Garrett Lee Smith Campus Suicide Prevention Program

The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Mental Health Services (CMHS) collects data from Campus Suicide Prevention Grantees (Cohorts 12–14) on their Infrastructure Development, Prevention, and Mental Health Promotion (IPP) activities. Every quarter, grantees must report on these *five* IPP indicators in SAMHSA's Performance Accountability and Reporting System (SPARS):

1. **Workforce Development Training (WD2):** The number of people in the mental health and related workforce trained in mental health–related practices and activities consistent with the goals of the grant.

2. **Partnerships/Collaborations (PC2):** The number of organizations collaborating, coordinating, or sharing resources with other organizations because of the grant.

3. **Types/Targets of Practice (T3):** The number of people receiving evidence-based, mental health–related services as a result of the grant.

4. **Awareness (AW1):** The number of individuals exposed to mental health awareness messages.

5. **Training (TR1):** The number of individuals who received training in prevention or mental health promotion.

This program guidance helps Campus Suicide Prevention grantees meet their IPP data reporting requirements in SPARS. The guide provides information on:

◦ IPP reporting requirements and deadlines

◦ IPP reporting tips and resources

◦ Program guidance and examples for each IPP indicator

◦ How to submit IPP results in SPARS

IPP Reporting Requirements and Deadlines

Grantees must report IPP data in SPARS during each quarter of the federal fiscal year (FFY) calendar (October 1–September 30), even if there are no new IPP results to report for a given indicator. For new grantees, data submission starts in the **second quarter** after the beginning of the grant. Once a grantee submits its IPP data, its government project officer (GPO) will review each indicator and either approve the results or request revisions. Grantees have until midnight of the grantee revision deadline (see "Grantee Deadline to Revise Data" column in Table 1) to submit revisions. After this deadline, the system does not allow data entry, GPO reviews, or grantee revisions.

Table 1. Quarterly Reporting Periods and Deadlines for Submitting IPP Results

Quarter	Quarterly Reporting Period	Grantee Deadline to Submit Data	Government Project Officer (GPO) Review Deadline	Grantee Deadline to Revise Data	System Lock Date*
1st	October 1–December 31	January 31	February 29	March 31	April 1
2nd	January 1–March 31	April 30	May 31	June 30	July 1
3rd	April 1–June 30	July 31	August 30	September 30	October 1
4th	July 1–September 30	October 31	November 30	December 31	January 1

* System does not accept data entry, GPO reviews, or grantee revisions after this date.

IPP Reporting Tips and Resources

Every quarter, grantees are required to do the following for each indicator by the due date:

1. Go to SPARS online data entry/reporting system at https://spars.samhsa.gov/ to enter your data on the Result Record Form.

2. Submit data only on *completed* activities and trainings *in the quarter* it was completed. You can access SPARS at any time to enter your quarterly IPP results by the due date listed above.

3. DO NOT enter data on activities that are *in progress, in planning phase, or pending.*

4. CMHS understands that not every indicator will have a completed activity every quarter. If you have no activity to report for an indicator, you must enter a **No New Result** record in SPARS. To do so, select "If there were no new results, check this box" on the Result Record, then click the **Save - Add New** button or **Save - Finish** button to complete the entry. The system will not accept a "0" (zero) result.

5. After you submit your data, your GPO will review and either approve, disapprove, or request revisions.

○ Contact your GPO for additional guidance about your IPP indicators.

○ For additional guidance on IPP indicators, refer to these practical resources accessible from either the SPARS Resource Library or Training Page:

   • CMHS IPP Overview of Indicators Guide

   • CMHS IPP How to Enter Results Guide for Grantees

   • CMHS AGB and IPP Overview Training Recording

   • IPP Data Entry Clinic Recording

○ The **SPARS Help Desk** is also available to provide technical support and answer questions about SPARS user accounts, passwords, or submitting data to SPARS. Call the SPARS Help Desk at 855-322-2746 (toll free) or email SPARS-Support@rti.org.

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Workforce Development Training (WD2)

WD2 is the number of people in the mental health and related workforce trained in mental health–related practices or activities that are consistent with the goals of the grant.

The intent of WD2 is to capture information on workplace improvements in addressing mental health conditions related to suicide prevention through trainings funded by the grant.

Definitions of Key Terms

◦ **Mental health–related workforce:** People who provide mental health prevention and treatment services and people in the related workforce who provide ancillary primary care services, mental health and behavioral health support services, and emergency care and crisis response.

◦ **Training:** A process guided by a curriculum—syllabus, agenda, training manual—within a structured time frame and with an identified trainer or training method. The goal of the training is to improve skills, knowledge, behaviors, and public awareness of suicide prevention. Workshops and educational seminars that meet this intention and definition also qualify.

Examples of Trainings

◦ Gatekeeper training
◦ Policy/crisis response protocol
◦ Screen procedures/protocol
◦ Suicide risk assessment and management
◦ Assessment and referral
◦ Suicide intervention training
◦ Peer educator training
◦ Postvention training
◦ General awareness training

Examples of Mental Health and Related Workforce

◦ Students and staff with mental health, psychological, or health education affiliation
  • School of Social Work
  • Nursing School
  • Medical School
  • School of Public Safety or Emergency Management
  • Athletic trainers in Health Department
◦ Campus center counselors and clinicians
◦ Hotline/Helpline crisis line staff
◦ Emergency care and crisis response workers
◦ Peer counselors
◦ Student health workers
◦ Mental health and substance abuse providers and counselors
◦ Other health professionals
◦ Primary care (physical/student health) providers
◦ Policy or public safety workers
◦ Campus policy/safety
◦ Clergy/religious advisor

Guidelines for Entering WD2 Results

On the Result Form, enter the following information in the quarter when the workforce received and completed training:

◦ **Result Name:** Enter the name or title of the training provided.
◦ **Result Description:** Enter a two- to three-sentence description of those trained, the type of training provided, and the type of skills learned.
◦ **Result Number:** Enter the total number of mental health workforce members trained.

If you have no activity to report for WD2, you must record this by checking "If there were no new results, check this box" on the Result Form.

Examples of WD2 Results

Scenario 1.

◦ **Result Name:** Suicide Awareness Training
◦ **Result Description:** Thirty people, including school psychologists, health technicians, student peer support staff, and program administrators attended a 2-hour training on recognizing suicide warning signs and referral points for students at risk of suicide.
◦ **Result Number:** 30

Scenario 2.

◦ **Result Name:** Mental Health First Aid Training
◦ **Result Description:** Twenty people, including classroom instructors, student peer support staff, and social workers learned more about helping a young adult experiencing a mental health or addiction challenge or crisis. The course covered typical young adult development, common mental health challenges, and an action plan for how to help.
◦ **Result Number:** 20

Who to Count

◦ **Count** people who are mental health personnel or involved in the mental health–related workforce who attended workforce development trainings conducted because of the grant. Include people who are in training to become part of the workforce.
◦ **Do not count** people who are not part of the mental health workforce. For example, **do not count:**

- Friends
- Employers
- Roommates
- Family members

◦ **Do not count** the number of trainings.

Partnerships/Collaborations (PC2)

PC2 is the number of organizations collaborating, coordinating, or sharing resources with other organizations because of the grant.

The intent of PC2 is to report information on new relationships and partnerships developed because of the grant.

Definitions of Key Terms

◦ **Collaborating/Coordinating:** Process where two or more organizations work in partnership together toward a common goal.
◦ **Organizations:** On-/off-campus providers of behavioral health, mental health, and related services; state/local agencies, consumer-, youth-, or family member–run organizations; as academic departments, campus groups, student-run groups, committees, coalitions, advisory boards, and task forces.
◦ **Sharing Resources:** Allowing others to use the means available to an organization to increase outcomes or attain goals. Resources may include personnel time, facilities, equipment, and information.

Guidelines for Entering PC2 Results

On the Result Form, enter the following information in the quarter when the collaboration(s) took place:

◦ **Result Name:** Enter the name/type of partnership.
◦ **Result Description:** Enter a description of the names of the organizations and on what they are collaborating.
◦ **Result Number:** Enter the total number of organizations that participated in the collaboration.

If you have no activity to report for PC2, you must record this by checking "If there were no new results, check this box" on the Result Form.

Examples of PC2 Results

Scenario 1.
◦ **Result Name:** Faith-Based Taskforce
◦ **Result Description:** Because of the grant and during this quarter, project met with five local area faith organizations to establish a new taskforce on suicide prevention awareness.
◦ **Result Number:** 5

Scenario 2.
◦ **Result Name:** Suicide Response Protocol Memorandum of Understanding (MOU)
◦ **Result Description:** Because of the grant and during this quarter, we entered an MOU with area hospital and local community mental health providers to conduct risk assessment and intervention for at-risk students.
◦ **Result Number:** 2

Who to Count

- **Ask the question** "What are the new relationships that have been created because of the grant?"

- **Count** the number of organizations in the collaboration—but do not count yourself, the grant project.

- **Count** new collaborations that only developed because of the grant. If you add a new organization to an existing collaboration, **count** only the new organization.

- **Count** the number of organizations that come together because of the grant, even if the grantee is not involved in the collaboration.

- If one organization shares several resources, **count** the organization once.

- If one organization collaborates on several different partnerships, **count** that organization once.

- **Count** formal interagency agreements, MOUs, and so on.

- **Do not count** yourself, the grant project.

- **Do not count** the number of resources exchanged or the number of meetings held.

- **Do not count** the collaborations that existed before the grant award.

- **Do not count** organizations that you reported in previous quarters.

Types/Targets of Practices (T3)

T3 is the number of people receiving evidence-based, mental health–related services as a result of the grant.

The intent of T3 is to report the number of people receiving evidence-based, mental health–related services as a result of the grant. The intent is to report on individuals who are not mental health professionals and/or involved in the related mental health workforce.

Definitions of Key Terms

◦ **Evidence-Based:** Rigorously tested interventions that yield consistent, replicable results and that are proven safe, beneficial, and effective for most people diagnosed with mental illness.

◦ **Mental Health–Related:** Pertaining to mental health or the population of people with or at risk of mental illness, including people with co-occurring substance use disorders. When people with or at risk of mental illness are the population of focus, a wide array of subject areas may be considered to be mental health–related by virtue of the connection with this population. Under such circumstances, mental health–related areas may include, but are not limited to, those pertaining to physical health, co-occurring disorders (mental illness and substance abuse disorders), housing, employment, criminal or juvenile justice involvement, child welfare, education, social and family relationships, independent living skills, peer support, and financial well-being.

Guidelines for Entering T3 Results

On the Result Form, enter the following information:

◦ **Result Name:** Enter the name/title of the evidence-based service received and the type of individuals receiving the service.

◦ **Result Description:** Enter a brief description of the type of individuals who received the service and the type of evidence-based, mental health–related services provided.

◦ **Result Number:** Enter the total number of individuals who received the service.

If you have no activity to report for T3, you must record this by checking "If there were no new results, check this box" on the Result Form.

Example of T3 Results

◦ **Result Name:** Quarterly Progress Report (QPR) Gatekeeper Training for Residence Hall Advisors at the East and West Dormitory Buildings

◦ **Result Description:** Resident Assistants received a 2-hour QPR Gatekeeper Training that included suicide prevention information and referral resources to use with the students in their hall.

◦ **Result Number:** 270

Who to Count

◦ **Count** the number of individuals who received evidence-based, mental health or related services.

◦ **Do not count** the number of services.

Awareness (AW1)

AW1 is the number of individuals exposed to mental health awareness messages.

The intent of AW1 is to capture information on the number of individuals exposed to mental health awareness messages presented as part of social marketing campaigns because of the grant. The intent is not to increase the awareness of your grant but rather to increase awareness of suicide prevention.

Definitions of Key Terms

◦ **Exposed:** Education through media campaigns, websites, printed materials, public service announcements (PSAs), billboards, assemblies, orientations, social media.

Examples of Mental Health Awareness Message Strategies

◦ Public Awareness Campaigns
◦ Screening Programs
◦ Presentations and Meetings
◦ Outreach and Awareness Activities and Events: tabletop displays, booths
◦ Outreach and Awareness Products:
  • **print** media such as brochures, posters, flyers, newsletters, magnets
  • **outdoor** media such as billboards, bus signs
  • **mass media** such as internet and website, PSAs, podcasts, TV, radio, campus TV station, emails
  • **social media** such as Facebook, Twitter
  • **mobile** technology
◦ Wellness and Life Skills Development Activities
◦ Health Fairs, Prevention Awareness Walks
◦ Hotline and Helpline Materials
◦ Orientations for Parents and Students

Guidelines for Entering AW1 Results

On the Result Form, enter the following information in the quarter when you completed the awareness strategy.

◦ **Result Name:** Enter a name/title of the type of awareness strategy.
◦ **Result Description:** Enter a description (from three to four sentences) on the type of awareness strategy, its goals, and its elements and of the target audience.
◦ **Result Number:** Enter the estimated total number of individuals exposed.

If you have no activity to report for AW1, you must record this by checking "If there were no new results, check this box" on the Result Form.

Example of AW1 Result

◦ **Result Name:** Campus News4U Promotional Video Ads
◦ **Result Description:** Closed-circuit TV system ran video ads on Depression Screening targeted to students. Large screen displays were strategically placed in six high-volume areas on campus. The number of viewers was conservatively calculated based on estimated foot traffic.
◦ **Result Number:** 3,000

Who to Count

◦ **Count** the number of individuals exposed to messages.
◦ **Do not count** the number of awareness messages.

How to Calculate Estimated Number of Individuals Exposed

◦ Methods for estimating the number of individuals exposed will vary depending on the type of messaging process used. Estimates are percentages, averages, or proportions of individuals exposed to messages.
◦ Contact the billboard vendors, local TV and radio stations, newspapers, etc. to get information on the following:
  • average car traffic for number of drivers that saw a billboard
  • average viewing population of local TV station area
  • average number of listeners of a radio show exposed during a specific time frame
  • average number of subscribers of newspaper (readership)
◦ You can also base estimates on the following:
  • number of new Facebook friends, followers, or subscribers
  • number of hits on website
  • number of participants on attendance lists, sign-in sheets, registrations
  • number of visitors that approach booth or tabletop displays
  • percentage of students attending event
  • number of students in the campus portal email system
  • number of times each podcast is downloaded or played

Training (TR1)

TR1 is the number of individuals who received training in prevention or mental health promotion.

The intent of TR1 is to capture information on the number of individuals from the public who are not mental health professionals and/or involved in the mental health–related workforce and who have received training in prevention or mental health promotion in each quarter. The grant funds these trainings, which are often outside of the individual's typical job duties.

Definitions of Key Terms

◦ **Training:** A process guided by a curriculum—syllabus, agenda, training manual—within a structured time frame and with an identified trainer or training method. The goal of the training is to improve skills, knowledge, behaviors, and public awareness of suicide prevention. Workshops and educational seminars that meet this intention and definition also qualify.
◦ **Prevention:** interventions that occur before the onset of a disorder that are intended to prevent or reduce the risk for the disorder or occur after the onset of the disorder in order to prevent or reduce the disorder's negative consequences.
◦ **Mental health promotion:** interventions aim to enhance the individual's ability to accomplish developmentally appropriate tasks and foster positive self-esteem, mastery, well-being, and social inclusion while strengthening the ability to cope with adversity.

Examples of Trainings

◦ Gatekeeper training
◦ Policy/infrastructure
◦ Crisis response protocol
◦ Screening procedures
◦ Information and referral
◦ Postvention training
◦ General awareness training

Examples of Individuals to Count

◦ Campus administrative personnel: Admissions, Student Life, Registrar, Library, Clerical, Nutrition, Academic Affairs, Financial Aid
◦ Teachers, faculty, and students
◦ Faculty support staff
◦ Research assistants
◦ Residence hall advisors
◦ Student government
◦ Dean/Provost
◦ Student/Academic advisors
◦ Researchers/Evaluators
◦ Student Affairs
◦ Student outreach workers
◦ Athletic coaches/Athletes
◦ Facilities maintenance staff
◦ Custodial/Cafeteria staff
◦ Greek Life and other student clubs
◦ Tutors/Learning specialists
◦ Family members/Caregivers
◦ Community group members

Guidelines for Entering TR1 Results

On the Result Form, enter the following information in the quarter when the training was completed.

◦ **Result Name:** Enter the name or title of the training provided.
◦ **Result Description:** Enter a two- to three-sentence description of who was trained, the type of training provided, and the type of skills learned.
◦ **Result Number:** Enter the total number of participants trained. Count the number of people who received training, not the number of trainings.

If you have no activity to report for TR1, you must record this by checking "If there were no new results, check this box" on the Result Form.
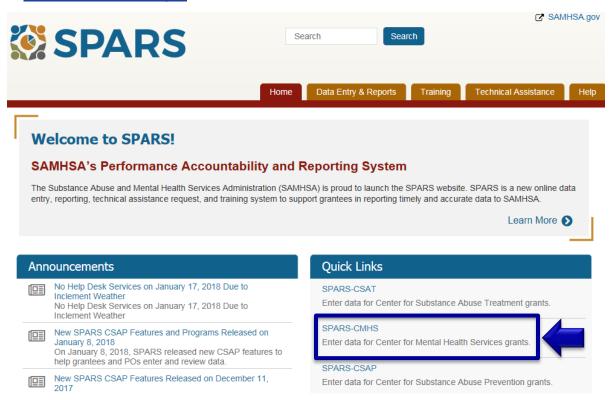
Example of TR1 Result

◦ **Result Name:** Dating Violence Training
◦ **Result Description:** Our agency provided a training on dating violence to 25 young adults on campus. The training teaches youth to identify key characteristics of healthy versus unhealthy relationships and provides resources on who to contact in case they need help.
◦ **Result Number:** 25

Who to Count

◦ **Count** the number people who complete the training, not the number of trainings.
◦ **Count** trainings funded by the grant.
◦ **Do not count** people who are members of the mental health workforce. These individuals are counted under WD2. Contact your GPO if you are unclear whether someone should be counted under TR1 or WD2. If you are reporting all your trainings under WD2, for Annual Goals enter "0" (zero) for this indicator.
◦ You may count people you are training in prevention or mental health promotion, even if the training is not a specific trauma intervention.
◦ If people attend multiple sessions within a quarter to complete a training, count them only once in the quarter for that particular training.
◦ If training sessions span two quarters, count them only in the quarter that the training was actually completed.

How to Submit IPP Results in SPARS

To submit IPP results in SPARS, select **SPARS-CMHS** from the Quick Links section of the SPARS home page at https://spars.samhsa.gov.

After logging in, you will see a menu bar on the left-hand side of the home screen. Select the dropdown menu **Data Entry** > IPP > Results List.

To submit an IPP result in SPARS, click the **Add New Result** button to access the **Result Record**. The fields you need to complete for each indicator are shaded in yellow.

If you have no activity to report for an indicator, you must enter a **No New Result** record in SPARS. To do so, select "If there were no new results, check this box" on the Result Record, then click the **Save - Add New** or **Save - Finish** button to complete the entry.