

Grants to Implement Zero Suicide in Health Systems (Cohort 3)

SAMHSA’s Center for Mental Health Services (CMHS) collects data from Grants to Implement Zero Suicide in Health Systems (Zero Suicide) Grantees (Cohort 3) on their Infrastructure Development, Prevention, and Mental Health Promotion (IPP) activities. Every quarter, grantees must report on these *six* 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/activities that are consistent with the goals of the grant.
2. **Accountability (A4):** The number and percentage of work group, advisory group, or council members who are consumers or family members.
3. **Types/Targets of Practices (T1):** The number of programs/organizations/communities that implemented specific mental–health related practices/activities that are consistent with the goals of the grant.
4. **Types/Targets of Practices (T3):** The number of people receiving evidence-based mental health–related services as a result of the grant.
5. **Screening (S1):** The number of individuals screened for mental health or related interventions.
6. **Referral (R1):** The number of individuals referred to mental health or related services.
7. **Access (AC1):** The number and percentage of individuals receiving mental health or related services after referral.

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

- IPP operational definitions and criteria,
- IPP quarterly reporting requirements and deadlines, and
- Data entry tips and resources.

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.

Data Entry Requirements 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 list 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, however, 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.
 - 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 and activities that are consistent with the goals of 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
- Screening procedures/protocol
- Suicide risk assessment and management
- Assessment and referral
- Suicide intervention training
- Peer educator training
- Suicide prevention and cultural competence
- Postvention training
- General awareness training
- American Indian life skills development

Examples of Mental Health and Related Workforce

- Mental health and substance abuse 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
 - Program/system administrator
 - Probation officer
- Counselor/clinician
- Social/case worker
- Detention facility guard
- Emergency/crisis care worker
- Tribal services/government
 - Tribal healers and elders
 - Elected tribal official
 - Community outreach worker
 - Crisis care workers/clinicians
- Emergency response
 - Law enforcement
 - Public safety workers
 - Hotline/helpline crisis line staff
- Clergy/religious advisor

Guidelines for Entering WD2 Results

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

- **Result Name:** Enter the name/title of the training provided.
- **Result Description:** Enter a two- to three-sentence description of who received training, type of training provided, and 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.

Example of WD2 Result

- **Result Name:** ASSIST Training for East Regional Youth Detention Facilities
- **Result Description:** Probation and detention officers received a 2-hour gatekeeper training by project staff.
- **Result Number:** 44

Who to Count

- **Count** the number of people who completed the training, *not* the number of trainings.
- **Count** individuals who are mental health professionals and/or involved in mental health–related workforce.
- **Do not count** individuals reported under TR1 (i.e., the number of individuals who received training in Prevention or Mental Health Promotion who are not members of mental health and related workforce).
- **Do not count** the number of trainings.
- **Do not count** trainings funded outside the grant or funded by other agencies.

Accountability (A4)

A4 is the number and percentage of work group, advisory group, or council members who are consumers or family members.

Definitions of Key Terms

- **Work groups, advisory groups, councils:** a group of individuals working toward a common goal.
- **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 do so. SAMHSA understands and respects the fact that many people who meet one or more of these criteria may choose to identify with a term other than *consumer*.
- **Family members:** Members of a consumer's immediate or extended family, family networks, or "adopted" family members (e.g., *familismo* in Hispanic culture). Family members also may be friends, coworkers, or neighbors of an adult or child/youth or non-family caregivers of a child/youth.

Guidelines for Entering A4 Results

On the Result Form, enter the following information.

- **Result Name:** Enter the name of the work group, advisory group, or council.
- **Result Description:** Enter a two- or three-sentence description of the work group, advisory group, or council, including its general purpose and membership.
- **Numerator:** Enter the total number of people who are *both* a member of a work group, advisory group, or council *and* a consumer or family member.
- **Denominator:** Enter the total number of people who are work group, advisory group, or council members.
- **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 A4, you must record this by checking "If there were no new results, check this box" on the Result Form.

Example of A4 Result

- **Result Name:** Evaluation Review Committee Membership
- **Result Description:** We have an Evaluation Review Committee to ensure that local evaluation activities are culturally competent, family driven, and youth guided. The committee consists of community members with some being consumers or family members. During this quarter, 10 (numerator) of the members were consumers or family members; the total membership was 25 (denominator).
- **Numerator:** 10
- **Denominator:** 25
- **Percentage:** 40% (calculated by system)

Who to Count

- **Count** the numerator and denominator. The numerator should be *less than* or *equal to* the denominator.
- The **numerator** is the number of people who are *both* a member of a work group, advisory group, or council *and* a consumer or family member.
- The **denominator** is the total number of people who are work group, advisory group, or council members.
- **Count** the number of consumers who serve in a mental health–related position per quarter because of the grant. The consumer can be a paid worker or an unpaid volunteer.
- If the group is sustaining or ongoing, **report** the numbers each quarter while the group is in existence.
- Enter **No New Result** if you have work groups, advisory groups, or councils that do not have consumers or family members participating.

Types/Targets of Practices (T1)

T1 is the number of programs/organizations/communities that implemented specific mental health–related practices/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
- Health care organizations
- 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
- Hospitals

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/activities.

- **Result Name:** Enter the name/title of the practice/activity.
- **Result Description:** Enter the name of the program/organization/community and a brief description of the practice/activity implemented.
- **Result Number:** Enter the total number of programs/organizations/communities initiating implementation of this practice/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:** Quality Improvement Workgroup Meeting
- **Result Description:** Consistent with the goals of the grant, Neighborhood Health Center implemented Quality Improvement Workgroup meetings this quarter to review patient health outcomes after patients screened positive on the Patient Health Questionnaire.
- **Result Number:** 1

Who to Count

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

Types/Targets of Practices (T3)

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

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.

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:** Mental health or the population of people with or at risk of mental health conditions; also includes people with co-occurring substance use disorders.
- **Interventions:** Treatment, rehabilitation, prevention, mental health–related promotion, and supportive services.

Examples of Screenings

- Patient Health Questionnaire 2, 3, or 9
- Ages & Stages Questionnaire (ASQ)
- Columbia Suicide Severity Rating Scale – *Screeener Version*
- 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 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, this quarter we administered the PHQ-9 to 116 individuals at participating primary care practices this quarter.
- **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 as a result of the grant in the quarter.

Definitions of Key Terms

- **Referred:** Recommending an individual for mental health or related services.
- **Mental health–related:** Mental health or the population of people with or at risk of mental illness; also includes people with co-occurring substance use disorders.

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 *Referred Individuals*.
- **Result Description:** Enter a brief description of who received referral information and the types of mental health or related services referrals provided.
- **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:** Referred Individuals
- **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.

Key Point

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

A variety of methods can be used:

- Single point of contact
- Multiple information sources
- Data sharing agreement
- Establish a relationship with a service provider who can supply you with the number of individuals who are receiving services

Definitions of Key Terms

- **Referral:** Recommending an individual for mental health or related services.
- **Mental health–related:** Mental health or the population of people with or at risk of mental illness; also includes people with co-occurring substance use disorders.

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 AC1 Results

On the Result Form, enter the following information.

- **Result Name:** Enter *Program Referrals*.
- **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
- **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:** 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.

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, there is a search bar and a 'Search' button. Below the search bar are navigation tabs: Home, Data Entry & Reports, Training, Technical Assistance, and Help. A large banner reads 'Welcome to SPARS!' and 'SAMHSA's Performance Accountability and Reporting System'. Below the banner is an 'Announcements' section with three items. To the right is a 'Quick Links' section with three items: 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 IPP page. At the top, there is the SPARS logo and 'Center for Mental Health Services'. Below the logo is a navigation menu with 'Home'. The main content area is titled 'IPP' and includes a breadcrumb trail: Home > Data Entry > IPP. A 'Print' icon is visible. On the left, there is a navigation menu with 'My Grants', 'Admin', 'Data Entry', and 'IPP'. The 'Data Entry' menu is expanded, showing 'Annual Goals', 'Services', and 'IPP'. The 'IPP' menu is expanded, showing 'Required Indicators' and 'Results List' (highlighted with a blue box and a blue arrow). The main content area displays 'IPP' details, including OMB Number: 0930-0285; Expiration Date: 02/28/2022, and a description of the IPP system.

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

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