Substance Abuse and Mental Health Services Administration (SAMHSA)

Center for Substance Abuse Treatment (CSAT)

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

FREQUENTLY ASKED QUESTIONS (FAQs)

March 2025
Version 2.0

General Questions

1. What is the Government Performance and Results Act of 1993 (GPRA)?

GPRA is a public law that was passed by Congress in 1993. GPRA was enacted to improve stewardship in the federal government and to link resources and management decisions with program performance. GPRA requires that all federal agencies:

- Develop strategic plans specifying what they will accomplish over a 3- to 5-year period.
- Set performance targets related to their strategic plans.
- Report the annual performance of the targets set for the previous year.
- Conduct regular evaluations of their programs and use performance monitoring data to understand their successes and opportunities for improvement.

The GPRA Modernization Act of 2010 updated some aspects of the GPRA Act of 1993. It placed greater emphasis on setting goals, cross-organizational collaboration, and improving programs using performance metrics. As part of this federal mandate, all SAMHSA grantees are required to collect and report performance data using approved measurement tools.

2. Do we have to comply with GPRA?

All CSAT programs must comply with GPRA. In their grant applications, prospective grantees should state the procedures they plan to put in place to ensure both compliance with GPRA and the collection of data elements. For a more detailed description of grantees' GPRA requirements, review your grant requirements as described in your Notice of Award (NoA). Grantees can also reach out to their Government Project Officer (GPO) with any questions on GPRA requirements specific to their grant program.

3. What are the State Opioid Response (SOR) and Tribal Opioid Response (TOR) Programs?

The purpose of the SOR and TOR programs is to reduce the impacts of opioid and stimulant use by providing funding for prevention, treatment, harm reduction, and recovery support services. SOR was established and first funded through the Consolidated Appropriations Act, 2018 (P.L. 115-141). SOR is authorized under section 1003 of the 21st Century Cures Act (42 USC 290ee–3a), as amended by section 1273 of the Consolidated Appropriations Act, 2023 (Public Law 117-328). The TOR program provides funding to federally recognized American Indian or Alaska Native tribes and Tribal organizations to reduce the impacts of opioid and stimulant use in Tribal communities.

4. What is SPARS?

SPARS is SAMHSA's Performance Accountability and Reporting System. SPARS is a web-based data entry system used by CSAT grantees to report timely and accurate program and client data to SAMHSA. This is the system grantees use to submit their SOR/TOR program data. You can access SPARS here.

5. How do I contact the SPARS Help Desk?

You can call the SPARS Help Desk at 1-800-685-7623. It is available Monday–Friday, 9 a.m.–8 p.m. (EST). The Help Desk email address is SPARSHelpDesk@mathematica-mpr.com.

6. How is the data in SPARS used?

Data submitted in SPARS will help CSAT and the Office of Tribal Affairs and Policy (OTAP):

- Demonstrate tangible CSAT and OTAP contributions to meet GPRA and SOR/TOR objectives.
- Report to Congress via the GPRA Plan/Report, aggregated by program, along with a narrative on the status of grant activities, services provided, and program outcomes. SAMHSA and Congress leverage this data to assess program effectiveness, inform legislative decisions and policy development, and effectively allocate resources.
- Make the case to Congress that the money awarded to grantees is spent effectively.

7. How do I get a SPARS account?

Notify your Project Director that you need a SPARS account. All project staff who enter data into SPARS need to have a SPARS account. Project leadership must complete the Add or Remove User Request Form to request an account (available on the SPARS *Resources* page), and your Project Director or Authorized CSAT Representative must submit the completed form to the SPARS Help Desk (SPARSHelpDesk@mathematica-mpr.com).

Once SPARS receives the required information, Help Desk staff will set up an account and send you login credentials via email. Users who have access to more than one CSAT grant will use the same login ID and password to access all their CSAT grants.

8. What is the Grant ID?

The Grant ID is an alpha-numeric code assigned by SAMHSA that identifies each grant. It usually starts with two letters followed by numbers (e.g., "TI123456"). The Grant ID should be listed in each grant's NoA.

SOR/TOR Questions

9. What data is collected in the SOR/TOR Program Instrument?

The SOR/TOR Program Instrument consists of two sections:

- **Section A: Program-Specific Questions** collects program-specific information on states, territories, and Tribal entities' activities, including:
    - Distribution of opioid overdose reversal medications (OORMs) (e.g., naloxone) and successful overdose reversals.
    - Provision of treatment services for opioid and stimulant use disorders, such as methadone, buprenorphine, injectable naltrexone, and contingency management.
    - Distribution of drug checking technologies, such as fentanyl test strips, xylazine test strips, and other technologies as directed by SAMHSA.
    - Prevention and education activities related to opioid and stimulant overdose, such as training on the appropriate use of OORMs and education activities on consequences of opioid and/or stimulant misuse; and
    - Recovery support services, such as recovery housing, recovery coaching or peer coaching, and employment support.

- **Section B: Sub-recipient Entity Inventory** collects information on expenditures and types of services provided by sub-recipients of SOR/TOR funds during the previous fiscal year. Sub-recipients are entities that receive SOR/TOR funds directly through a sub-award from the state/territory/Tribal entity.

10. Do we need Institutional Review Board (IRB) approval to collect SOR/TOR data?

SAMHSA does not require IRB approval for the collection of SOR/TOR data. However, we encourage you to check with your local IRB if you have questions.

11. Can projects modify the SOR/TOR Program Instrument?

No, the SOR/TOR Program Instrument cannot be changed. CSAT encourages grantees to use other data collection instruments to enhance their data collection efforts. However, data from additional questions should not be forwarded to CSAT or OTAP as part of SOR/TOR reporting as it cannot be entered into SPARS.

12. Is the SOR/TOR Program Instrument available in other languages?

The SOR/TOR Program Instrument is available in both English and Spanish and is found in the SPARS *Resources* page.

13. Where can I find copies of the SOR/TOR Program Instrument Tool and associated resources (e.g., Question-by-Question Guide, etc.)?

Documents including the SOR/TOR Program Instrument, Question-by-Question Guide (QxQ), and Frequently Asked Questions (FAQs) are found on the SPARS *Resources* Page. Users can filter materials by Center, Resource Type, User Type, and/or Data Entry Type. At the top of the resource list, users can also search by keyword and sort the list alphabetically or by date posted.

14. What are the required data collection points for SOR/TOR information?

Responses to the program-specific questions in Section A of the SOR/TOR Program Instrument must be collected and submitted quarterly. Each submission should cover the respective reporting period dates outlined in the table below.

The sub-recipient entity inventory in Section B must be completed and submitted annually for each Federal Fiscal Year (FFY). Submissions are due no later than 30 days after the end of the second quarter of the subsequent FFY (i.e., April 30).

Reporting periods and data submission due dates are as follows:

SOR/TOR Data Collection Requirements for Quarterly and Annual Reports

Section	Reporting Period	Due Date	Frequency
A	Q1: October 1–December 31	January 31	Quarterly
A	Q2: January 1–March 30	April 30	Quarterly
A	Q3: April 1–June 30	July 31	Quarterly
A	Q4: July 1–September 30	October 31	Quarterly
B	All Quarters (Previous FFY)	April 30	Annually*

*This information should be reported annually, no later than 30 days after the end of the second quarter of the subsequent FFY (i.e., April 30).

15. Where can I view recorded SPARS trainings?

SAMHSA encourages all CSAT grantees to review the *Training* page, which contains resources such as recorded webinars with closed captioning, slide presentations with speaker's notes, and video recordings. From the Training page, you can search for or view the catalog of courses.

Opioid Overdose Reversal Kits, Drug Checking Technologies, & Overdose Reversals

16. Each opioid overdose reversal kit typically contains two doses. If we purchase 10,000 kits, should we report 20,000 doses?

Grantees should report the total number of kits purchased, regardless of the number of doses included in each kit. Therefore, if you purchased 10,000 kits (containing 20,000 total doses), you should report **10,000 kits** in SPARS. Report all kits purchased using any portion of SOR/TOR funding. For example, if only part of the cost of the 10,000 kits was funded by SOR/TOR, you should still report 10,000 kits.

17. When reporting distribution totals for opioid overdose reversal kits and drug checking technologies, should we include only items purchased using SOR/TOR funds, or all distributed kits/technologies, regardless of funding source?

Grantees should report only the number of opioid overdose reversal kits and drug checking technologies distributed that were fully or partially purchased with SOR/TOR grant funds. To ensure accurate reporting, grantees should maintain detailed records of funding sources for each item. If multiple funding sources are used, consider allocating SOR/TOR funds to specific kits or technologies to streamline reporting.

18. Our program is only partially funded by the SOR/TOR grant, making it difficult to determine the exact number of kits and activities supported by these funds. Can we report total numbers for the entire program in response to any question?

No, grantees must report **only** the kits and activities funded fully or partially by the SOR/TOR grant. If exact attribution is challenging, grantees should use reasonable methods to estimate the portion funded by SOR/TOR. For example, if 30% of your program budget is funded by SOR/TOR, you may estimate and report 30% of the total kits distributed or activities conducted.

19. When reporting overdose reversals, should we include only those using kits distributed during the respective reporting period? Or all overdose reversals, regardless of when the kit used was distributed?

Grantees should report all overdose reversals that occurred during the reporting period using kits purchased fully or partially with SOR/TOR funds, regardless of when the kits were originally purchased or distributed. For example, if a kit distributed six months ago is used for a reversal during the current reporting period, grantees should include that reversal in the data submission for the current reporting period.

20. How do we track the number of overdose reversals using the opioid overdose reversal kits we distributed?

Grantees should establish and maintain tracking systems that document when opioid overdose reversal kits are used and when they result in a successful overdose reversal.

Grantees can also utilize the Overdose Detection Mapping Application Program (ODMAP) to track and monitor overdose incidents. ODMAP is a free, web-based tool that provides near real-time overdose data and links first responders and record management systems to a mapping tool to track overdose across jurisdictions. Grantees can use ODMAP to log detailed information about each distributed opioid overdose reversal kit, including recipient details, when the kit was used, and the outcome of the overdose reversal.

To expand access to OORMs and develop effective overdose prevention strategies, grantees should refer to SAMHSA's Community Opioid Overdose Reversal Planning Toolkit. If you have questions about implementing these or other local strategies, contact your GPO.

21. If we cannot confirm whether an opioid overdose reversal kit we distributed was used in a reported reversal, can we still count the reversal?

No, if a grantee cannot verify that a reported overdose reversal involved a kit purchased with SOR/TOR funds, the reversal should not be reported.

22. How should we report overdose reversals if there is a delay in receiving the data (e.g., a reversal occurring in May is not reported until September)?

Grantees should report overdose reversals in the quarter in which they occurred. If a reversal occurs in Q2 but is not identified by the grantee until Q3, update the Q2 data once the information becomes available. For example:

- An opioid overdose reversal kit distributed in Q1 should be reported as distributed in your Q1 data submission.
- If that kit is used for an overdose reversal in Q2, report the reversal in your Q2 data submission.
- If you do not learn about the Q2 reversal until Q3, update your Q2 data submission in the SPARS data entry portal. Navigate to the Program Instrument Interview Selection page and click the 'Edit' link under the Action column.

Prevention Training & Education Activities

23. How should we define "individuals in key community sectors" when reporting training attendees?

Individuals in key community sectors are those who are not first responders but play a critical role in addressing the opioid and/or stimulant crises in their communities, such as family members, peers, active military personnel, criminal justice professionals, community group members, and coalition members. For detailed definitions, refer to the QxQ guide. To support accurate tracking, consider using a self-identification form during trainings for attendees to indicate an affiliation with a key community sector.

24. How should we count individuals in key community sectors? Should we report the number of sectors receiving overdose prevention training or the number of individuals trained?

Grantees should report the total number of individuals trained in key community sectors during the reporting period. For example, if all SOR/TOR-funded trainings during the reporting period included 250 peers, 30 military service members, and 40 social workers, then the total number of individuals in

key community sectors trained would be **320**. Each unique individual trained should be counted only once in the total number, regardless of how many trainings they received during the reporting period.

25. Are school-aged children considered K-12?

Yes, school-aged children refer to individuals in kindergarten through 12th grade.

26. What is considered "school-based prevention?"

School-based prevention includes evidence-based prevention activities or curricula delivered in a school setting for students in kindergarten through 12th grade. These activities aim to reduce risk factors associated with substance use and promote protective factors. Examples include but are not limited to: PAX Good Behavior Game, Positive Action, Project Towards No Drug Abuse, Second Step, Sources of Strength, and Too Good for Drugs. For additional examples, refer to SAMHSA's Prevention of Substance Use webpage.

27. Should we count the number of school-aged children who participate in the PAX Good Behavior Game? The activity does not specifically address opioid misuse; however, it has evidence-based outcomes related to reducing opioid misuse later in life.

Yes, grantees should report the number of school-aged children who receive school-based prevention and education activities, including any curricula with evidence-based outcomes that reduce the risk of future opioid or stimulant misuse. Each unique individual who participated in school-based prevention and education activities should be counted only once in the total number, regardless of how many activities they participated in during the reporting period.

28. How does SAMHSA define "the consequences" of opioid and/or stimulant misuse?

Consequences of opioid and/or stimulant misuse include a range of impacts to physical health (e.g., overdose and death, liver damage, infectious disease), mental health (e.g., depression and anxiety), and social determinants (e.g., legal issues and job loss). For specific guidance, refer to the SAMHSA resources below that discuss the consequences associated with opioid and/or stimulant misuse:

- SAMHSA Opioid Overdose Prevention Toolkit
- SAMHSA TIP 33 Treatment for Stimulant Use Disorder

Refer to SAMHSA's Evidence-Based Practices Resource Center and SAMHSA's Publications and Digital Products for more resources. If you have questions, contact your GPO.

Media Campaigns

29. How can I effectively report the "number of individuals educated" through a bus ad or billboard campaign?

Grantees can estimate the number of individuals educated by using tracking methods tailored to the specific advertising medium:

- *Social media campaigns:* Use standard key performance indicators (KPIs) to access quantifiable measures of performance over time for a specific objective. Metrics such as reach, impressions, and link clicks can assess the number of individuals who viewed the education content. These

KPIs are typically available through the platform's built-in analytics or via a social media management tool. For more information, refer to: Social Media Campaign Evaluation.

- *Billboards:* Contact the organization or agency that placed the advertisement or manages the billboard for audience estimates, typically based on traffic data.
- *Other media campaigns (i.e., television and radio):* Networks can provide data on the number of times an ad aired and audience metrics, such as viewership/listenership during broadcast times. These reports are usually available monthly.

Grantees should report the total of all available KPIs for all campaigns across all platforms during the reporting period.

30. Is it acceptable to report estimates of impressions rather than the number of unique individuals reached for billboards, radio ads, and awareness campaigns?

Yes, grantees may report media impressions as a measure of audience reach related to educating people on the consequences of opioid and/or stimulant misuse. Media impressions estimate the total number of times an ad is displayed or heard, which is useful when tracking individual-level reach is not feasible. For example, if an individual views a post twice, it counts as two impressions.

Treatment and recovery services for opioid and stimulant use disorder

31. Several questions in Section A require reporting counts of "unduplicated individuals." What is an "unduplicated individual?"

An "unduplicated individual" is a unique person who received a given service during the reporting period. Each person should be counted only once for that service per quarter, regardless of how many times they received the service.

32. How should I report "unduplicated individuals" in Question 11?

- **Question 11a:** Report the total number of unique individuals who received any treatment services for OUD during the reporting period, regardless of how many services they received.
- **Question 11b:** Report the number of individuals who exclusively used each MOUD category. If an individual received more than one MOUD, only include them in the **More than one MOUD** category.

33. How should I report "unduplicated individuals" in Question 12?

- **Question 12a:** Report the total number of unique individuals who received any treatment services for stimulant use disorder during the reporting period, regardless of how many services they received.
- **Question 12b:** Report the number of individuals who exclusively received contingency management.

34. How should I report "unduplicated individuals" and service categories in Question 13?

- **Question 13a:** Report the total number of unique individuals who received any recovery support services during the reporting period, regardless of how many services they received.
- **Question 13b:** Individuals may be counted in more than one service category if they received

multiple types of recovery support. For example, if an individual received both **recovery housing** and **employment support**, they should be counted in both categories. As a result, the sum reported for 13b may exceed the total reported in 13a.

35. What are examples of medication for opioid use disorder (MOUD)?

There are three Food and Drug Administration (FDA)-approved medications for treating OUD:

- *Methadone*: a long-acting opioid agonist that reduces opioid cravings and withdrawal symptoms while blocking or blunting the effects of opioids. Methadone is approved by the FDA to treat OUD and for pain management. When taken as prescribed, methadone is safe and effective int helping individuals achieve and sustain recovery. Common brand names include Dolophine and Methadose.
- *Buprenorphine*: an opioid partial agonist that produces effects such as euphoria and respiratory depression at low to moderate doses, though these effects are weaker than those of full opioid agonists such as methadone and heroin. Buprenorphine is the first FDA-approved medication for OUD that can be prescribed or dispensed in a physician's office, significantly increasing treatment access. When taken as prescribed, buprenorphine is safe and effective. Common brand names include Zubsolv, Bunavail, Suboxone, and Sublocade.
- *Naltrexone:* a long-acting opioid antagonist administered as an intramuscular injection, commonly known by the brand name Vivitrol.

36. What are examples of recovery support services?

Recovery support services include but are not limited to:

- *Recovery housing:* a safe, healthy, family-like substance-free living environment that supports individuals in recovery from addiction. While recovery residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery. Recovery housing benefits individuals in recovery by reinforcing a substance-free lifestyle and providing direct connections to other peers in recovery, mutual support groups, and recovery support services. "Substance-free" does not prohibit prescribed medications taken as directed by a licensed prescriber, such as pharmacotherapies specifically approved by the FDA for treatment of OUD, as well as other medications with FDA-approved indications for the treatment of co-occurring disorders.
- *Recovery coaching*: provides individuals with guidance that combines counseling, support, and various forms of mediation treatments to help find solutions for breaking substance use habits.
- *Peer coaching or mentoring:* services involving a trusted counselor or teacher to another person of equal standing or others in support of a client's recovery.
- *Employment support:* resources provided to clients to assist them in finding employment.

Grantees that provided recovery support services not listed above should specify them in the space provided. Other recovery support services may include recovery support groups, traditional recovery practices, and training and certification for individuals to become peer recovery specialists. Refer to SAMHSA's Recovery and Recovery Support webpage and the What Are Peer Recovery Support Services publication for more information.

37. What is contingency management?

Contingency management is a behavioral intervention grounded in operant conditioning principles, which asserts that individual behaviors can be shaped by external reinforcement schedules. In practice, contingency management provides clients with tangible rewards to reinforce positive behaviors including abstinence or medication adherence. For more information, refer to the publication, Using SAMHSA Funds to Implement Evidence-Based Contingency Management Services.

Sub-Recipient Entity Inventory

38. When is the first data submission due for the sub-recipient entity inventory?

The first submission for the sub-recipient entity inventory is due by April 30, 2026.

39. When is the annual deadline for submitting Section B, and what period should the data cover?

The sub-recipient entity inventory in Section B must be submitted annually, no later than April 30, and should reflect data from the previous FFY.

40. Why was the sub-recipient entity inventory added?

The sub-recipient entity inventory was added in response to the 2023 Consolidated Appropriations Act.

Who to Contact

41. Who should we contact if we have questions?

For all questions related to SPARS, contact the SPARS Help Desk, Monday through Friday, 9:00 AM to 8:00 PM EST, by phone (1-800-685-7623, toll-free) and email (SPARSHelpDesk@mathematica-mpr.com). For any other project-related questions, contact your GPO.