Garrett Lee Smith State/Tribal Suicide Prevention Grant Program

The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) collects data from Garrett Lee Smith State/Tribal Suicide Prevention Grant Program Grantees (State and Tribal Cohorts 10, 11, and 12) on their Infrastructure Development, Prevention, and Mental Health Promotion (IPP) activities. Every quarter, grantees must report on these *10* IPP indicators in SAMHSA's Performance Accountability and Reporting System (SPARS):

1. **Policy Development (PD1):** The number of policy changes completed as a result of the grant.
2. **Workforce Development (WD2):** 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.
3. **Partnerships/Collaborations (PC2)**: The number of organizations collaborating, coordinating, or sharing resources with other organizations as a result of the grant.
4. **Accountability (A2):** The number of organizations that regularly obtain, analyze, and use mental health–related data as a result of the grant.
5. **Types/Targets of Practices (T1):** The number of programs, organizations, and communities that implemented specific mental health–related practices or activities that are consistent with the goals of the grant.
6. **Awareness (AW1):** The number of individuals exposed to mental health awareness messages.
7. **Training (TR1)**: The number of individuals who have received training in prevention or mental health promotion.
8. **Screening (S1)**: The number of individuals screened for mental health or related interventions.
9. **Referral (R1):** The number of individuals referred for mental health or related services.
10. **Access (AC1):** The number and percentage of individuals receiving mental health or related services after referral.

This program guidance helps State/Tribal 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.

SPARS

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

Quarter	Quarterly Reporting Period	Grantee Deadline to Submit Data	GPO Review Deadline	Grantee Deadline to Revise Data	System Lock Date*
1st	October 1–December 31	January 31	February 28	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* they were 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** or **Save - Finish** button to complete the entry. The system will not accept a zero (0) 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 & 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.

Policy Development (PD1)

PD1 is the number of policy changes completed as a result of the grant.

Definitions of Key Terms

- **Policy:** A written document directing an action or event that is administrative or legislative in origin.
- **Change:** The creation of a policy that did not previously exist, the documentation of a policy that existed in an undocumented form, or the elimination or alteration of a policy that previously existed and had already been documented.
- **Completed:** Exists in its final form, and the party (or parties) with authority to do so has approved or passed the policy.

Examples of Policies

- Directives
- Guidance
- Clinical practice guidelines
- Regulations
- Statutes
- Operations manuals

- Procedures
- Bylaws
- Strategic plans
- Mission statements
- Written decisions
- Standards

Guidelines for Entering PD1 Results

On the Result Form, enter the following information in the quarter when the policy change is complete:

- **Result Name:** Enter the name/title of the changed policy.
- **Result Description:** Enter a description of who changed the policy and what the policy entailed.
- **Result Number:** Report one policy change per result record.

If you have no activity to report for PD1, you must record this by checking "If there were no new results, check this box" on the Result Form.

Examples of PD1 Results

Scenario 1.
- **Result Name:** County Statute
- **Result Description:** The county put a policy in place that all community centers must implement a national suicide plan.
- **Result Number:** 1

Scenario 2.
- **Result Name:** Clinical Practice Guidelines
- **Result Description:** Our organization put procedures in place to implement clinical practice guidelines regarding children's residential services.
- **Result Number:** 1

What to Report

- **Report** on all policy changes completed in the quarter as a result of the grant.
- **Report** each policy change once—and only do so when the change is complete.
- **Do not report** the policy change if discussions about the policy have only begun and the change is not complete or approved.
- You may **report** the policy change before its implementation.

Workforce Development (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:** 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

◦ Mental health and substance use providers
  • Clinician/counselor/psychologist
  • Social/case worker
  • Care coordinator/manager
  • Program/system administrator
◦ Other health/primary care provider
  • Program/system administrator
  • Physician and nurse
  • Nursing assistant/health technician
◦ Education and higher education
  • Counselors and clinicians
  • School police/safety
  • Child welfare and juvenile justice
  • Social/case worker
  • Emergency/crisis support worker

◦ Tribal services/government
  • Tribal healers and elders
  • Elected tribal official
  • Community outreach worker
  • Emergency/crisis support worker
  • Clinician
◦ Emergency response
  • Law enforcement
  • Public safety workers
  • Hotline/helpline staff
  • Probation officer
◦ 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 the 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 and related workforce members trained.

July 20, 2020

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:** Mental Health First Aid Training
◦ **Result Description:** Twenty people, including community health workers, case managers, and social workers, learned more about helping people experiencing a mental health or addiction challenge or crisis. The course covered risk factors and warning signs for mental health and addiction concerns, strategies for how to help someone in both crisis and non-crisis situations, and where to turn for help.
◦ **Result Number:** 20

Scenario 2.
◦ **Result Name:** PHQ 9 Training
◦ **Result Description:** Thirty social workers and health care technicians learned how to recognize the signs of depression in young adults, how to assess and respond to potential suicide risk, and how to use and read the results from the Patient Health Questionnaire–9 (PHQ-9).
◦ **Result Number:** 30

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- and off-campus providers of behavioral health, mental health, and related services; state/local agencies; consumer-, youth-, or family member–run organizations; and 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 Task Force
◦ **Result Description:** Because of the grant and during this quarter, project met with five local area faith organizations to establish a new task force 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.

Accountability (A2)

A2 is the number of organizations that regularly obtain, analyze, and use mental health–related data as a result of the grant.

Definitions of Key Terms

◦ **Organizations**: May include state agencies, bureaus, departments, or other major subdivisions; counties, cities, or tribal agencies/bureaus/departments; or agencies providing mental health or related services to people who have or are at risk for developing mental health needs. The latter includes consumer-, youth-, or family member–run organizations; private provider entities; and nongovernmental organizations.

◦ **Regularly Obtain, Analyze, and Share Data**: Receiving or collecting data on a scheduled, repeated, and ongoing basis that is systematically reviewed to facilitate program, organization, or state agency/department planning; to facilitate consumer choice or shared decision-making; or to improve the quality or efficiency of services. Data are any quantitative or qualitative information collected through specified methods and procedures.

◦ **Mental Health–Related**: Pertaining to mental health or the population of people with or at risk of mental illness; also includes people with co-occurring substance abuse 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, for example (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, financial well-being, etc.

Guidelines for Entering A2 Results

On the Result Form, enter the following information in the quarter when the activity took place:

◦ **Result Name:** Enter the type of data obtained, analyzed, or used.
◦ **Result Description:** Enter a description of the organizations and details on data collected and reported.
◦ **Result Number:** Enter the total number of organizations that are using data.

If you have no activity to report for A2, you must record this by checking "If there were no new results, check this box" on the Result Form.

Examples of A2 Results

◦ **Result Name:** Seclusion and Restraint Reporting
◦ **Result Description:** Six mental health organizations began regularly and systematically reporting the use of seclusion and restraint.
◦ **Result Number:** 6

What to Report

◦ **Count** the number of organizations that *initiate or enhance* the use of and analysis of data collected.
◦ **Report** data only in the quarter in which your organization first started getting data.

Types/Targets of Practices (T1)

T1 is the number of programs, organizations, or communities that implemented specific mental health–related practices or activities that are consistent with the goals of the grant.

Definitions of Key Terms

◦ **Programs:** Providing mental health or related services for distinct groups of consumers. Often, grantees allocate specific staff and resources to a specific program.
◦ **Organizations:** Federal, state, local, and tribal agencies; programs; departments; nonprofit agencies, grassroots organizations, or other entities providing mental health and related services.
◦ **Implemented:** Delivered mental health–related practices to individuals (e.g., consumers, family members, and people at risk).

Examples of Organizations

◦ State agencies, bureaus, departments, or other major subdivisions
◦ Counties
◦ Cities
◦ Tribal agencies
◦ Private provider entities

◦ Bureaus, departments, or agencies providing mental health or related services for people who have or are at risk for developing mental health needs, including consumer-, youth-, or family member–run organizations
◦ Nongovernmental organizations

Examples of Practices/Activities

◦ Treatment
◦ Rehabilitation
◦ Prevention
◦ Mental health–related promotion
◦ Supportive services
◦ Evidence-based practices

◦ Consumer-operated services
◦ Culturally specific practices
◦ Suicide prevention programs
◦ Rural telehealth programs
◦ Anti-discrimination campaign

Guidelines for Entering T1 Results

On the Result Form, enter the following information in the quarter when the grantee-initiated practices or activities.

◦ **Result Name:** Enter the name or title of the practice or activity.
◦ **Result Description:** Enter the name of the program(s), organization(s), or community(s) and a brief description of the practice or activity implemented.
◦ **Result Number:** Enter the total number of programs, organizations, and communities initiating implementation of this practice or activity during this quarter.

If you have no activity to report for T1, you must record this by checking "If there were no new results, check this box" on the Result Form.

Example of T1 Result

◦ **Result Name:** Telehealth for teens
◦ **Result Description:** Consistent with the goals of the grant, the Neighborhood Health Center implemented telehealth programs for teens in need of supportive services who are unable to meet in person.
◦ **Result Number:** 1

Who to Count

◦ **Count** the number of programs, organizations, or communities that initiated implementation of mental health–related practices or activities.
◦ **Do not count** the number of practices or activities.

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 the Internet and websites, PSAs, podcasts, TV, radio, campus TV stations, 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 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

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. 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, enter zero (0) for Annual Goals 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.

Screening (S1)

S1 is the number of people screened for mental health or related interventions.

Definitions of Key Terms

◦ **Screening:** The initial identification of individuals who may need a specific intervention and the screening is not for monitoring or assessment.
◦ **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.
◦ **Interventions:** Treatment, rehabilitation, prevention, mental health–related promotion, and supportive services.

Examples of Screenings

◦ Patient Health Questionnaire 2, 3, or 9
◦ Columbia Suicide Severity Rating Scale – *Screener Version*
◦ Ages & Stages Questionnaire (ASQ)
◦ Behavioral Health Screen

Examples of Interventions

◦ Evidence-based practices
◦ Consumer-operated services (such as family-driven or youth-guided services)
◦ Culturally specific practices
◦ Suicide prevention programs
◦ Rural telehealth programs

Guidelines for Entering S1 Results

On the Result Form, enter the following information in the quarter when you screened the individual.

◦ **Result Name:** Enter the name/title of the screening provided.
◦ **Result Description:** Enter a brief description of the individuals who received the screening and the type of screening provided.
◦ **Result Number:** Enter the total number of individuals screened.

If you have no activity to report for S1, you must record this by checking "If there were no new results, check this box" on the Result Form.

Example of S1 Result

◦ **Result Name:** Patient Health Questionnaire–9 (PHQ-9)
◦ **Result Description:** As a result of the grant, during this quarter we administered the PHQ-9 to 116 individuals at participating primary care practices.
◦ **Result Number:** 116

Who to Count

◦ **Count** the number of individuals screened for initial identification of a need for intervention.
◦ **Do not count** the number of interventions.
◦ **Do not count** ongoing monitoring to assess individuals' progress and status.

Referral (R1)

R1 is the number of individuals referred to mental health or related services.

Definitions of Key Terms

◦ **Referred:** Recommending an individual for mental health or related services.
◦ **Mental Health–Related:** Pertaining to mental health or the population of people with or at risk of mental illness; also includes people with co-occurring substance abuse 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, for example (but are not limited to), those pertaining to physical health, co-occurring disorders (mental illness and substance use disorders), housing, employment, criminal or juvenile justice involvement, child welfare, education, social and family relationships, independent living skills, peer support, financial well-being, etc.

Examples of Related Treatment, Rehabilitation, Prevention, or Support Services

◦ Physical health
◦ Mental health outpatient services
◦ Mental health inpatient services
◦ Criminal or juvenile justice involvement

◦ Child welfare
◦ Education
◦ Independent living skills
◦ Peer support

Guidelines for Entering R1 Results

On the Result Form, enter the following information in the quarter when you referred the individuals.

◦ **Result Name**: Enter referral information for individuals.
◦ **Result Description**: Enter a brief description of the individuals who received referrals and the types of mental health or related services to which they were referred.
◦ **Result Number**: Enter the total number of individuals referred.

If you have no activity to report for R1, you must record this by checking "If there were no new results, check this box" on the Result Form.

Example of R1 Result

◦ **Result Name:** Mental Health Outpatient Referrals
◦ **Result Description:** As a result of the grant, our Behavioral Health Screen identified individuals for symptoms of suicide. As a result of the screening, we referred 21 individuals for mental health outpatient services this quarter.
◦ **Result Number:** 21

Who to Count

o **Count** the number of individuals referred to mental health or related services.
o **Do not count** the number of services.

Access (AC1)

AC1 is the number and percentage of individuals receiving mental health or related services after referral.

Definitions of Key Terms

- **Referral:** Recommending an individual for mental health or related services.
- **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.

Examples of Mental Health–Related Services

- Physical health
- Mental health outpatient services
- Mental health inpatient services
- Criminal or juvenile justice involvement
- Tribal healing circles
- Child welfare
- Education
- Independent living skills
- Peer support

Guidelines for Entering AC1 Results

On the Result Form, enter the following information when the referrals took place:

- **Result Name:** Enter the program referral type.
- **Result Description:** Enter a brief description of the program referral effort.
- **Numerator:** Enter the total number of individuals you referred *and* who are receiving mental health or related services.
- **Denominator:** Enter the total number of individuals referred.
- **Percentage:** The percentage is automatically calculated in SPARS after entering the numerator and denominator and saving the record.

If you have no activity to report for AC1, you must record this by checking "If there were no new results, check this box" on the Result Form.

Example of AC1 Result

- **Result Name:** Program Referrals for Psychotherapy Care to Treat Depression
- **Result Description:** As a result of the grant, out of 21 individuals that were flagged by the Patient Health Questionnaire–9 (PHQ-9) and referred this quarter, 9 of them are receiving services.
- **Numerator:** 9
- **Denominator:** 21
- **Percentage:** 42.86% (calculated by system)

Who to Count

- **Count** the number and percentage of individuals receiving mental health or related services after the referral.
- **Do not count** the number of services.

Tips

Develop a protocol to track all early identification, referral, and follow-up information.
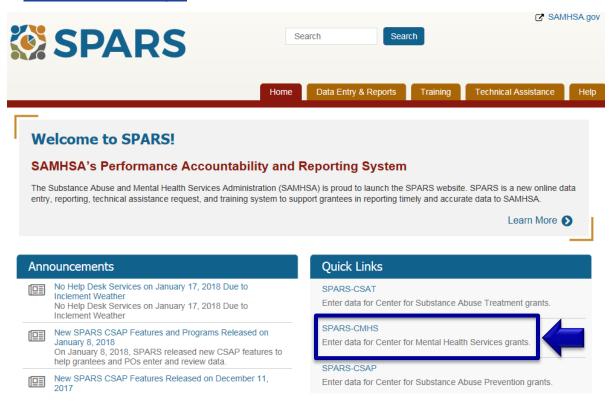
A variety of methods can be used:

- Single point of contact: A person or department serving as the coordinator or focal point of information.
- Multiple information sources: Obtained from or involving more than one source.
- Data sharing agreement: A formal contract that clearly documents what data are being shared and how the data can be used.
- Establish a relationship with a service provider who can provide you with the number of individuals who are receiving services.

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 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.