level administrators (e.g., Single State Authority, Governor's Office, tribal entity, etc.)</li> <li>• Difficulties getting buy-in from partnering agencies</li> <li>• Difficulty balancing efficiency vs. inclusiveness of project members</li> <li>• Funding challenges (e.g., state budget cuts; delayed receipt of program funds)</li> </ul>	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.



<b>Data Item</b>	<b>Response Options</b>	<b>Content Guidance and Related Definitions</b>
Barrier/Challenge Name* (continued)	<ul style="list-style-type: none"> <li>• Inadequate funds to thoroughly implement Strategic Prevention Framework model</li> <li>• Inadequate pool of qualified people for identifying members (State Advisory Council, Epidemiological Outcomes Workgroup, Evidence Based Practices Workgroup)</li> <li>• Inadequate time for project staff and members to devote to the project</li> <li>• Insufficient/inadequate technical assistance provided directly by the project or partnering entity at the funded community level</li> <li>• Insufficient/inadequate training/technical assistance provided directly by the project or partnering entity at the state/tribe/jurisdiction level</li> <li>• Lack of collaboration between stakeholders (e.g., between agencies, between coalitions, between jurisdictions and funded community levels)</li> <li>• Limited incorporation of cultural competencies</li> <li>• Limited time to implement the Strategic Prevention Framework step</li> <li>• Major external community events like weather disasters</li> <li>• No capacity for leveraging of funds or in-kind donations</li> <li>• No capacity for monitoring objectives and goals</li> <li>• No coordination of funds</li> <li>• No leadership or political commitment to the issue</li> <li>• Staffing challenges (e.g., delays in hiring, delays in training, turnover)</li> <li>• State/Tribal/Jurisdictional contract or other delays getting subrecipient communities on board</li> </ul>	



<b>Data Item</b>	<b>Response Options</b>	<b>Content Guidance and Related Definitions</b>
Barrier/Challenge Name* (continued)	<ul style="list-style-type: none"> <li>• Under-developed prevention infrastructure</li> <li>• Organizing ATOD indicators into a state/tribe profile</li> <li>• Selection and implementation of effective prevention strategies</li> <li>• Other</li> </ul>	
Describe the Challenge/Barrier*	Free text	Provide a brief description of the barrier/challenge experienced during the reporting period. You can report a barrier/challenge again in subsequent reporting periods (for example, if a barrier continued to affect capacity for more than one reporting period).
Was technical assistance (TA) requested to help address the Barrier/Challenge?*	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	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.

## Planning

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

### Strategic Plan

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

### Accomplishments and Barriers/Challenges

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

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

<b>Data Item</b>	<b>Response Options</b>	<b>Content Guidance and Related Definitions</b>
Accomplishment Name*	<ul style="list-style-type: none"><li>• Articulation of a vision for prevention activities</li><li>• Discussion on adjustments based on on-going needs assessment activities</li><li>• Establishment of key policies</li><li>• Identification of appropriate funding mechanism(s)</li><li>• Identification of key milestones and outcomes</li></ul>	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.



<b>Data Item</b>	<b>Response Options</b>	<b>Content Guidance and Related Definitions</b>
Accomplishment Name* (continued)	<ul style="list-style-type: none"> <li>• Identification of other sources of funding for the plan</li> <li>• Identification of the State/Tribe/Jurisdiction level priorities</li> <li>• Identification/coordination/allocation of resources</li> <li>• Involvement of public and private service systems in planning</li> <li>• Planning for sustaining the infrastructure</li> <li>• Use of statewide needs assessment in the development of the strategic plan</li> <li>• Other</li> </ul>	
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*	<ul style="list-style-type: none"> <li>• Challenges finding other sources of funding for the plan</li> <li>• Challenges planning for sustaining the infrastructure</li> <li>• Differing perspectives between the project and jurisdiction-level administrators (e.g., Single State Authority, Governor’s Office, tribal entity, etc.)</li> <li>• Difficulty balancing efficiency vs. inclusiveness of project members</li> <li>• Difficulty convening members</li> </ul>	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.





<b>Data Item</b>	<b>Response Options</b>	<b>Content Guidance and Related Definitions</b>
Barrier/Challenge Name* (continued)	<ul style="list-style-type: none"><li>• Disagreement among stakeholders about resource allocation procedures (i.e., alignment)</li><li>• Disagreement among stakeholders regarding the project's priorities or strategies</li><li>• Inadequate time for project staff and members to devote to the project</li><li>• Lack of collaboration between stakeholders (e.g., between agencies, between coalitions, between jurisdictions and funded community levels)</li><li>• Lack of stakeholder support for the program plan</li><li>• Limited time to implement this Strategic Prevention Framework step</li><li>• Major external community events like weather disasters</li><li>• No leadership or political commitment to substance abuse prevention</li><li>• Resistance to adopting Strategic Prevention Framework model</li><li>• State/Tribal/Jurisdictional contract or other delays getting subrecipient communities on board</li><li>• Other</li></ul>	



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



## Behavioral Health Disparities

SAMHSA defines **behavioral health** as mental/emotional well-being and/or actions that affect wellness. The phrase “behavioral health” is also used to describe service systems that encompass prevention and promotion of emotional health; prevention of mental and substance use disorders, substance use, and related problems; treatments and services for mental and substance use disorders; and recovery support (for more information, visit <https://www.samhsa.gov/samhsa-data-outcomes-quality/samhsas-efforts>).

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

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

### Disparity Impact Statement

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 guide on page 5 for specifics on what to include in your plan.

### Population(s) Experiencing the Disparity

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

Grantees may describe the population(s) experiencing the disparity using a broad demographic or cultural category or **subpopulation**. DIS asks you to use publicly available data to identify subpopulations within your High-Need Communities. You may quantify subpopulations more specifically as a “disparate population” using data and a designated

comparison group. For example, you can identify the subpopulations by “race” and the disparate population as “Black or African American.” However, just because you *can* separate out a subpopulation (e.g., age separated out by age ranges), does not mean that you *should* identify it as disparate. Only consider a population “disparate” if you identify a specific race, ethnicity, sex, or LGBTQ identity using a data-driven justification. Select “Add a Population(s) Experiencing Disparity Record” to enter information.

Data Item	Response Options	Content Guidance and Related Definitions
Select High-Need Community(ies)*	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 a record for each high-need community in SPARS, whether it is a group or an individual.
<b>Plan:</b> From the subpopulations below, please select the disparate population(s) on which this high-need community(ies) is focusing its efforts. For each selected disparate population, provide estimates for how many individuals the high-need community(ies) plans to directly serve and indirectly reach with its efforts <i>per year</i> .	<b>Race</b> <ul style="list-style-type: none"> <li>• African American/Black</li> <li>• American Indian or Alaska Native</li> <li>• Asian</li> <li>• Native Hawaiian or Other Pacific Islander</li> <li>• White</li> <li>• Two or more races</li> </ul>	<i>Directly serve</i> refers to individual-based prevention strategies or services delivered directly to individuals, either on a one-on-one basis or in a group setting. Typically, the service provider and the participant are at the same location during the service encounter. Since providers have direct interaction with these individuals, they can keep accurate counts and, in many cases, collect data about these participants’ characteristics and outcomes through attendance lists and pre–post surveys.



Data Item	Response Options	Content Guidance and Related Definitions
<p><b>Plan (continued)</b></p>	<p><b>Ethnicity</b></p> <ul style="list-style-type: none"> <li>• Hispanic or Latino</li> <li>• Not Hispanic or Latino</li> </ul> <p><b>Sex</b></p> <ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> </ul> <p><b>LGBTQ</b></p> <ul style="list-style-type: none"> <li>• Lesbian, Gay, Bisexual, Transgender, Questioning, or Two-Spirit</li> </ul>	<p>Examples include training sessions and educational classes.</p> <p><i>Indirectly reach</i> 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:</p> <ul style="list-style-type: none"> <li>• Information Dissemination</li> <li>• Environmental Strategies</li> </ul>
<p><b>Actual:</b> From the subpopulations below, please select all the disparate populations on which this high-need community is focusing its efforts.</p> <p>For each selected disparate population, provide estimates for the actual number of individuals the High-Need Community(ies) directly served and indirectly reached <i>for this reporting period</i>.</p>	<p><b>Race</b></p> <ul style="list-style-type: none"> <li>• African American/Black</li> <li>• American Indian or Alaska Native</li> <li>• Asian</li> <li>• Native Hawaiian or Other Pacific Islander</li> <li>• White</li> <li>• Two or more races</li> </ul> <p><b>Ethnicity</b></p> <ul style="list-style-type: none"> <li>• Hispanic or Latino</li> <li>• Not Hispanic or Latino</li> </ul>	<p>This section appears when you are reporting actual values. To record actual values, you must first enter the planned values. After entering your planned values, select “Complete Plan.” A prompt will pop up asking you to confirm that you want to complete the record. SPARS will then mark the plan as complete and an “Edit Actual” link will appear. Select this link to open the record. You will now see the “Actual” columns available for you to enter data for the actual number of people directly served and indirectly reached in each population. Enter and save this data so that SPARS includes it in your submission.</p>



Data Item	Response Options	Content Guidance and Related Definitions
<b>Actual</b> (continued)	<p><b>Sex</b></p> <ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> </ul> <p><b>LGBTQ</b></p> <p>Lesbian, Gay, Bisexual, Transgender, Questioning, or Two-Spirit</p>	
Describe why this high-need community(ies) has not yet identified (or finalized the identification of) a disparate population, when it intends to do so, and how soon implementation will begin.	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.”
<p>If “Show Additional Populations” is selected: From the options below, please select any additional subpopulation(s) on which this high-need community is focusing its efforts. For each subpopulation below provide estimates for how many individuals you expect this high-need community to directly serve and indirectly reach with their efforts <i>per year</i>.</p>	<p><b>Age</b></p> <ul style="list-style-type: none"> <li>• 12–17 years old</li> <li>• 18–24 years old</li> <li>• 25–34 years old</li> <li>• 35–44 years old</li> <li>• 45–54 years old</li> <li>• 55–64 years old</li> <li>• 65+ years old</li> </ul> <p><b>Residence</b></p> <ul style="list-style-type: none"> <li>• Urban</li> <li>• City</li> <li>• Town</li> <li>• Suburb</li> <li>• Rural</li> </ul>	<p>Select “Show Additional Populations” to view this section.</p> <p>To record actual values, you must first enter the planned values. After entering your planned values, select “Complete Plan.” A prompt will pop up asking you to confirm that you want to complete the record. SPARS then marks the plan as complete and you will see an “Edit Actual” link. Select this link to open the record. You will now see the “Actual” columns available for you to enter data for the actual number of people directly served and indirectly reached in each population. Enter and save this data so that SPARS includes it in your submission.</p>



Data Item	Response Options	Content Guidance and Related Definitions
(continued)	<p><b>Socioeconomic status</b></p> <ul style="list-style-type: none"> <li>• High</li> <li>• Middle</li> <li>• Low</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>• Service members, veterans, veterans, and their families</li> <li>• Persons with disabilities</li> <li>• Persons with mental illness</li> </ul> <p>Other</p>	<p>If you select “Other,” enter a description of the population. The field accepts up to 250 characters.</p>
Describe how and why the population(s) experiencing the disparity has changed.	Free text	This question will appear only if you need to edit your Disparity Impact Statement. The field accepts up to 1,000 characters.
For each selected subpopulation, provide estimates for the actual number of individuals the High-Need Community(ies) directly served and indirectly reached for this reporting period	<p><b>Age</b></p> <ul style="list-style-type: none"> <li>• 12–17 years old</li> <li>• 18–24 years old</li> <li>• 25–34 years old</li> <li>• 35–44 years old</li> <li>• 45–54 years old</li> <li>• 55–64 years old</li> <li>• 65+ years old</li> </ul>	<p>Select “Show Additional Populations” to view this section. To record actual values, you must first enter the planned values. After entering your planned values, select “Complete Plan.” A prompt will pop up asking you to confirm that you want to complete the record. SPARS then marks the plan as complete and you will see an “Edit Actual” link. Select this link to open the record. You will now see the “Actual” columns available for you to enter data for the actual number of people directly served and indirectly reached in each population. Complete and save this data so that SPARS includes it with your submission.</p>



Data Item	Response Options	Content Guidance and Related Definitions
(continued)	<p><b>Residence</b></p> <ul style="list-style-type: none"> <li>• Urban</li> <li>• City</li> <li>• Town</li> <li>• Suburb</li> <li>• Rural</li> </ul> <p><b>Socioeconomic status</b></p> <ul style="list-style-type: none"> <li>• High</li> <li>• Middle</li> </ul> <p>Low</p> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>• Service members, veterans, veterans, and their families</li> <li>• Persons with disabilities</li> <li>• Persons with mental illness</li> </ul> <p>Other</p>	<p>If you select “Other,” enter a description of the population. The field accepts up to 250 characters.</p>
<p>Describe how and why the population(s) experiencing the disparity has changed. (This question appears if you indicate you need to edit your plan.)</p>	<p>Free text</p>	<p>This question appears only if you need to edit your Disparity Impact Statement. The field accepts up to 1,000 characters.</p>

## Focus and Data Gaps

The following questions ask about ensuring that high-need communities focus on the subpopulation(s) experiencing 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.





<b>Data Item</b>	<b>Response Options</b>	<b>Content Guidance and Related Definitions</b>
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
<p>Briefly describe the specific strategies implemented to address behavioral health disparities in your high-need community(ies). Include any information on how you, as the grantee, are supporting its/their progress.</p>	<p>Free text</p>	<p>The field accepts up to 3,000 characters.</p>
<p>If you used a planning model, please briefly describe the model you are using and how you are ensuring your high-need community(ies) integrated it into its/their approach to addressing behavioral health disparities. If you did not use a planning model, enter “n/a” for not applicable.</p> <p>Note: You will report general updates in the Implementation section. Information reported here should be specific to behavioral health disparities.</p>	<p>Free text</p>	<p>The field accepts up to 3,000 characters.</p>



Data Item	Response Options	Content Guidance and Related Definitions
<p>From the list below, please select the strategies you developed and implemented to ensure that your high-need communities understand and are using the National CLAS Standards.*</p>	<ul style="list-style-type: none"> <li>• Increased participation of disparate and subpopulations on advisory boards and workgroups</li> <li>• Developed strategic partnerships and collaborations with the goal of preventing behavioral health disparities among disparate and subpopulations</li> <li>• Increased capacity and readiness of high-need communities to prevent behavioral health disparities among identified disparate and subpopulations</li> <li>• Implemented diverse cultural health beliefs and practices</li> <li>• Used preferred languages</li> <li>• Addressed health literacy and other communication needs of all disparate and subpopulations</li> <li>• Other</li> </ul>	<p>Select all that apply. If you select “Other,” enter a description of the strategy. The field accepts up to 250 characters.</p>
<p>How are communities documenting and monitoring use of National CLAS Standards?</p>	<p>Free text</p>	<p>The field accepts up to 3,000 characters.</p>

## Use and Reach of Prevention Efforts

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

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



## Outcomes of Prevention Efforts

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

Data Item	Response Options	Content Guidance and Related Definitions
How are you monitoring outcomes related to disparate subpopulations at the community level?*	Free text	The field accepts up to 3,000 characters.
Describe how you use outcome data related to disparate subpopulations to evaluate processes and/or make programmatic adjustments to address your identified priorities and issues.	Free text	The field accepts up to 3,000 characters.
Describe other ways that you use programmatic data to demonstrate the impact of your efforts on reducing behavioral health disparities.	Free text	The field accepts up to 3,000 characters.

## Accomplishments and Barriers/Challenges

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

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



Data Item	Response Options	Content Guidance and Related Definitions
Accomplishment Name*	<ul style="list-style-type: none"> <li>• 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.</li> <li>• CAPACITY: Delivered training to increase subrecipient community capacity related to behavioral health disparities</li> <li>• IMPLEMENTATION: Ensured that implemented interventions were specific to behavioral health disparities of disparate and high-need subpopulation(s)</li> <li>• IMPLEMENTATION: Helped adapt interventions to make them apply to specific health disparities of disparate and high-need subpopulation(s)</li> <li>• IMPLEMENTATION: Increased availability of substance abuse prevention services to disparate population(s) (race, ethnicity, sex, LGBTQ)</li> <li>• IMPLEMENTATION: Increased availability of substance abuse prevention services to high-need subpopulation(s) (age, residential area, SES, other)</li> <li>• IMPLEMENTATION: Increased access to substance abuse prevention services to disparate population(s) (race, ethnicity, SES, other)</li> <li>• IMPLEMENTATION: Increased access to substance abuse prevention services to high-need subpopulation(s) (age, residential area, SES, other)</li> <li>• EVALUATION: Assessed changes in outcomes by populations that face behavioral health disparities related to substance abuse.</li> </ul>	<p>Report any accomplishments you experienced related to Behavioral Health Disparities during the reporting period.</p> <p>If you select “Other,” provide a brief description.</p>



<b>Data Item</b>	<b>Response Options</b>	<b>Content Guidance and Related Definitions</b>
Accomplishment Name* (continued)	<ul style="list-style-type: none"> <li>• EVALUATION: Assessed changes in the number of individuals in the disparate population served or reached. (race, ethnicity, sex, LGBTQ)</li> <li>• EVALUATION: Assessed changes in the number of individuals in the high-need subpopulation served or reached. (age, residential area, SES, other)</li> <li>• SUSTAINABILITY: Developed a plan to ensure that the progress made in addressing substance abuse-related behavioral health disparities is sustained beyond the grant program initiative</li> <li>• Other</li> </ul>	
Describe the Accomplishment*	Free text	Provide a brief description of the accomplishment experienced during the reporting period. You can report an accomplishment again in subsequent reporting periods (for example, if a related accomplishment occurred in more than one reporting period). The field accepts up to 3,000 characters.

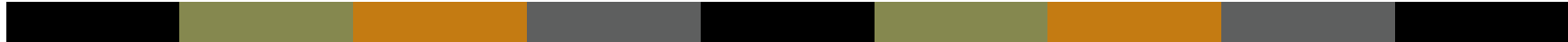


Data Item	Response Options	Content Guidance and Related Definitions
Barrier/Challenge Name*	<ul style="list-style-type: none"> <li>• ASSESSMENT: Difficulty defining the disparate population(s) (race, ethnicity, sex, LGBTQ)</li> <li>• ASSESSMENT: Difficulty obtaining data on needs or outcomes for disparate population(s) (race, ethnicity, sex, LGBTQ)</li> <li>• ASSESSMENT: Difficulty obtaining data on needs or outcomes for high-need subpopulations (age, residential area, SES, other)</li> <li>• ALL: Difficulty engaging the population(s) experiencing substance abuse-related behavioral health disparities in assessment, capacity building, planning, implementation, evaluation, or dissemination efforts</li> <li>• ALL: Problems understanding or applying National Standards for Culturally and Linguistically Appropriate Services (CLAS) to grant program activities</li> <li>• 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</li> <li>• CAPACITY: Low capacity among subrecipients to address behavioral health disparities issues</li> <li>• CAPACITY: Difficulty finding or providing appropriate training for communities to address behavioral health disparities</li> <li>• IMPLEMENTATION: Lack of interventions specific to the disparate population(s) (race, ethnicity, sex, LGBTQ)</li> <li>• IMPLEMENTATION: Lack of interventions specific to the high-need subpopulation(s) (age, residential area, SES, other)</li> </ul>	<p>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.</p>





<b>Data Item</b>	<b>Response Options</b>	<b>Content Guidance and Related Definitions</b>
Barrier/Challenge Name* (continued)	<ul style="list-style-type: none"> <li>• IMPLEMENTATION: Inability to adapt interventions to make them applicable to specific behavioral health disparities of disparate and high-need subpopulation(s)</li> <li>• EVALUATION: Lack of data to assess changes in outcomes by populations that face behavioral health disparities related to substance use.</li> <li>• EVALUATION: Lack of data to assess changes in the number of individuals in the disparate population served or reached. (race, ethnicity, sex, LGBTQ)</li> <li>• 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)</li> <li>• Other</li> </ul>	
Describe the Challenge/Barrier*	Free text	Provide a brief description of the barrier/challenge experienced during the reporting period. You can report a barrier/challenge again in subsequent reporting periods (for example, if a barrier continued to affect disparities for more than one reporting period). The field accepts up to 3,000 characters.
Was technical assistance (TA) requested to help address the Barrier/Challenge?*	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	If you received TA for the barrier/challenge, please report it under Capacity in the Training and Technical Assistance section.



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

## Implementation

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

The Community-Based Social Marketing/Public Education Plan section is a Work Plan report. From the Progress Report module, you can view a previously entered report, however, you cannot add or edit a report. To add or edit your Community-Based Social Marketing/Public Education Plan, go to the Work Plans section on your Dashboard and select the plus sign (+) or “Edit” option next to Public Education Plan.

## Use of Federal Toolkits/Guidelines

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

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

## Subrecipient Progress

Please select the Subrecipient Community that you want to provide a brief description of where the community is in the process and its accomplishments to date. Select “Add Subrecipient Progress” to enter information.

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

## Community-Based Social Marketing/Public Education Plan

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

## Promising Approaches and Innovations

Use this section to enter information on any promising approaches or innovations demonstrated during your implementation of the grant.

Only update this section if you implemented new promising approaches or innovations during this reporting period. Select “Add Approach or Innovation” to enter information.

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

## Accomplishments and Barriers/Challenges

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

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

Data Item	Response Options	Content Guidance and Related Definitions
Accomplishment Name*	<ul style="list-style-type: none"> <li>• Adapting interventions to ensure cultural competence while preserving core program elements</li> <li>• Developed effective stakeholder partnerships (e.g., between state agencies, and community and partner organizations)</li> <li>• Developed efficient systems for distributing tangible resources (e.g., naloxone kits)</li> <li>• Developing a process for selection of evidence-based policies, programs, and practices</li> <li>• Ensured interventions implemented with consistency and fidelity</li> <li>• Grantee-level interventions being implemented</li> <li>• Implemented policies within organizations to facilitate interventions</li> <li>• Leadership or political commitment to the issue among stakeholders</li> <li>• Monitoring the development and implementation of community-level strategic plans</li> </ul>	<p>Report any accomplishments you experienced related to Implementation during the reporting period.</p> <p>If you select “Other,” provide a brief description. The field accepts up to 200 characters.</p>



<b>Data Item</b>	<b>Response Options</b>	<b>Content Guidance and Related Definitions</b>
Accomplishment Name* (continued)	<ul style="list-style-type: none"> <li>• Monitoring the implementation of interventions Obtaining evidence that selected interventions are proven effective in research settings and communities</li> <li>• Selection of evidence-based interventions (policies, programs, practices)</li> <li>• Specific community-level interventions being implemented</li> <li>• Successfully recruited appropriate intervention attendees</li> <li>• Other</li> </ul>	
Describe the Accomplishment*	Free text	Provide a brief description of the accomplishment experienced during the reporting period. You can report an accomplishment again in subsequent reporting periods (for example, if a related accomplishment occurred in more than one reporting period). The field accepts up to 3,000 characters.
Barrier/Challenge Name*	<ul style="list-style-type: none"> <li>• Difficulties getting schools, law enforcement, medical facilities, or other organizations on board for implementation</li> <li>• Inadequate funds to thoroughly implement SPF model</li> <li>• Inadequate knowledge of evidence based programs, policies, and practices that are relevant for our goals</li> <li>• Inadequate time for project staff and members to devote to the project</li> <li>• Interventions not well attended by desired audience</li> </ul>	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.



<b>Data Item</b>	<b>Response Options</b>	<b>Content Guidance and Related Definitions</b>
Barrier/Challenge Name* (continued)	<ul style="list-style-type: none"> <li>• Lack of collaboration between stakeholders (e.g., between agencies, between coalitions, between jurisdictions and funded community levels)</li> <li>• Lack of information on how to incorporate cultural competencies</li> <li>• Limited evidence-based programs, policies, and practices that are relevant for our goals</li> <li>• Limited stakeholder support for the program plan</li> <li>• Limited time to implement this Strategic Prevention Framework step</li> <li>• Logistical barriers to providing interventions (e.g., lack of space)</li> <li>• Logistical barriers to purchasing/distributing tangible resources (e.g., naloxone kits)</li> <li>• Major external community events like weather disasters</li> <li>• Need to adapt evidence-based programs, policies, and practices for our local culture and context</li> <li>• No leadership or political commitment to the issue</li> <li>• Staffing challenges (e.g., hiring delays, lack of adequate skills, turnover)</li> <li>• State/Tribal/Jurisdictional contract or other delays getting subrecipient communities on board</li> <li>• Other</li> </ul>	



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





## Evaluation

The Evaluation step comprises conducting, analyzing, reporting on, and using the results of outcome evaluation.

**Outcome evaluation** involves collecting and analyzing information about whether the grantee achieved its intended goals and objectives. Evaluation results identify areas where grantees may need to make modifications to prevention strategies, and grantees can use these results to help plan for sustaining the prevention effort as well as future endeavors.

## Evaluation Plan

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

## Evaluation Report

An **Evaluation Report** is a summary of evaluation results. Please check with your project officer to see if SAMHSA requires you to upload this report.

Data Item	Response Options	Content Guidance and Related Definitions
Upload Document	Document upload function	Use the Browse button to select a file from your computer, then click the Upload button to add your document.
Provide a brief description of your document and, if relevant, any changes made to your document between the previous version and this one.	Free text	Enter a description of the document, then click the Save button. If your document has not changed since your previous upload, you do not need to upload a new document. The field accepts up to 1,000 characters.



## Other Document Upload

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

<b>Data Item</b>	<b>Response Options</b>	<b>Content Guidance and Related Definitions</b>
Upload Document	Document upload function	Use the Browse button to select a file from your computer, then click the Upload button to add your document.
Provide a brief description of your document and, if relevant, any changes made to your document between the previous version and this one.	Free text	Enter a description of the document, then click the Save button. If your document has not changed since your previous upload, you do not need to upload a new document. The field accepts up to 1,000 characters.

## Accomplishments and Barriers/Challenges

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

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

Data Item	Response Options	Content Guidance and Related Definitions
Accomplishment Name*	<ul style="list-style-type: none"> <li>• Assess program effectiveness</li> <li>• Development and implementation of community-level evaluation</li> <li>• Encourage needed improvement</li> <li>• Ensure service delivery quality</li> <li>• Identify successes</li> <li>• Monitor and evaluate all program activities</li> <li>• Promote sustainability of outcomes</li> <li>• Other</li> </ul>	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.



<b>Data Item</b>	<b>Response Options</b>	<b>Content Guidance and Related Definitions</b>
Barrier/Challenge Name*	<ul style="list-style-type: none"> <li>• Challenges assessing program effectiveness</li> <li>• Challenges identifying successes</li> <li>• Challenges in development and implementation of community-level evaluation</li> <li>• Delays in hiring evaluator</li> <li>• Inadequate time for project staff and members to devote to the project</li> <li>• Lack of available data to assess differences for racial/ethnic minorities LGTBQ, or other special populations</li> <li>• Lack of available data to meet national cross-site evaluation or monitoring requirements</li> <li>• Lack of collaboration between stakeholders (e.g., between agencies, between coalitions, between jurisdictions and funded community levels)</li> <li>• Lack of cooperation/follow-through by communities/subrecipients/ partners in collecting data</li> <li>• Lack of data analysis or evaluation expertise</li> <li>• Limited time to implement this Strategic Prevention Framework step</li> <li>• Major external community events like weather disasters</li> <li>• Mismatch between level available data (e.g., county) and communities being funded (e.g., towns within counties)</li> </ul>	<p>Report any barriers/challenges you experienced related to Evaluation during the reporting period.</p> <p>If you select “Other,” provide a brief description. The field accepts up to 200 characters.</p>



<b>Data Item</b>	<b>Response Options</b>	<b>Content Guidance and Related Definitions</b>
Barrier/Challenge Name* (continued)	<ul style="list-style-type: none"> <li>• No capacity for monitoring objectives and goals</li> <li>• Other data or data collection challenges</li> <li>• State/Tribal/Jurisdictional contract or other delays getting subrecipient communities on board</li> <li>• Under-development of existing data or performance monitoring infrastructure</li> </ul> Other	
Describe the Challenge/Barrier*	Free text	Provide a brief description of the barrier/challenge experienced during the reporting period. You can report a barrier/challenge again in subsequent reporting periods (for example, if a barrier continued to affect evaluation for more than one reporting period). The field accepts up to 3,000 characters.
Was technical assistance (TA) requested to help address the Barrier/Challenge?*	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	If you received TA for the barrier/challenge, report it under Capacity in the Training and Technical Assistance section.
Date TA Requested*	Date (mm/dd/yyyy)	If you selected “Yes” for “Was TA requested to help address the Barrier/Challenge?,” enter the date when you requested TA for the barrier/challenge.



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

## Sustainability

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

### Accomplishments and Barriers/Challenges

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

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

Data Item	Response Options	Content Guidance and Related Definitions
Accomplishment Name*	<ul style="list-style-type: none"> <li>• Establishment of key ongoing policies</li> <li>• Leveraging funding and other resources to ensure sustainability of efforts</li> <li>• Planning for sustaining the infrastructure</li> <li>• Training grantee-level stakeholders and administrators on the importance of program activities</li> <li>• Other</li> </ul>	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.



<b>Data Item</b>	<b>Response Options</b>	<b>Content Guidance and Related Definitions</b>
Describe the Accomplishment*	Free text	Provide a brief description of the accomplishment experienced during the reporting period. You can report an accomplishment again in subsequent reporting periods (for example, if a related accomplishment occurred in more than one reporting period). The field accepts up to 3,000 characters.
Barrier/Challenge Name*	<ul style="list-style-type: none"> <li>• No capacity for leveraging of funds or in-kind donations to ensure sustainability of activities</li> <li>• No coordination of funds to ensure sustainability of program activities</li> <li>• No leadership or political commitment to sustaining program activities</li> <li>• No planning for sustaining the infrastructure</li> <li>• Under-developed data infrastructure to demonstrate outcomes in support of sustaining activities</li> <li>• Other</li> </ul>	<p>Report any barriers/challenges you experienced related to sustainability during the reporting period.</p> <p>If you select “Other,” provide a brief description. The field accepts up to 200 characters.</p>
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.



<b>Data Item</b>	<b>Response Options</b>	<b>Content Guidance and Related Definitions</b>
Was technical assistance (TA) requested to help address the Barrier/Challenge?*	<ul style="list-style-type: none"><li>• Yes</li><li>• No</li></ul>	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.