# 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 13 and 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 (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.
- 2. **Training (TR1):** The number of individuals who have received training in prevention or mental health promotion.
- 3. **Screening (S1):** The number of individuals screened for mental health or related interventions.
- 4. Referral (R1): The number of individuals referred for mental health or related services.
- 5. **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.

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

<sup>\*</sup> 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 <a href="https://spars.samhsa.gov/">https://spars.samhsa.gov/</a> 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.



## **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.
- Result Description: Enter a two- to three-sentence description of those trained, the type of training provided, and the type of skills learned.

**SPARS** 

# SPARS Program Guidance on Garrett Lee Smith State/Tribal Suicide Prevention Grant Program Grantees – Cohorts 13 and 14

Result Number: Enter the total number of mental health and related 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: 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.



## **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 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



# SPARS Program Guidance on Garrett Lee Smith State/Tribal Suicide Prevention Grant Program Grantees – Cohorts 13 and 14

#### **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 familydriven 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
- 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.

**SPARS** 

## 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**

- Count the number of individuals referred to mental health or related services.
- 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 PHQ-9 and referred this quarter, 9 of them are receiving services.
- Numerator: 9Denominator: 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.



# SPARS Program Guidance on Garrett Lee Smith State/Tribal Suicide Prevention Grant Program Grantees – Cohorts 13 and 14

## **Tips**

Develop a protocol to track all early identification, referral, and follow-up information.

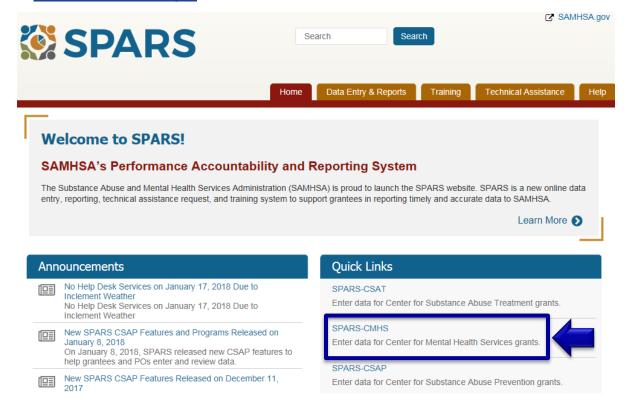
A variety of methods can be used:

- 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.

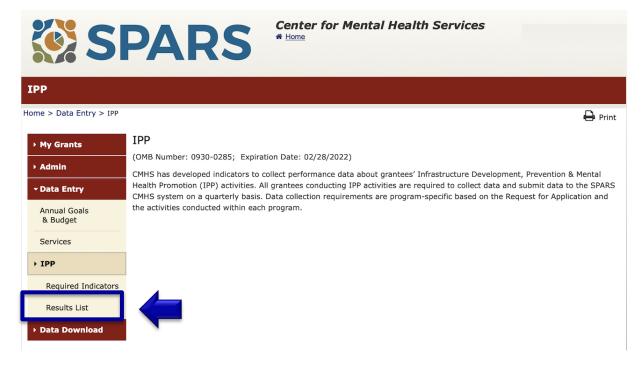


#### How to Submit IPP Results in SPARS

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

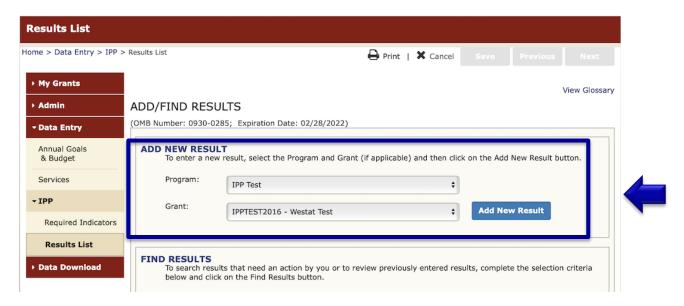


After logging in, you will see a menu bar on the left side of the home screen. Select the dropdown menu **Data Entry** > IPP > Results List.





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.

#### Result Record



