Our team has identified the following risks and suggestions.

- Any change to the tool would require a fiscal IT investment to update our data collection platform. Depending on the implementation timeline for adopting this new assessment a manual process may be necessary while IT work is ongoing. Manual processes will require additional staff hired to submit the data.
- What are the plans for supporting grantees using batch upload? Will an updated codebook be provided? How can SAMHSA/SPARS minimize validation error issues?
    - Can SAMHSA send grantees a fillable XML file with built-in validations to ease the burden of transitioning to the new tool?
    - Can SPARS add artificial intelligence to minimize the complete rejection of records, such as converting invalid responses to missing instead of rejecting the full record?
- Section J Q5 about receiving naloxone/fentanyl test strips is valuable, however, for states where fentanyl test strips are illegal, this question could create risks for patients and providers.
- This assessment asks sensitive information and it is not clear in all cases how it is relevant to project activities. For example: relationship status, language spoken at home, COVID vaccination.
- Some questions related to the NOMs have been removed or changed and it is not clear what will be used to calculate these measures in the future. This impacts our ability to track outcome evaluation over time.
- Section A Q4 specifying the Asian and Pacific Islander demographics separately is a positive change.
- Section A Q11 about participant travel time is valuable; adding an answer choice of "fifteen minutes or less" is preferable. It would also be helpful to clarify either in the tool or the guidebook that this is intended to measure one-way travel time.
- Section B Q2-5 will be clearer for providers and the breakout of different types of substance use education in B12 will more accurately capture activities.

- Section D Q4 and Q5 on income will be much easier for participants to answer.
- The expansion of HIV services to include PrEP, PEP if negative and HIV treatment if positive better captures all available services. Recommend including a detailed explanation of HIV PrEP and PEP in the tool or guidebook to ensure clarity on the definitions.
- Section A Q2 wording is confusing and asking people to classify as 'male to female' / 'female to male' can be viewed as outdated. Prefer the old question wording, with the addition of gender non-conforming. Additionally, asking a question about sex assigned at birth will help to validate Q8 regarding pregnancy status.
- Section A Q3: By including "or Spanish origin" someone who is from Spain might identify as "Yes" but then Spain isn't listed in the follow-up question.
- Section B: Recommend including the definition in the guidebook to help clarify any nuances to the diagnosis. For example, if a tobacco use disorder was made for someone experiencing nicotine dependence (i.e., Vaping).
- Section A Q7: Clarify what "In multiple relationships" means. Is the tool asking if someone is in multiple, simultaneous relationships or re-married?
- Under Section D: Suggest adding questions about debt, such as student or medical expense debt.
- Section G does not account for activities a person might participate in with their recovery coach in a non-group format.
- Section I Q1 seems duplicative/confusing when the tool already includes questions about whether the interview was conducted & what their follow-up status is.
- Asking about whether a participant has been tested for HIV within the past 3 months would match HIV intervention and prevention efforts (PrEP, PEP) that require HIV testing every 3 months for at-risk populations. Questions about results should specify it is about most recent test if multiple have been conducted.