

Systems of Care Expansion and Sustainability Cooperative Agreement (Cohorts 1, 2, 3, and 4)

The Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) Center for Mental Health Services (CMHS) collects data from Systems of Care Expansion & Sustainability (SOCXS) Cooperative Agreement Grantees (Cohorts 1, 2, 3, and 4) on their Infrastructure Development, Prevention, and Mental Health Promotion (IPP) activities. Every quarter, grantees must report on these *four* 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. **Workforce Development (WD5):** The number of consumers or family members who provide mental health–related services as a result of the grant.
4. **Partnerships/Collaborations (PC1):** The number of organizations that entered into formal written inter-/intraorganizational agreements (e.g., Memoranda of Understanding [MOUs]/Memoranda of Agreement [MOAs]) to improve mental health–related practices or activities that are consistent with the goals of the grant.

This program guidance helps SOCXS 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

* 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 (*financing policies are excluded*)

- 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:** Enter 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 do so only 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 improvements in the workforce in addressing mental health issues (such as intensive services, trauma-informed care, or assessment) that are consistent with the goals of the grant.

Definitions of Key Terms

- **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 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 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.
- **Practices/activities:** includes treatment, rehabilitation, prevention, mental health–related promotion and supportive services (e.g., evidence-based practices; consumer-operated services [family-driven and/or youth-guided services]; culturally specific practices; suicide prevention programs; rural telehealth programs; and anti-stigma campaigns).
- **Mental health workforce:** People providing mental health prevention, treatment, rehabilitation, or recovery services.
- **Related workforce:** People providing ancillary support services to people who have—or are at risk for developing—mental health condition(s).
- **Training:** Process, event, or activity guided by a curriculum (such as a syllabus, agenda, training manual), within a structured time frame, and with an identified trainer or training method.

Examples of Trainings

- Wraparound facilitation
- Mental health first aid
- Youth mental health first aid
- Suicide risk assessment and management
- Policy/crisis response protocol
- Trauma-informed care
- Case management or care coordination
- Peer services

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
 - Counselor/clinician
 - Social/case worker
 - Emergency/crisis support worker
- Tribal services/government
 - Tribal healers and elders
 - Elected tribal official
 - Community outreach worker
 - Emergency/crisis support workers
 - Clinicians
- Emergency response
 - Law enforcement
 - Public safety workers
 - Probation officer
 - Hotline/helpline crisis line 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 training:

- **Result Name:** Enter the name or title of the training provided.
- **Result Description:** Enter a two- to three-sentence description of the types of workforce members 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.

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 school 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:** Patient Health Questionnaire–9 (PHQ-9) Training
- **Result Description:** Thirty college social workers and health care technicians learned how to recognize the signs of depression in young adults. They also learned how to use and read the results from the 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:**
 - Landlords
 - Bus drivers
 - Friends
 - Employers
 - Roommates
 - Family members
- **Do not count** the number of trainings.

Workforce Development (WD5)

WD5 is the number of consumers or family members who provide mental health–related services as a result of the grant.

Definitions of Key Terms

- **Consumers:** Adults, older adults, children, or youth who currently receive mental health services, have received mental health services in the past, or are eligible to receive mental health services but choose not to. It is understood and respected that many people who meet one or more of these criteria may choose to identify with a term other than “consumer.”
- **Family members:** May be members of an adult or child/youth consumer’s immediate or extended family. Additionally, members of consumers’ extended family networks or “adopted” family members (e.g., familismo in Hispanic culture) are considered family members. Family members may also be friends, co-workers, or neighbors of an adult or child/youth consumer, or non-family caregivers of a child/youth consumer.

Guidelines for Entering WD5 Results

On the Result Form, enter the following information in the quarter when the services were provided and completed.

- **Result Name:** Enter the type of position.
- **Result Description:** Enter a two- or three-sentence description of the types of mental health–related services being provided, the responsibilities of the position, and by whom.
- **Result Number:** Enter the total number of consumers or family members in paid or unpaid positions related to this initiative.

If you have no activity to report for WD5, you must record this by checking “If there were no new results, check this box” on the Result Form.

Example of WD5 Result

- **Result Name:** Hired Peer-Support Specialists
- **Result Description:** Our organization hired three new peer-support specialists to incorporate on our treatment teams. These peer-support specialists are also consumers and will provide direct support to other consumers. They are responsible for outreach and engagement.
- **Result Number:** 3

Who to Count

- **Count** the number of consumers or family members who are serving in a mental health–related position per quarter as a result of the grant. Positions can be paid or unpaid.
- **Do not count** consumers or family members involved exclusively in planning and advocacy activities or mental health–related evaluation oversight, data collection, or analysis activities.

Partnerships/Collaborations (PC1)

PC1 is the number of organizations that entered into formal written inter-/intraorganizational agreements (e.g., MOUs/MOAs) to improve mental health–related practices or activities that are consistent with the goals 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.
- **Formal written inter-/intraorganizational agreement:** A document written between organizations to specify how parties will work together on an agreed-upon project or objective. The document must be signed by representatives of both organizations.
- **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 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 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.
- **Practices/activities:** Includes treatment, rehabilitation, prevention, mental health–related promotion and support services (e.g., evidence-based practices, consumer-operated services; culturally specific practices; suicide prevention programs; rural telehealth programs; and anti-stigma campaigns).

Guidelines for Entering PC1 Results

On the Result Form, enter the following information in the quarter in which the agreement was finalized. Enter one result record per finalized agreement.

- **Result Name:** Enter the name or type of agreement
- **Result Description:** Enter a description of (1) the organizations involved, (2) the type of agreement established (e.g., MOU or MOA), (3) the purpose/objective of the agreement, and (4) the expiration date of the agreement.
- **Result Number:** Enter the total number of organizations that entered into the agreement. Do not include yourself, the grantee.

If you have no activity to report for PC1, you must record this by checking “If there were no new results, check this box” on the Result Form.

Example of PC1 Result

- **Result Name:** MOU between the State University and the Community Service Hotline
- **Result Description:** This quarter, we finalized a formal agreement with the State University. Our suicide hotline refers people to the State University crisis service center. This agreement will expire in 2 years in December 2022.
- **Result Number:** 1

What to Count

- **Count** the number of organizations that entered into formal written inter-/intraorganizational agreements to improve mental health–related practices or activities.
- If one organization has several agreements, **count** the organization once per agreement.
- Count the agreement once and in the quarter that it was finalized.
- **Do not count** your organization in the number.
- **Do not count** agreements in the planning stages that are not finalized.

SPARS Program Guidance on IPPs for Systems of Care Expansion and Sustainability Cooperative Agreement Grantees – Cohorts 1, 2, 3, and 4

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>.

The screenshot shows the SPARS website home page. At the top right is a search bar and a link to SAMHSA.gov. Below is a navigation menu with buttons for Home, Data Entry & Reports, Training, Technical Assistance, and Help. A large banner reads "Welcome to SPARS! SAMHSA's Performance Accountability and Reporting System" with a "Learn More" link. Below the banner are two columns: "Announcements" with three news items, and "Quick Links" with three options: "SPARS-CSAT", "SPARS-CMHS" (highlighted with a blue box and a blue arrow), and "SPARS-CSAP".

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**.

The screenshot shows the SPARS user interface after login. At the top left is the SPARS logo and "Center for Mental Health Services" with a "Home" link. Below is a navigation menu with "IPP" selected. The "IPP" section is highlighted with a blue box and a blue arrow. The "Data Entry" menu is expanded, showing "Annual Goals & Budget", "Services", "IPP", "Required Indicators", "Results List" (highlighted with a blue box and a blue arrow), and "Data Download".

SPARS Program Guidance on IPPs for Systems of Care Expansion and Sustainability Cooperative Agreement Grantees – Cohorts 1, 2, 3, and 4

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.

Results List

Home > Data Entry > IPP > Results List

Print | Cancel Save Previous Next

View Glossary

ADD/FIND RESULTS
(OMB Number: 0930-0285; Expiration Date: 02/28/2022)

ADD NEW RESULT
To enter a new result, select the Program and Grant (if applicable) and then click on the Add New Result button.

Program: IPP Test

Grant: IPPTEST2016 - Westat Test

Add New Result

FIND RESULTS
To search results that need an action by you or to review previously entered results, complete the selection criteria below and click on the Find Results button.

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
(OMB Number: 0930-0285; Expiration Date: 02/28/2022)

Save - Add New **Save - Finish**

INSTRUCTIONS: Enter one result per indicator on this data entry screen. Please do not use the same result name twice in one federal fiscal year quarter¹. Note: Screen will refresh when you select the date range or indicator.

Grant Number: IPPTEST2016 (IPP TEST 2016)

Date Range Result Was Completed: FFY 2020 Quarter 3 (Apr. 1 2020 – Jun. 30 2020)

Indicator: Workforce Development - WD3

WD3 - The number of people credentialed/certified to provide mental health-related practices/activities that are consistent with the goals of the grant.

¹ FFY QUARTER 1 (10/1– 12/31); FFY QUARTER 2 (1/1– 3/31); FFY QUARTER 3 (4/1– 6/30); FFY QUARTER 4 (7/1– 9/30)

If there were no new results, check this box:

Result Name: No New Result