

# Welcome and Introductions

Alec Thundercloud, MD

Director of Office of Tribal Affairs and Policy

Center for Behavioral Health Statistics and Quality

Substance Abuse and Mental Health Services Administration

U.S. Department of Health and Human Services



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## SAMHSA Support for Tribes

- SAMHSA is committed to the supporting the delivery of services and resources to maintain and improve the behavioral health of American Indians and Alaska Natives (AI/ANs).



- The SAMHSA Office of Tribal Affairs and Policy:
  - Is the primary point of contact for tribes, tribal organizations, urban Indian programs, and other stakeholders on tribal behavioral health
  - Leads and supports SAMHSA-wide actions to improve behavioral health of tribal communities
  - Leads SAMHSA tribal consultation, outreach, education, engagement efforts, and TTAC.



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## Tribal Opioid Response Government Project Officers

- **William Longinetti**

Contact Information: Phone: (240) 276-1190 E-mail: [william.Longinetti@samhsa.hhs.gov](mailto:william.Longinetti@samhsa.hhs.gov)

HHS Regions: 7, 8, 9, 5

States: AZ, CA, IA, KS, MI, MN, MT, ND, NE, NV, SD, UT, WI, WY

- **Amy Romero**

Contact Information: Phone: (240) 276-1622 E-mail: [amy.romero@samhsa.hhs.gov](mailto:amy.romero@samhsa.hhs.gov)

HHS Regions: 1, 2, 4, 10, 6

States: AK, CT, ID, LA, MA, ME, MS, NC, NM, NY, OK, OR, SC, TX, WA

- **New GPO**

HHS Regions 5 and 6: IL, IN, LA, MI, MN, NM, OH, OK, TX, WI



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## Tribal Opioid Response (TOR) - Program Monitoring and Performance

November 4, 2019

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Substance Abuse and Mental Health Services Administration  
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## Presentation Overview

- I. TOR Program Overview
- II. Program Monitoring and Performance -SPARS Overview
- III. Government Performance and Results Act (GPRA) and SAMHSA's Performance and Accountability Reporting System (SPARS)
  - A. Program Level Overview
  - B. Client Level Overview
  - C. Reports
  - D. Trainings
- IV. Questions



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## TOR Overview

- The program aims to address the opioid crisis in tribal communities by increasing access to culturally appropriate and evidence-based treatment, including medication-assisted treatment (MAT) using one of the three FDA-approved medications for the treatment of opioid use disorder (OUD)
- The intent is to reduce unmet treatment need and opioid overdose-related deaths through the provision of prevention, treatment and/or recovery activities for OUD
- The program supplements current activities focused on reducing the impact of opioids and will contribute to a comprehensive response to the opioid epidemic



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## TOR Expectations

- Grantees will provide and develop opioid misuse prevention, treatment and recovery support services for the purposes of addressing the opioid abuse and overdose crisis within the tribes.
- TOR is one of SAMHSA's services grant programs. SAMHSA intends that its services programs result in the delivery of services as soon as possible after award
  - **At the latest, award recipients are expected to provide services to population(s) of focus by the 4<sup>th</sup> month after the grant has been awarded**
- Key Personnel:
  - Project Director (must make a significant contribution to the execution of the project), serves as the main point of contact for SAMHSA. This position requires prior approval by SAMHSA after review of credentials of staff and job descriptions



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## Funding Limitations/Restrictions

- Up to a combined total of 25 percent of the total grant award may be used for Data Collection and Performance Assessment and Infrastructure Development
- Only U.S. Food and Drug Administration (FDA) –approved products can be purchased with TOR grant funds
- Funds may not be expended through the grant or a subaward by any agency which would deny any eligible client, patient or individual access to their program because of their use of FDA-approved medications for the treatment of substance use disorders



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# Program Monitoring and Performance

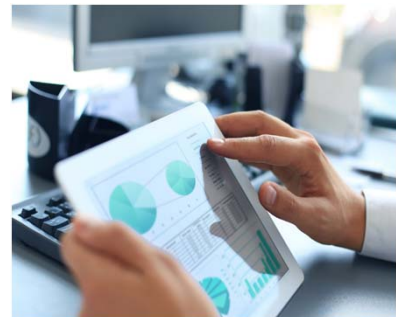
## SAMHSA's Performance Accountability and Reporting System (SPARS) Overview



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## What is SPARS?

- SPARS provides a consolidated and centralized data resource used by SAMHSA staff and grantees to:
  - improve program monitoring
  - take a uniform approach to managing grantees
  - improve the use of data for quality improvement



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# SPARS Home Page - <https://spars.samhsa.gov>

**Welcome to SPARS!**

**SAMHSA's Performance Accountability and Reporting System**

The Substance Abuse and Mental Health Services Administration (SAMHSA) is proud to launch the SPARS website. SPARS is a new online data entry, reporting, technical assistance request, and training system to support grantees in reporting timely and accurate data to SAMHSA.

[Learn More](#)

**Announcements**

- New SPARS CSAP Improvements Released on April 30, 2018**  
On April 30, 2018, SPARS released CSAP improvements to Data Download, Progress Reports, & Work Plans
- New SPARS Data Download Improvements Released on April 16, 2018**  
On April 16, 2018, SPARS released new Data Download improvements for CSAT and CMHS GPOs and higher.
- New SPARS CSAP Improvements Released on March 19, 2018**

**Quick Links**

- SPARS-CSAT**  
Enter data for Center for Substance Abuse Treatment grants.
- SPARS-CMHS**  
Enter data for Center for Mental Health Services grants.
- SPARS-CSAP**  
Enter data for Center for Substance Abuse Prevention grants.

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## Grantees and SPARS

- SPARS provides a system for grantees to:
  - submit and download data
  - generate reports
  - access resources
  - request technical assistance
  - register and attend online trainings

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## SPARS Data Collection Tool Resources

**SPARS** Search

Home Data Entry & Reports Training Technical Assistance Help

Document Name  
Search by Document Name

SAMHSA Center  
 CSAT  
 CMHS  
 CSAP

Data Entry Type  
 CMHS Annual Goals and Budget  
 CMHS Client Services  
 CMHS IFP (Infrastructure Development, Prevention and Mental Health Promotion)  
 CSAP DSP-MRT  
 CSAP MAI (Minority AIDS Initiative) Services

Data Entry Sub-Type  
 CMHS Adult Services  
 CMHS Child Services  
 CMHS MAI-CoC (Minority AIDS Initiative Continuum of Care)  
 CMHS PBHCI (Primary and Behavioral Health Care)

**Search Results** Viewing 1-20 of 77

Data Collection Tool Resources	Download
● Division of State Programs-Management Reporting Tool CSAP	PDF
● DSP-MRT SPF Rx Unique Items CSAP	PDF
● DSP-MRT PDO, FR-CARA, and Related Grants Unique Items CSAP	PDF
● CMHS Adult Client-Level Services Measure Question-by-Question (QxQ) Guide - Spanish CMHS	Word
● CMHS Child Client-Level Services Measure Question-by-Question (QxQ) Guide - Spanish CMHS	Word
● Spanish Individual Dosage Form CSAP	Word

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## Contacting the SPARS Team

- **SPARS Help Desk**
- **Hours:** Monday – Friday
- 8:00 a.m. to 7:00 p.m. (ET)
- **Phone:** 855-322-2746
- **E-mail:** SPARS-Support@rti.org



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# The Government Performance and Results Act (GPRA)

## Client and Program Data Collection Overview



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## The Government Performance and Results Act (GPRA)

- Government Performance and Results Act of 1993 (GPRA) – a federal response to the need for performance measure and monitoring
- Enacted to improve stewardship in the federal government, linking resources and management decisions to program performance
- Modernization Act of 2010
- Purpose of GPRA
  - Increase accountability
  - Initiate program performance improvements
  - Improve effectiveness
  - Improve service delivery
  - Improve congressional decision-making
  - Improve internal management



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## GPRA

### Discretionary Grants – The Government Performance and Results Act (GPRA)

#### Criminal Justice Programs

1. BHTCC
2. FTDC
3. DCT-AD
4. EADCST
5. TDC-ADTRIJ

#### HIV Programs

1. TCE-HIV
2. TCE-HIV: MW
3. TCE-HIV: High Risk

#### Recovery Programs

1. TCE-PTP
2. BCOR
3. RCSP-SN

#### Opioid Programs

1. MAT-PDOA
2. Opioid – STR Rapid Cycle
3. SOR/TOR

#### Homeless Programs

1. CABHI
2. CABHI States
3. CABHI States – Enhancement
4. GBHI-SSH
5. GBHI

#### Other Programs

1. PPW
2. PPW – Pilot
3. SYT-I
4. SAT-ED
5. TREE
6. TCE-TAC
7. SBIRT

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## Data Reporting Requirements Overview

- Per the FOA, all TOR grantees are responsible for reporting program-level data
- Only grantees providing direct opioid misuse prevention, treatment and recovery support services will be required to complete the GPRA client-level tool.
- SPARS allows grantees to report data via batch uploading if grantee has capacity and is requested

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## Data Collection Requirements - Specifics

- Grantees providing direct client-level treatment or direct recovery services will be required to report client-level data on elements including, but not limited to: diagnosis, demographics, substance use, services received, types of MAT received, etc.
- Data will be collected using SAMHSA's Performance Accountability and Reporting System (SPARS)
- Two Data Collection components:
  - Program-Level Instrument (collected quarterly)
  - Client-Level Instruments
- **Up to 25 percent** of their grant award for Data Collection and Performance Assessment and Infrastructure Development



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## Program Level Questions

- All TOR grantees will report Program-Level data
- Data will be collected quarterly and reported in SPARS.
- Information will be due 30 days after the end of the reporting period.
- Questions cover:
  - Availability, distribution, and use of naloxone overdose reversal kits
  - How many naloxone kits purchased
  - How many naloxone kits distributed



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## Grantee - Program Level Questions

State Opioid Response (SOR) / Tribal Opioid Response (TOR) - Program Instrument

Grant No: TI081727

For all program-specific questions below, consider the past three months as the reporting time period. Information and data should be reported for all programs/services either funded wholly or in part by SOR/TOR grant funds.

For the following questions below, if unable to answer a question that requires a number, please indicate the reason.

FY18Q1  
FY18Q2  
FY18Q3  
FY18Q4  
FY19Q1  
FY19Q2  
FY19Q3

**Naloxone Overdose Reversal Kit Distribution and Utilization**

1. Has your state/territory/tribal entity used SOR/TOR funds to expand the availability, distribution, and use of naloxone overdose reversal kits (Narcan, Evzio, and others)?

1a. If 'Yes,' how many naloxone overdose reversal kits have been purchased (funded) wholly or in part since the last reporting period with SOR/TOR funds?

kits

If information is unavailable, please indicate why.

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## Client-Level Data Collection

- Client-level data collection is required for all clients receiving treatment or recovery services
- Data collection is required at:
  - Baseline (Intake)
  - Six-month follow-up
  - Discharge
- Grantees are required to achieve a six-month follow-up rate of 80%
- Grantees will be provided access to SPARS

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## Client-Level Data Collection Sections: Baseline

- Standard questions asked across all Discretionary Grant Programs
  - Section A - Record Management
    - Behavioral Health Diagnoses
    - Planned Services –Intake Only
    - Demographics – Intake Only
    - Military Family and Deployment
  - Section B - Past 30-day use of Drug and Alcohol Use\*
  - Section C – Family and Living Conditions\*
  - Section D – Education, Employment, and Income\*
  - Section E - Crime and Criminal Justice Status
  - Section F – Mental and Physical Health Problems and Treatment/Recovery; Violence and Trauma\*
  - Section G - Social Connectedness\*
  - Section I – Follow-Up Status
  - Section J - Discharge Status
  - Section K - Services Received

\*SAMHSA's National Outcome Measures



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## Follow-ups Interviews

- If the interview is conducted, complete:
  - Section A – Record Management
  - Sections B through G
  - Section I – Follow-up Status completed by grantee
- Administrative follow-up
  - Section A – Record Management
  - Section I
- Minimum follow-up rate = 80%
- Interviews can be conducted over the phone with prior GPO approval



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## Discharge Interview

- Conducted:
  - Section A – Record Management
  - Sections B through G
  - Sections J (Discharge Status) and K (Services Provided)
- Administrative Discharge
  - Record Management
  - Section J and Section K



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## Discharge Interviews - cont

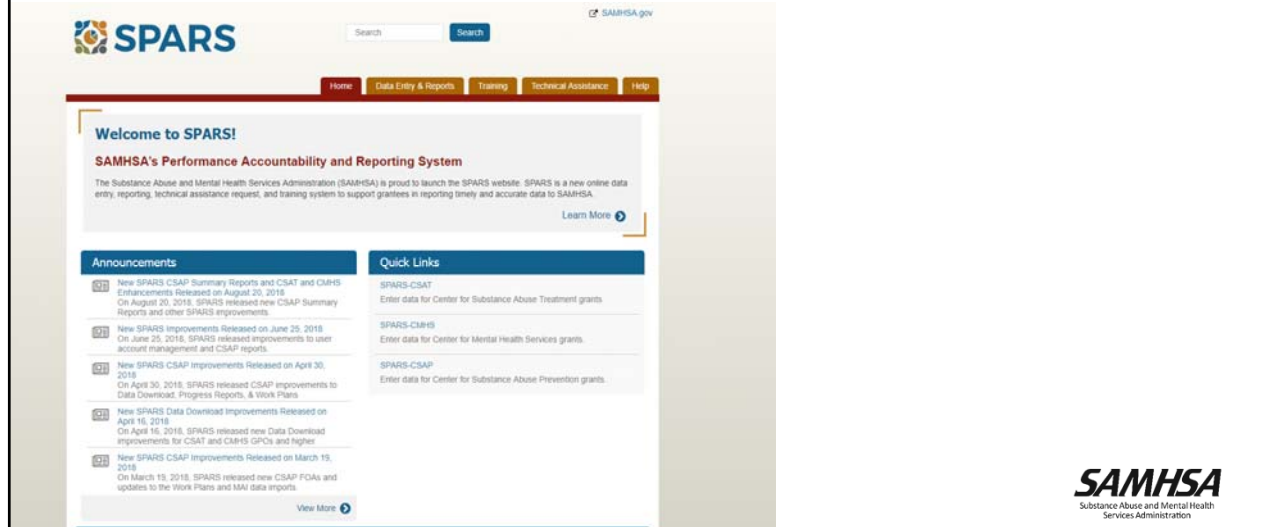
- CSAT's Discharge Policy
- Client is discharged after 30 days of inactivity
- 14 days to locate the client to conduct the interview



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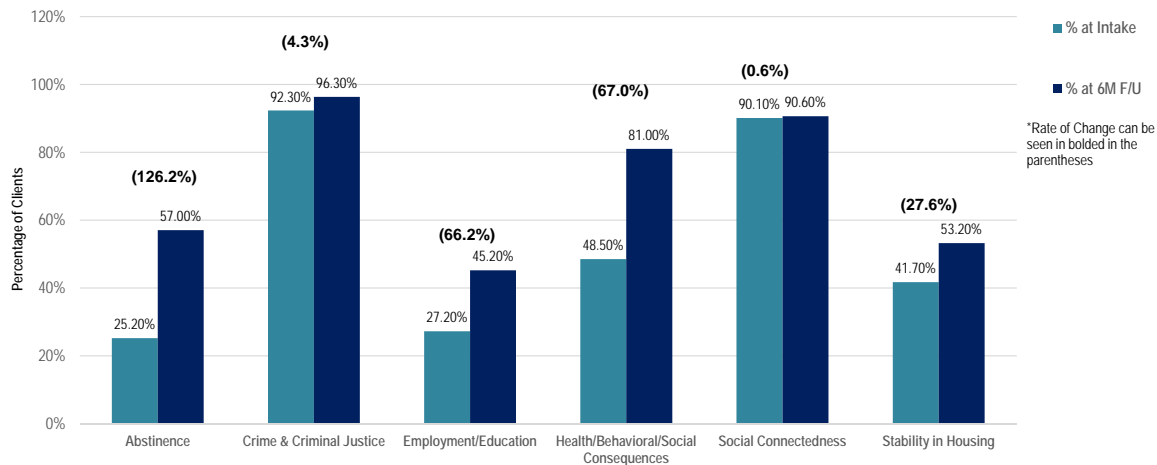
# Data Reporting Procedures

- Data will be reported in SPARS:



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## Example: FFY 2018 MAT-PDOA National Outcome Measures

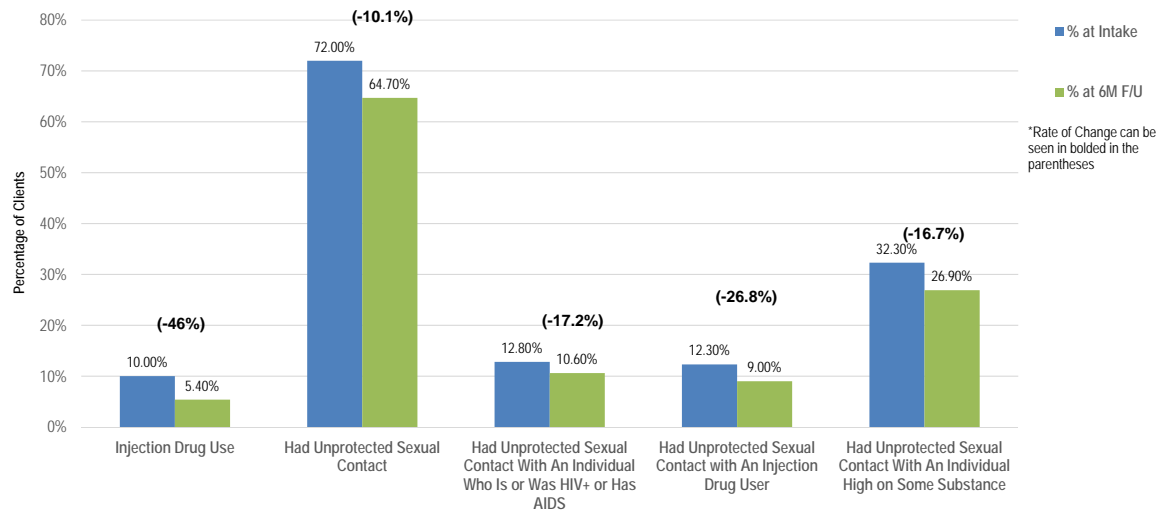


Data as of 3/28/18



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## Example: FFY 2018 HIV Risky Behavior Outcomes

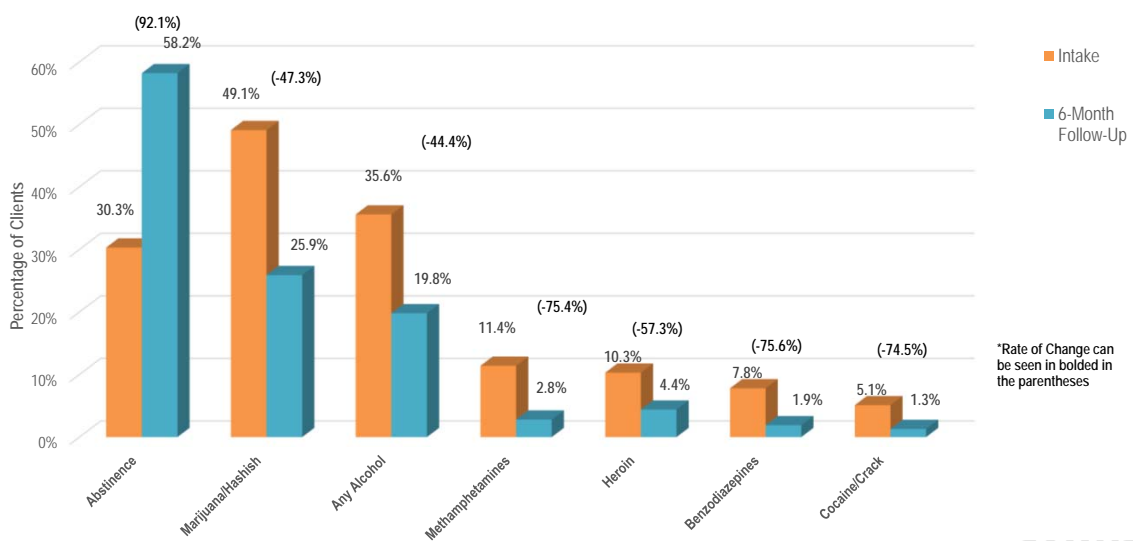


Data as of 3/28/18



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## Example: FFY18 SYT-I Abstinence Data



\*Rate of Change can be seen in bolded in the parentheses



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## GPR Reports Available on SPARS

- Coverage Reports
  - Intake
  - Follow-Ups
- Demographics Report
- Drug Use Report
- Frequency Report
- 6 Month Follow-Up Change Report (NOMS Report)
- Risky Behavior Outcome Report



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## Example Reports

**Combined Intake Coverage and Follow-up Rate**  
All GFA Programs (Combined)  
FFY: 2019 Quarter: All

GFA Title	Intake Coverage Rate	3 Months Follow-up Rate	6 Months Follow-up Rate	12 Months Follow-up Rate
Access To Recovery 4	N/A	N/A	0%	0%
Adult Treatment Drug Courts	108.1%	0%	80.1%	7.1%
Comprehensive Addiction and Recovery Act: Building Communities of Recovery	67.4%	0%	70.3%	1.8%
Cooperative Agreements to Benefit Homeless Individuals	68.5%	N/A	71.6%	11.2%
Cooperative Agreements to Benefit Homeless Individuals for States	N/A	N/A	50.3%	0%
DSI CONTRACTS	N/A	N/A	N/A	N/A
Enhancement and Expansion of Treatment and Recovery Services for Adolescents, Transitional Aged Youth, and their Families	53.0%	43.4%	39.1%	0%
Enhancing Adult Drug Court Services, Coordination, and Treatment	93.7%	N/A	78.7%	0%
Family Treatment Drug Courts	80.8%	N/A	68.4%	15.5%
Grants for the Benefit of Homeless Individuals	83.2%	0%	66.7%	19.2%
Grants for the Benefit of Homeless Individuals-Services in Supportive Housing	N/A	N/A	N/A	N/A
MAT-PDOA	71.4%	34.8%	43.9%	3.9%
Minority Aids Initiative: Substance Use Disorder Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS	N/A	N/A	N/A	N/A
Offender Reentry Program	79.9%	N/A	75.6%	10.3%
Opioid State Targeted Response (STR) Technical Assistance (TA)	0%	N/A	N/A	N/A
Pregnant Postpartum Women	58.7%	0%	63.0%	0%
Recovery Community Support Program-Statewide Network	130.0%	N/A	25.0%	0%
SAMHSA Treatment Drug Courts	171.8%	N/A	40.3%	0%
Screening Brief Intervention Referral and Treatment	54.2%	N/A	26.7%	N/A
State Opioid Response-C	10.7%	N/A	31.3%	0%
State Pilot Grant Program for Treatment for Pregnant and Postpartum Women	27.0%	N/A	56.9%	0%

**SPARS** Center for Substance Abuse Treatment  
User: Darren Fulmore

Demographics | Intake Coverage Rate | Follow-up Rate | Outcome Change | BP Coverage | BP Follow-Up

FFY and Quarter: All | Interview Types: All Intakes (Matched and Unmatched) | Outcomes: All

Gender: All | Race and Ethnicity: All | Age: All

**Demographics**

Gender

Female	52.0%	(179,516)
Male	47.3%	(163,430)
Transgender	0.6%	(2,057)
Other	0.1%	(304)

Race

White	56.2%
Black or African American	24.6%
None of the above	10.5%
Asian	8.5%
American Indian	0.0%
Native Hawaiian or Other Pacific Islander	0.0%
Multiracial	0.0%
Alaska Native	0.0%

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## Trainings Available

### Relevant On-Demand Courses:

- *How to Use the SPARS Online Learning Center*
- *SPARS Overview*
- *Introduction to Follow-up*
- *Advanced Follow-up Techniques*
- *Using Technology to Improve Follow-up*



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## SPARS Online Learning Center

**SPARS** **SPARS Training** **SPARS Help Desk: (855) 322-2746 (Toll Free)** **SPARS-Support@rti.org** **Log out**

SPARS HOME MY DASHBOARD MY COURSES

**Calendar** September 2017

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

**Navigation**

- Home
- Dashboard
- Site pages
- Courses

**Upcoming events**

- CSAP DSP-MRT Training for CSAP SPOs  
Wednesday, 4 October, 10:00 AM  
» 11:00 AM
- CSAP PFS DSP-MRT Data Entry Training  
Thursday, 5 October, 2:00 PM  
» 3:30 PM
- CSAP PFS DSP-MRT Data Entry Training for Pacific Jurisdiction Grantees  
Tuesday, 10 October, 7:00 PM  
» 8:30 PM

Search courses:  **Go**

Course categories  
Center Specific Courses [Expand](#)

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## NEXT STEPS

### Grantees should ...

- Review the updated guides and data collection tool
- Contact their GPOs to discuss specific training and technical assistance related to new GPRA tool questions
- Begin collecting and entering required data as soon as possible
- Discuss any data-collection questions or concerns with their GPOs



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## Thank you.

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

**Darren Fulmore**

240-276-2824

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1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)

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# Questions



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