

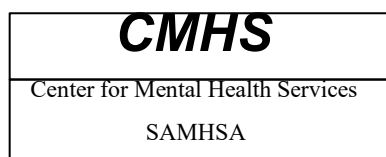
**Substance Abuse and Mental Health  
Services Administration (SAMHSA)  
Center for Mental Health Services (CMHS)**

**Infrastructure Development, Prevention, and  
Mental Health Promotion (IPP)**

**IPP OVERVIEW GUIDE**

Version 2.0

November 2022



November 2022

# Table of Contents

Guide Overview .....	1
List of IPP Categories and Indicators .....	3
Data Reporting Deadlines and Submission Requirements .....	6
Required indicators .....	6
Requirements and deadlines for setting annual goals .....	6
Requirements and deadlines for reporting results .....	7
Indicator-by-Indicator Guide .....	11
Access (AC).....	11
Accountability (A) .....	14
Awareness (AW) .....	26
Financing (F) .....	29
Knowledge, Attitudes, and Beliefs (NAB) .....	33
Organizational Change (OC) .....	35
Outreach (O) .....	37
Partnership/Collaboration (PC) .....	39
Policy Development (PD) .....	43
Referral (R).....	47
Screening (S) .....	53
Training (TR) .....	60
Types/Targets of Practices (T) .....	70
Workforce Development (WD).....	86
Setting and Entering IPP Annual Goals.....	93
Setting Annual Goals for IPP INDICATORS .....	93
SPARS Data Entry Process for IPP Annual Goals.....	95

SPARS Data Entry Step-by-Step for IPP Annual Goals .....	97
Reporting IPP Results.....	116
SPARS Data Entry Process for IPP Results.....	117
SPARS Data Entry Step-by-Step for IPP Results .....	118
Appendix 1: Glossary .....	142
Appendix 2: IPP FAQ.....	153
Deadlines and Submission Requirements .....	153
IPP Definitions and Results Requirements .....	155
Annual Goals for IPP .....	157
Reporting IPP Results in SPARS.....	158
General .....	160
Appendix 3: Summary Table of Indicator Guidance .....	162

## Guide Overview

A summary of each section of this document is as follows:

- 1. List of Categories and Indicators:** summarizes all the data collection indicators collected by SAMHSA. Grantees must report results using the Result Record only for indicators (such as PD1, PD2) required for their grant. For reporting purposes, indicators are organized by category (for example, Policy Development, Workforce Development). [Section updated: October 2022]
- 2. Deadlines and Submission Requirements:** explains the requirements for reporting indicators, the reporting period, and the deadline for submitting data into SAMHSA's Performance Accountability and Reporting System (SPARS). [Section updated: October 2022]
- 3. Indicator-by-Indicator Guides:** specifies the following detailed requirements for each indicator. [Section updated: October 2022]

**Intent/Key points**—describes the intent of the indicator.

**What units to count**—clarifies how to count or record certain results.

**What not to count**—clarifies what should be excluded from the results.

**When is it a result?** —specifies at what point results can be counted or counted again.

**How do I calculate the annual total?** —provides guidance for calculating an annual total.

**Instructions for describing results**—provides guidance for writing the result name and description.

**Examples**—offers example Result Names, Result Descriptions, and Numbers for each indicator.

**Also reported in**—identifies other indicators where similar information might also be reported.

**Version** —provides information about any changes to the indicator from the previous versions.

- 4. Setting and Entering IPP annual goals:** provides guidance on how to set annual goals for assigned IPP indicators and step-by-step instructions on how to enter into SPARS. [Section updated: October 2022]
- 5. Reporting IPP Results in SPARS:** provides guidance and step-by-step instructions on how to enter IPP results into SPARS, including how to revise if needed. [Section updated: October 2022]
- 6. Appendixes**

**Appendix 1: Glossary:** lists definitions for key words used in indicators. [Section updated: October 2022]

**Appendix 2: IPP FAQ:** lists Frequently Asked Questions and responses for all IPP indicators. [Section updated: October 2022]

**Appendix 3: Summary Table of Indicator Guidance**—quick reference for what the indicators count and how they are totaled for the year. [Section updated: October 2022]

This guide provides instructions for collecting the Center for Mental Health Services (CMHS) data for Infrastructure Development, Prevention, and Mental Health Promotion (IPP) indicators.

VERSION 2.0: The IPP indicators were revised in 2022 for use beginning in the federal fiscal year (FFY) 2023, starting with results completed on or after October 1, 2022. Revisions made (indicators revised, indicators added, or indicators dropped) in this 2022 update will be specified in the version notes.

*This CMHS IPP Overview Version 2.0 **replaces** all previous CMHS IPP indicator guides issued and should be used exclusively and not in addition to or alongside previous guides. This guide also combines and therefore replaces many previously separate reference materials, including program-specific guides for IPPs and annual goals.*

Version dates will be used for each of the sections, and new information will be highlighted as added to the document.

## List of IPP Categories and Indicators

The IPP indicators are intended to measure either the development of infrastructure for providing mental- and behavioral-health services or the promotion of mental-health services. Indicators are grouped into categories and numbered within the category.

**VERSION 2:** The IPP indicators were revised in 2022 for use beginning in FFY 2023, starting with results completed on or after October 1, 2022. To avoid confusion in reporting and to be able to reference the results from prior years, we numbered indicators within categories consistently, even when indicators were dropped.

Indicator codes are used below, representing the indicator category abbreviation and count. After each code, this section identifies whether the indicator was REVISED, ADDED, DROPPED, or REVISED GUIDANCE. Where there is no notation of Revised/Added/Dropped, the wording of the indicator is unchanged from the previous (2021) version. Further information on the effect of version changes to data collection is in the [Indicator-by-Indicator Guide](#). You should note that fact even if the wording of the indicator was unchanged, because a clarification or revision of the guidance noted as *Revised* might affect grantee annual goals or create a discontinuity in comparing reporting across years.

### Access (AC)

AC1. The number and percentage of individuals receiving mental-health or related services after referral.

### Accountability (A)

A1. [REVISED] The number of grant project activities in which fidelity is monitored as a result of the grant.

A2. [REVISED GUIDANCE] The number of organizations that regularly obtain, analyze, and use mental-health-related data as a result of the grant.

A3. [REVISED] The number of communities that enhance health information sharing for provision of services between agencies and programs.

A4. [REVISED GUIDANCE] The number and percentage of work group/advisory group/council members who are consumers/family members.

A5. [REVISED GUIDANCE] The number of consumers/family members representing consumer/family organizations who are involved in ongoing mental-health-related planning and advocacy activities as a result of the grant.

A6. [REVISED GUIDANCE] The number of consumers/family members who are involved in ongoing mental-health-related evaluation oversight, data collection, or analysis activities as a result of the grant.

### Awareness (AW)

AW1. The number of individuals exposed to mental-health-awareness messages.

### Financing (F)

F1. [DROPPED]

F2. The number of financing policy changes completed as a result of the grant.

F3. The amount of pooled, blended, or braided funding used for mental-health-related practices/activities consistent with the goals of the grant.

**Knowledge, Attitudes, and Beliefs (NAB)**

NAB1. The number and percentage of individuals who have demonstrated improvement in knowledge/attitudes/beliefs related to prevention or mental-health promotion.

**Organizational Change (OC)**

OC1. The number of organizational changes made to support improvement of mental-health-related practices or activities consistent with the goals of the grant.

**Outreach (O)**

O1. The number of individuals contacted through program outreach efforts.

O2. [DROPPED]

**Partnership/Collaborations (PC)**

PC1. The number of organizations that entered into formal written inter- or intra-organizational agreements (such as Memoranda of Understanding [MOUs]/Memoranda of Agreement [MOAs]) to improve mental-health-related practices/activities consistent with the goals of the grant.

PC2. [REVISED GUIDANCE] The number of organizations collaborating/coordinating/sharing resources with other organizations as a result of the grant.

**Policy Development (PD)**

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

PD2. The number of organizations or communities that demonstrate improved readiness to change their systems in order to implement mental-health-related practices consistent with the goals of the grant.

**Referral (R)**

R1. The number of individuals referred to mental-health or related services.

R2. [ADDED] The number of individuals referred to trauma-informed care services as a result of the grant.

R3. [ADDED] The number of individuals referred to crisis or other mental-health services for suicide risk, ideation, or behavior.

**Screening (S)**

S1. The number of individuals screened for mental-health or related interventions.

S2. [ADDED] The number of individuals screened for trauma-related experiences as a result of the grant.

S3. [ADDED] The number of individuals screened for suicide ideation as a result of the grant.

**Training (TR)**

TR1. [REVISED GUIDANCE] The number of individuals who have received training in prevention or mental-health promotion.

TR2. [ADDED] The number of individuals trained in trauma-informed care practices as a result of the grant.

TR3. [ADDED] The number of individuals trained in suicide-risk assessment as a result of the grant.

TR4. [ADDED] The number of individuals trained in diversity, equity, and inclusion as a result of the grant.

### **Types/Targets of Practices (T)**

T1. [REVISED GUIDANCE] The number of programs/organizations/communities that implemented specific mental-health-related practices or activities consistent with the goals of the grant.

T2. [REVISED GUIDANCE] The number of programs/organizations/communities that implemented evidence-based mental-health-related practices/activities as a result of the grant.

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

T4. [REVISED GUIDANCE] The number of programs/organizations/communities that implemented adaptations of evidence-based practices (EBPs) to incorporate the special needs of unique populations or settings as a result of the grant.

T5. [ADDED] The number of activities modified/adapted/changed to reflect trauma-informed practices to the populations being served by the grant.

T6. [ADDED] The number of activities modified/adapted/changed to reflect culturally appropriate practices to the populations being served by the grant.

T7. [ADDED] The number of individuals who died by suicide.

T8. [ADDED] The number of individuals who attempted suicide.

### **Workforce Development (WD)**

WD1. [DROPPED]

WD2. The number of people in the mental-health and related workforce trained in mental-health-related practices or activities consistent with the goals of the grant.

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

WD4. [DROPPED]

WD5. [REVISED GUIDANCE] The number of consumers/family members who provide mental-health-related services as a result of the grant.



## Data Reporting Deadlines and Submission Requirements

### REQUIRED INDICATORS

Grantees must set annual goals and report results for required indicators only. Such indicators are designated by CMHS program leads to reflect critical activities expected to be completed as part of the grant program (for example, as specified within the Notice of Funding Opportunity [NOFO]). This reporting requirement applies to all grants within a program for a given cohort (for example, all grants awarded in FFY 2020 for the Healthy Transitions Program are required to report on the same indicators). You should report on all activities conducted as a result of the CMHS grant as outlined in the NOFO, in the grant application, and through ongoing discussion with the grantee’s Government Project Officer (GPO).

When grantees report a new result in SPARS, they will see only a selection of the indicators and annual goals for which they are required to report results. A list of each grant program and cohort’s required indicators is on [IPP Requirements by Program/Cohort](#). In addition, grantees can see the required indicators assigned to their grant in SPARS by following the instructions in the [Setting and Entering IPP Annual Goals](#) section of this document.

### REQUIREMENTS AND DEADLINES FOR SETTING ANNUAL GOALS

CMHS uses annual goals for each assigned IPP indicator to support ongoing performance management and oversight activities. CMHS grantees are required to enter their annual goals within 90 days after grant award. After you enter your annual goals, your CMHS GPO will review and either approve the goals or request revisions based on their consistency with grant program objectives, the activities proposed in your application, and requirements in the Notice of Funding Opportunity (NOFO) and/or Notice of Award (NoA).

For subsequent grant years, grantees can revise annual goals in consultation with their GPO during the first quarter of each fiscal year (October–December), regardless of the original project start date. During the first fiscal quarter, the ability to update annual goals is unlocked in SPARS. The system is locked for editing of annual goals for the rest of the fiscal year.

**Table 1. Annual Goal Requirements and Deadlines**

Requirement	Grantees enter data	GPO review and any grantee edits
<b>Newly Awarded Grants</b> Set annual goals for all years of grant	Within 90 days of project start date (see Notice of Award)	Within 180 days of project start date (90 days from when grantees set goals)
<b>Continuing Grants</b> Annual review and update of future goals (as needed)	FFY quarter 1 (October 1–December 31)	FFY quarter 2 (January 1–March 31)

## REQUIREMENTS AND DEADLINES FOR REPORTING RESULTS

Grantees are required to report results at least **quarterly** for the life of the grant, for the IPP indicators required for their grant. Results should be reported only when complete. The date the result was completed determines in which FFY quarter it is reported. For example, if a grantee is reporting a policy change that is a result of the CMHS grant (PD1), that result should be reported only once in the FFY quarter the policy change was completed. Discussion and planning of an activity to be implemented do not count as completion; activities should not be reported during the discussion and planning stages, but only once completed. Note that data collection periods are aligned to the fiscal year, not the calendar year or the grant year.

<b>What is SPARS?</b>	<p>SPARS is the <b>Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) Performance Accountability and Reporting System</b>, a web-based data entry system used by CMHS discretionary grants to report timely and accurate data to SAMHSA.</p> <p>CMHS monitors two types of grantee activities through SPARS:</p> <ul style="list-style-type: none"> <li>• National Outcome Measures (NOMs) Client-Level Measures for Programs Providing Direct Services, also known as Services Activities or NOMs Tool</li> <li>• Infrastructure Development, Prevention and Mental Health Promotion (IPP) indicators</li> </ul> <p>In addition, CMHS requires that grantees enter goals for clients served and IPP indicators using the annual goals information pages in SPARS.</p>
-----------------------	--

Results should be entered into SPARS as soon as possible after each activity is completed. At the latest, each activity must be entered into SPARS **1 month after the end of the quarter** in which the activity was completed. The FFY runs from October 1 through September 30 of each year. CMHS program staff review the data entered to monitor the progress of the grant. Once results have been entered by the grantee and approved by the GPO in SPARS, no further data entry or edits for those results can be made.

**Table 2. Results Reporting Requirements and Deadlines**

IPP results completed	Grantees enter data	GPO review and any grantee edits completed
<b>October 1– December 31</b>	On or before January 31	On or before March 31
<b>January 1–March 31</b>	On or before April 30	On or before June 30
<b>April 1–June 30</b>	On or before July 31	On or before September 30
<b>July 1–September 30</b>	On or before October 31	On or before December 31

## Result record components

Each result must be reported in the FFY quarter in which that particular activity is completed. If there is no activity for a particular indicator in a quarter, grantees must enter a No New Result record in SPARS. Here is the information to be entered in the system for each result entered:

**Result Name**—Provide a brief name that reflects the content of the result. Examples of Result Names are provided in the [Indicator-by-Indicator Guide](#) section of this document. Do not use the name of the indicator as part of the Result Name.

**Result Description**—Describe the result with enough detail that someone unfamiliar with the project can understand the specifics of what was accomplished, how it relates to the goals of the grant program, why it is important, and how it differs from the other results being reported.

**Number**—*Do not enter a number in this field for the following indicators: AC1; A4; and NAB1.* For all other indicators, enter the number of changes that are associated with this result and that have occurred as a result of the grant during the designated FFY quarter.

**Numerator and Denominator**—*This applies only to indicators AC1, A4, and NAB1; leave this blank for all other indicators.* Provide the numerator and denominator that are associated with this result and that occurred as a result of the grant during the designated FFY quarter. SPARS will use the numerator and denominator to calculate the percentage change.

**NOTE: Even** if there was no activity for a particular indicator in a quarter, grantees are still required to report for that indicator for that quarter. You can enter a “No New Result” record in SPARS.

## Results over time

The IPP indicator guidance has been updated to provide more information as to “How do I calculate the annual total?” and “When is it a result?”.

IPP indicators reflect data that is either:

1. A “snapshot” or a view at a specific point in time of activities or participation in activities that are expected to be ongoing or active (e.g., collaborating, participating, serving, implementing); or
2. A “cumulative” total that grows over time from completed activities (e.g., reached, referred, screened, trained).

When setting annual goals or reporting on results, it is important to keep in mind if the indicator reflects the snapshot of the quarter or cumulative counting summing the quarters of the year. The table below provides a summary of which indicators follow the different methods for reporting the annual total; further guidance is available under each of the respective indicators.

**Table 3. Snapshot and Cumulative Indicators**

Annual Total Method	Type	Indicators	Impact of Method on Annual Goals and Quarterly Results
<b>Snapshot</b>	Number	A1, A2, A5, A6, PC2, T1, T2, WD5	<p>After any start up, quarterly results and annual goals would be the same.</p> <p>For example, under T2, if the overall goal is to have 5 organizations implementing an EBP by the end of Year 1, the annual goal would be 5 for each year of the grant. The quarterly results may be 2 in Q3 YR1, 4 in Q4 YR1, and then reach 5 in Q1 YR2. As long as the 5 organizations continue to implement the EBP, the quarterly result would stay at 5.</p>
	Percentage	A4	<p>After any start up, quarterly results and annual goals would be the same.</p> <p>For example, under A4, if the goal is to have consumers or family members make up at least 20% of the steering committee, the annual goal for each year would also be 20%. Results in any one quarter may go up or down as committee members join or resign.</p>
<b>Cumulative</b>	Number	A3, AW1, F2, F3, OC1, O1, PC1, PD1, PD2, R1, R2, R3, S1, S2, S3, TR1, TR2, TR3, TR4, T4, T5, T6, T7, T8, WD2, WD3	<p>Annual goals should be the sum of any internal monthly or quarterly goals.</p> <p>For example, under S1, if the goal is to screen 100 unique individuals each quarter, the annual goal would be 400. The quarterly results, if the goal is achieved, would also be 100.</p>
	Percentage	AC1, NAB1	<p>Annual goals should be percentage calculated from the sum of the quarterly numerators and quarterly denominators.</p> <p>For example, under AC1, if the goal is to refer 100 persons (25 each quarter) and to have at least 80 of them receive services (20 each quarter), then the goal would be 80%.</p>

For cumulative counts, it is important to understand when the result can be counted and how soon the same person or activity can be counted again. The guidance differs by indicator when the activity is considered complete and how to avoid duplicate reporting of the same results.

- For example, 10 individuals who each completed two different trainings in one quarter (e.g., October and November) would be reported twice in that quarter and result in an annual total of 20. However, if 10 individuals needed to attend a session in two different quarters (e.g., November and June) before the training was considered complete, this would only be reported in the quarter the full training program was complete and result in annual total of 10.
- For example, 10 individuals who were each screened two times in the year in different quarters (e.g., November and June) would be reported in each of these quarters and result in an annual total of 20. However, 10 individuals who were each screened using two different tools in the same quarter (e.g., for depression and for impact of trauma in November) would result in an annual total of 10.

## Indicator-by-Indicator Guide

### ACCESS (AC)

#### AC1 The number and percentage of individuals receiving mental-health or related services after referral.

<p><b>Intent/Key points</b></p>	<p>The intent is to ensure that referrals made for appropriate mental-health services are completed. The indicator captures information on individuals receiving mental-health or related services after referral by the grantee to an external service provider (that is, not funded by the grant) <u>as a result of the grant</u>.</p> <p>Grantees assigned this indicator will need to develop a protocol to track their own screening and referrals made as well as track which referrals are completed. Grantees may have to enter into formal or informal data-sharing agreements with organizations providing services or agree on shared identifiers or communication regarding referrals. For example, will the grantee send a list of all clients who were referred? Will the clients bring a form with them that should be collected and returned to the grantee?</p> <p>Note that because of the time that elapses between making referrals and receiving the services, this indicator may fluctuate over time, particularly at the start of the grant. For example, at the start of the project there may be many more referrals made than are completed by the end of the same quarter. In some quarters, the number of persons receiving services may exceed the number of referrals made.</p>
<p><b>What units to count</b></p>	<p><b>Numerator:</b> Provide the <u>number of people</u> (not the number of services) who have been referred (in any quarter) AND are receiving mental-health or related services in the quarter being reported.</p> <p><b>Denominator:</b> Provide the <u>total number of people</u> who were referred to mental-health services in the quarter.</p> <p><b>Percentage:</b> The percentage is automatically calculated in SPARS after the numerator and denominator are entered and the record is saved.</p>
<p><b>What not to count</b></p>	<p>Do not include internal referrals, for example, if a grantee offers multiple services under the same grant and refers a client to a different team or service under that grant.</p>

<p><b>When is it a result?</b></p>	<p>Report results every quarter. The numerator result should be counted in the quarter the client received services to which they were referred, regardless of when the referral occurred. The denominator result indicates the total number of clients referred during the quarter.</p> <p>The denominator and the numerator do not have to and may not include the same individuals. For example, an individual referred in quarter 1 is included in the denominator in quarter 1 but may only be reported in the numerator in quarter 2.</p>
<p><b>How do I calculate the annual total?</b></p>	<p>This percentage indicator cannot be summed across quarters. However, the numerators and denominators can be summed across quarters to calculate an annual percentage for the year.</p>
<p><b>Instructions for describing results</b></p>	<p><b>Result Name:</b> Enter the program referral type.</p> <p><b>Result Description:</b> Enter a brief description of the program referral effort, the type of screening done, the services referred to, and the individuals referred.</p> <p>Note that your grant program might specify which types of referrals are important to achieving the goals of the grant. Such referrals should be reported under this indicator.</p>

<p><b>Examples</b></p>	<p><b>Result Name:</b> Referral for Treatment of Mental Illness</p> <p><b>Result Description:</b> Our organization implemented a program to educate health care providers to facilitate early identification, referral, and treatment of mental illness. During this quarter, 13 (numerator) persons received services of the 20 (denominator) who were referred.</p> <p><b>Numerator:</b> 13</p> <p><b>Denominator:</b> 20</p> <p><b>Percentage:</b> 65% (calculated by the system)</p> <p><b>Result Name:</b> Program Referrals for Psychotherapy Care to Treat Depression</p> <p><b>Result Description:</b> As a result of the grant, of 31 individuals who were flagged by the Patient Health Questionnaire–9 (PHQ-9) and referred this quarter, 17 are receiving services.</p> <p><b>Numerator:</b> 17</p> <p><b>Denominator:</b> 31</p> <p><b>Percentage:</b> 55% (calculated by system)</p> <p><b>Result Name:</b> Referrals following mass shooting</p> <p><b>Result Description:</b> After using the Trauma Screening Questionnaire (TSQ) screen, we referred 30 community members for trauma-informed care last quarter and 10 more community members this quarter. 25 were able to start services this quarter at the county CCBHC.</p> <p><b>Numerator:</b> 25</p> <p><b>Denominator:</b> 10</p> <p><b>Percentage:</b> 250% (calculated by system)</p>
<p><b>Also reported in ...</b></p>	<p>The number of people referred (denominator) should be the same as reported under R1 if R1 is required.</p> <p>Similarly, if R2 or R3 is required (referrals for specific services) but not R1, then the denominator in this indicator should be the same number reported under R2 or R3.</p>
<p><b>Version</b></p>	<p>[UNCHANGED] The wording and requirements for this indicator are unchanged from previous versions.</p>



## ACCOUNTABILITY (A)

### A1 [REVISED] The number of grant project activities in which fidelity is monitored as a result of the grant.

<b>Intent/Key points</b>	The intent is to ensure that the grant project implements practices and activities consistent with evidence, best practice, and quality standards. To do this, grantees should maintain clear systems of measurement, documentation, and analysis to identify the degree to which a program is being implemented as it was originally intended. Analysis should include opportunities to review the results of fidelity monitoring and, when needed, identify and take steps to improve implementation.
<b>What units to count</b>	Count the <u>number of grant practices and activities</u> for which the organization also maintains a system of processes and policies to monitor program fidelity to the evidence-based practice or adaptations.
<b>What not to count</b>	Grant project activities are not the same as the tasks or activities of individuals. Usually, grants will have a limited number of activities or practices that were specified in the application and are also included in annual reports.  A1 no longer reports on the number of organizations. See revision details in the Version section below.
<b>When is it a result?</b>	Report results in each quarter in which the monitoring or analysis actively occurred.  The number might increase or decrease from quarter to quarter if activities are started or stopped or if fidelity monitoring is not in place for an activity for a given quarter.
<b>How do I calculate the annual total?</b>	This snapshot indicator should not be summed across quarters.
<b>Instructions for describing results</b>	<b>Result Name:</b> Enter the name of the grant project.  <b>Result Description:</b> Enter a brief description of the grant project activities and how fidelity is monitored.  Note that your program might have specific requirements for which project activities and what types of monitoring are important to achieve the goals of the program. Those should be reported here.

<p><b>Examples</b></p>	<p><b>Result Name:</b> Peer support in crisis services</p> <p><b>Result Description:</b> Peer support workers have been integrated in multiple crisis services provided, including in screening and supporting recovery. These two project activities, crisis screening and peer support for recovery, are monitored by review of screening assessments, clinical supervisors sitting in on some sessions, and care team meetings to discuss challenges.</p> <p><b>Number:</b> 2</p>
<p><b>Also reported in ...</b></p>	<p>Organizations reporting on activities in A1 can report under T1. For example, those that implemented specific mental-health-related practices or activities consistent with the goals of the grant (T1) should also be monitoring whether those practices are done with fidelity to the original intent (A1).</p>
<p><b>Version</b></p>	<p>[REVISED] The previous version of A1, “The number of organizations making changes to accountability mechanisms in order to improve mental-health-related practices or activities consistent with the goals of the grant,” was revised in the CMHS IPP version approved in 2022.</p> <p>Grantees should continue reporting using the A1 indicator but should note the revised definition and requirements for reporting, including the change to report the number of activities rather than organizations.</p> <p>Results for A1 should not be compared across years implementing different versions. The revised definition of A1 might result in a higher reporting total now that it measures (1) activities rather than organizations, and (2) the implementation of monitoring rather than changes to accountability mechanisms. Note that the number of project activities that are being monitored for fidelity is the number that should be reported, NOT the number of practices in place for monitoring the fidelity of project activities.</p>

**A2 [REVISED GUIDANCE] The number of organizations that regularly obtain, analyze, and use mental-health-related data as a result of the grant.**

<b>Intent/Key points</b>	The intent is to capture information on organizations <i>other than the grantee</i> that regularly collect, obtain, analyze, or use mental-health-related data as a result of the grant.
<b>What units to count</b>	Count the <u>number of organizations</u> actively and regularly collecting, obtaining, analyzing, or using mental-health data in the quarter.  The same organization can be reported each quarter—if they are still actively and regularly collecting, obtaining, analyzing, or using mental-health-related data.
<b>What not to count</b>	Communities or community groups that are not organizations or agencies should not be included under A2. Consider A3.  Grantee enhancements or polices to improve data collection, analysis, or use should not be included under A2. Consider PD1 or PD2.
<b>When is it a result?</b>	Report results in each quarter in which the collection, analysis, or use actively occurred.  To count an organization in a result for a given quarter, the grantee must have ongoing information about the other organization. If, for example, the grantee learned that an external organization [such as Trainee 1] <i>started</i> using mental-health data after a training but does not know whether it continued implementing the collection, analysis, or use of mental-health data in a subsequent year, the grantee should <i>not</i> continue to include Trainee 1 in its quarterly count.
<b>How do I calculate the annual total?</b>	This snapshot indicator cannot be summed across quarters.
<b>Instructions for describing results</b>	<b>Result Name:</b> Enter the name of the type of data obtained, analyzed, or used.  <b>Result Description:</b> Enter a description of the organizations and details on data collected and reported.  Note that your program might have specific requirements for what measures and data are important to achieve program goals. Those should be reported here.

<p><b>Examples</b></p>	<p><b>Result Name:</b> Seclusion and Restraint Reporting</p> <p><b>Result Description:</b> Six organizations began regularly and systematically reporting the use of seclusion and restraint. They agreed to use standardized definitions and collect on similar Excel sheets so that results can be reviewed and compared for the community.</p> <p><b>Number:</b> 6</p> <p><b>Result Name:</b> Suicidal Risk Screening</p> <p><b>Result Description:</b> After training on the importance of suicide risk assessment, eight new organizations began documenting that suicide risk screenings were conducted, the results of those screenings, and referral paths.</p> <p><b>Number:</b> 8</p>
<p><b>Also reported in ...</b></p>	<p>Newly established formal partnerships to share data can also be reported under PC1, and active collaborations can be reported under PC2, if applicable.</p>
<p><b>Version</b></p>	<p>[REVISED GUIDANCE] Although the wording of the indicator is unchanged, the instructions now make clear that this is a <i>snapshot</i> indicator. The same organization can be reported each quarter if they are still actively and regularly collecting, obtaining, analyzing, or using mental-health-related data.</p> <p>There may be a discontinuity in reporting across years between the old version and the new version due to the revised definitions and requirements. Grantees may also need to revise their annual goals to reflect the new reporting requirements.</p>

**A3 [REVISED] The number of communities that enhance health information sharing for provision of services between agencies and programs.**

<b>Intent/Key points</b>	The intent is to capture information on communities that adopted new policies or procedures or enhanced existing policies or procedures for sharing of mental-health-related information for the provision of mental-health services as a result of the grant.
<b>What units to count</b>	<p>Count the <u>number of communities</u> that initiate or enhance health information sharing between agencies and programs, such as shared methods of data collection, analysis, or use, to improve services provided as a result of the grant.</p> <p>The same community can be counted multiple times if that community made different enhancements to data-sharing policies, procedures, or activities in different quarters. A single community should be counted only once in a single quarter, even if multiple enhancements were made.</p>
<b>What not to count</b>	<p>Do not count the number of enhancements made.</p> <p>Organizations or agencies sharing data should not be included under A3. Consider A2, if assigned.</p> <p>Grantee enhancements or polices to improve data collection, analysis, or use should not be included under A3. Consider PD1 or PD2, if assigned.</p>
<b>When is it a result?</b>	<p>Report results only in the quarter in which the enhanced policies, procedures, activities, or otherwise improved information sharing first started.</p> <p>Only report in the quarter when the policy or procedure is in effect or first implemented, do not count the enhancement when it is planned, drafted, or debated. Also, if there is a delay between when the policy or procedure is adopted and when it goes into effect, wait until it is in effect before counting as a result.</p>
<b>How do I calculate the annual total?</b>	Although the 4 quarters can be summed to an annual total of communities that initiated or enhanced data collection, analysis, or use, communities can be duplicated across quarters, for example, if they initiated information sharing in Q1 and enhanced information sharing in Q3.
<b>Instructions for describing results</b>	<p><b>Result Name:</b> Enter the name of the type of data the community is sharing.</p> <p><b>Result Description:</b> Enter a brief description of the community or communities sharing the data, the type of data being shared, and the organizations sharing the data.</p> <p>Note that your program might have specific requirements for what type of information sharing is important to achieve the goals of the program. Those should be reported here.</p>

<p><b>Examples</b></p>	<p><b>Result Name:</b> Child Mental Health Awareness Sharing</p> <p><b>Result Description:</b> Three of the towns in our county started quarterly public meetings where local advocates and residents learn from juvenile justice department, child welfare, and mental-health agencies on the mental-health status of our children.</p> <p><b>Number:</b> 3</p> <p><b>Result Name:</b> Seclusion and Restraint Reporting</p> <p><b>Result Description:</b> At the end of last year, 8 counties in our region agreed to common definitions and indicators for regularly and systematically reporting any incidents of the use of seclusion and restraint using a common Excel template for compilation and comparison. This quarter, 6 counties made their first report.</p> <p><b>Number:</b> 6</p>
<p><b>Also reported in ...</b></p>	<p>If MOUs were established to facilitate and enhance data sharing, consider also reporting under PC1, if assigned.</p>
<p><b>Version</b></p>	<p>[REVISED] the previous version of A3 “The number of communities that establish management information/information technology system links across multiple agencies in order to share service population and service delivery data as a result of the grant” was revised in the CMHS IPP version approved in 2022.</p> <p>Grantees should continue reporting using the A3 indicator but should note the revised definition and requirements for reporting. Grantees might also have to revise their annual goals to reflect the new reporting requirements.</p> <p>Because of the revised definitions and requirements, there might be a discontinuity in reporting across years between the old version and the new version.</p>

**A4 [REVISED GUIDANCE] The number and percentage of work group/advisory group/council members who are consumers/family members.**

<p><b>Intent/Key points</b></p>	<p>The intent is to capture the number of work group or advisory group or council members who are consumers or family members.</p> <p>The intent is also to ensure that consumers and family members have a seat at the decision-making and advisory table, not to capture every work group that an organization might create. If the organization has both an advisory group and council, the total number of consumers and members can be summed across the two groups. Describe this in the result.</p> <p>The work groups, advisory groups, or councils do not have to be at/supporting/or funded by the grantee itself. These groups or councils may be at other mental health or related organizations if increasing the representation of family members or consumers in the governance or support of other organizations is an allowable grant activity.</p>
<p><b>What units to count</b></p>	<p><b>Numerator:</b> Provide the <u>number of people</u> who are both a work group/advisory group/council member AND a consumer or family member. The numerator should be less than or equal to the denominator. If there are no consumers or family members participating, the numerator is 0.</p> <p><b>Denominator:</b> Provide the <u>total number</u> who are active work group/advisory group/council members.</p> <p><b>Percentage:</b> The percentage is automatically calculated in SPARS after the numerator and denominator are entered and the record is saved.</p>
<p><b>What not to count</b></p>	<p>Family members or consumers who participate in an advocacy day but are not on a formalized council, work group, or advisory group should not be included in A4.</p> <p>Family members or consumers supporting an evaluation or serving on an informal workgroup to review monthly reports should not be included in A4, Consider A6, if assigned.</p>
<p><b>When is it a result?</b></p>	<p>Report results every quarter for which the work group or advisory group/council is active.</p>
<p><b>How do I calculate the annual total?</b></p>	<p>This percentage indicator cannot be summed across quarters. In addition, the numerator and denominator represent a snapshot indicator and also cannot be summed across quarters.</p>
<p><b>Instructions for describing results</b></p>	<p><b>Result Name:</b> Enter the name of the work group, advisory group, or council.</p> <p><b>Result Description:</b> Enter a two- or three-sentence description of the work group and the advisory group or council, including its general purpose, activities, and membership.</p> <p>Note that your grant program might specify which work group(s), advisory group(s), or council(s) are important to achieving the goals of the grant. It should be reported under this indicator.</p>

<p><b>Examples</b></p>	<p><b>Result Name:</b> Advisory Council Membership</p> <p><b>Result Description:</b> Our organization has a volunteer Advisory Council with members appointed to 2-year terms to support our organization leadership and ensure that our services are culturally competent, accessible to all, and of the highest quality. The committee consists of 25 community members, including 10 who are also consumers or family members.</p> <p><b>Numerator:</b> 10</p> <p><b>Denominator:</b> 25</p> <p><b>Percentage:</b> 40% (calculated by system)</p> <p><b>Result Name:</b> Stakeholder Advisory Council</p> <p><b>Result Description:</b> The Stakeholder Advisory Council, which includes clients in the program, family members of clients in the program, and representation from the local branches of the family and consumer networks, continues to provide guidance to our organization in planning services that are responsive to the needs of our clients and their families.</p> <p><b>Number:</b> 10</p> <p><b>Denominator:</b> 10</p> <p><b>Percentage:</b> 100% (calculated by the system)</p> <p><b>Result Name:</b> Advisory Work Group</p> <p><b>Result Description:</b> We have an Advisory Work Group to ensure that behavioral health services being provided locally are person-centered and sensitive to the needs of people being served. The committee consists of representatives from various service providers, with some being consumers or family members. During this quarter, 8 (numerator) of the members were consumers or family members; the total membership was 20 (denominator).</p> <p><b>Numerator:</b> 8</p> <p><b>Denominator:</b> 20</p> <p><b>Percentage:</b> 40% (calculated by the system)</p>
<p><b>Also reported in ...</b></p>	<p>Family members or consumers who also represent a consumer or family organization can be counted under BOTH A4 and A5, if assigned.</p>
<p><b>Version</b></p>	<p>[REVISED GUIDANCE] Although the wording of the indicator is unchanged, the instructions now make clear that this is a <i>snapshot</i> indicator. The individuals on the same advisory group can be reported in each quarter in which they are actively participating on that group or council.</p> <p>Because of the revised definitions and requirements, there might be a discontinuity in reporting across years between the old version and the new one. Grantees might also have to revise their annual goals to reflect the new reporting requirements.</p>



**A5 [REVISED GUIDANCE] The number of consumers/family members representing consumer/family organizations who are involved in ongoing mental-health-related planning and advocacy activities as a result of the grant.**

<b>Intent/Key points</b>	The intent is to capture information on consumers/family members representing consumer/family organizations who are involved in mental-health-related planning and advocacy activities as a result of the grant.
<b>What units to count</b>	Count the <u>number of consumer or family members</u> who are representatives of consumer or family organizations and participated in the activities.  If one consumer or family member represents two organizations, count that person once.
<b>What not to count</b>	Do not count the number of organizations or advocacy activities.  Do not count consumers or family members who are not representing other organizations.  Family members or consumers who participate in an advocacy day but are not representing a consumer or family organization should not be included in A5.
<b>When is it a result?</b>	Report results every quarter for which there are planning or advocacy activities with involvement from consumers or family members representing consumer/family organizations.
<b>How do I calculate the annual total?</b>	This snapshot indicator cannot be summed across quarters.
<b>Instructions for describing results</b>	<b>Result Name:</b> Enter the name of the planning or advocacy activity. <b>Result Description:</b> Enter a brief description of the planning or advocacy activity, its purpose, and the role of the consumers or family member representatives involved.  Note that your program might have specific requirements for what type of planning or advocacy activities are important to achieve the goals of the program. They should be reported here.

<p><b>Examples</b></p>	<p><b>Result Name:</b> Stakeholder Advisory Council Strategic Planning</p> <p><b>Result Description:</b> The Stakeholder Advisory Council, which includes clients in the program, family members of clients in the program, and representation from the local branches of the family and consumer networks, continues to provide guidance to our organization in developing a strategic plan for the next 5 years, which includes a plan for services responsive to the needs of our clients and their families.</p> <p><b>Number:</b> 3</p> <p><b>Result Name:</b> Recovery Month Panel</p> <p><b>Result Description:</b> For national recovery month, our advisory council planned a panel where 3 consumers and 4 family members shared their recovery stories. The family members who spoke were identified through and represented the SFN.</p> <p><b>Number:</b> 4</p>
<p><b>Also reported in ...</b></p>	<p>Family members or consumers who represent a consumer or family organization and are work group or advisory council members can be counted under BOTH A4 and A5, if assigned.</p>
<p><b>Version</b></p>	<p>[REVISED GUIDANCE] Although the wording of the indicator is unchanged, the instructions now make clear that this is a <i>snapshot</i> indicator. The same individuals can be reported in each quarter in which they are actively participating in planning and advocacy activities while representing a family or consumer organization.</p> <p>Because of the revised definitions and requirements, there might be a discontinuity in reporting across years between the old version and the new version. Grantees might also need to revise their annual goals to reflect the new reporting requirements.</p>

**A6 [REVISED GUIDANCE] The number of consumers/family members who are involved in ongoing mental-health-related evaluation oversight, data collection, and/or analysis activities as a result of the grant.**

<b>Intent/Key points</b>	The intent is to increase the number of people with lived experience who participate in mental-health-related evaluation, program oversight, data collection or data analysis. This indicator is to capture information on the number of consumers and family members actively involved in efforts to evaluate or to collect, analyze, or use mental-health-related data for program oversight or improvement as a result of the grant.
<b>What units to count</b>	Count the <u>number of consumer or family members</u> involved.  If one consumer or family member participates in more than one activity, count that person once in the activity which requires more effort and indicate the overlap in the results description.
<b>What not to count</b>	Do not count the number of evaluations, meetings, data collection or analysis activities.  Consumers or family members whose participation is limited to responding to evaluation surveys, interviews, or questions on GPRA data collection tools should not be counted under A6.
<b>When is it a result?</b>	Report results every quarter for which there are consumers or family members involved in evaluation, data collection, oversight, or analysis.
<b>How do I calculate the annual total?</b>	This snapshot indicator cannot be summed across quarters.
<b>Instructions for describing results</b>	<p><b>Result Name:</b> Enter the evaluation, data collection, or analysis activity.</p> <p><b>Result Description:</b> Describe the activity and its purpose. Identify the number of consumers or family members involved, and a description of their role.</p> <p>Note that because of their importance, your grant program might provide specific guidance as to what evaluation, data collection, or analysis activities should be included under this indicator.</p>

<p><b>Examples</b></p>	<p><b>Result Name:</b> Seclusion and Restraint Reporting</p> <p><b>Result Description:</b> Each of the six organizations that regularly and systematically report the use of seclusion and restraint data had at least one family member on their team. Four organizations also had a consumer on their data analysis team that meets to review collected reports.</p> <p><b>Number:</b> 10</p> <p><b>Result Name:</b> Family Assessment of Child Community Outreach Program</p> <p><b>Result Description:</b> Fourteen family members were involved in assessing the strengths and weaknesses of our community outreach program. The purpose of the assessment was to understand whether our outreach program is culturally appropriate and relevant.</p> <p><b>Number:</b> 14</p> <p><b>Result Name:</b> Consumers/Family Members and Evaluation Advisory Board</p> <p><b>Result Description:</b> Two consumers and 2 family members participated in the activities of the Evaluation Advisory Board for the Early Diversion Program including a review of GPRA reported data, advising on evaluation questions, and drafting of consent for participation.</p> <p><b>Number:</b> 4</p>
<p><b>Also reported in ...</b></p>	<p>Family members or consumers who are members of an evaluation advisory board or formalized workgroup of a governing council can also be included in A4, if assigned.</p>
<p><b>Version</b></p>	<p>[REVISED GUIDANCE] Although the wording of the indicator is unchanged, the instructions now make clear that this is a <i>snapshot</i> indicator. The same individuals can be reported in each quarter in which they are actively participating in monitoring and evaluation/data collection/data analysis.</p> <p>Because of the revised definitions and requirements, there might be a discontinuity in reporting across years between the old version and the new version. Grantees might also need to revise their annual goals to reflect the new reporting requirements.</p>

## AWARENESS (AW)

### AW1 The number of individuals exposed to mental-health-awareness messages.

<p><b>Intent/Key points</b></p>	<p>The intent is to capture information on individuals exposed to mental-health-awareness messages presented as part of a campaign as a result of the grant. The campaign might be to raise awareness, induce behavior change (including seeking care), or improve mental health.</p> <p>It is <i>not</i> the intent (1) to advertise the grant, (2) to communicate clinic hours or services alone, or (3) to brand the organization.</p> <p>Many mental-health-awareness campaigns do not include the collection of unique identifiers, and therefore duplication of individuals reached is likely. Still, reporting should define the campaign goals and targeted population in ways that minimize or identify the duplication. For example, if after presenting to a community meeting, a campaign website was shared, the website hits following the meeting would likely double count the individuals who heard the message at the meeting. Another example of duplication may be if an advertisement is displayed on a subway system, the total number of riders on the subway may be counted; however, many of the same riders are likely to be exposed to the same message multiple times when accounting for individuals who are commuting to and from work each day using the same route.</p>
<p><b>What units to count</b></p>	<p>Count the <u>number of individuals exposed</u> to the mental-health-awareness message.</p> <p>For websites, count unique hits or visits to the site, not individual pages, in the quarter. For broadcasts, count the estimated viewing population or views if streamed. For meetings or webinars, count the number who joined or participated, not the number who registered or enrolled.</p> <p>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.</p> <p>Contact the billboard vendors, local TV and radio stations, newspapers, and so on, to gather information on average car traffic for number of drivers that saw a billboard, average viewing population of local TV station, average number of listeners of a radio show during a specific time frame, or average number of subscribers of newspaper (readership).</p> <p>You can also base estimates on (1) number of new Facebook friends, followers, or subscribers; (2) number of hits on website; (3) number of participants on attendance lists, sign-in sheets, and registrations; (4) number of visitors that approach booth or tabletop displays; (5) percentage of students attending event; (6) number of students in the campus portal email system; and (7) number of times each podcast is downloaded or played.</p>

<p><b>What not to count</b></p>	<p>Do not count the number of encounters with the individual or the number of messages in the campaign, even if multiple attempts at contact are made or multiple topics are addressed.</p> <p>Outreach to consumers or clients to engage them further in service, including encouragement to return to care, should not be reported under AW1.</p> <p>Outreach to individuals who have been referred to care but have not yet accessed it or who are part of a population identified to be at risk of mental illness or in need of services should not be reported under AW1. See O1 if assigned.</p> <p>Screening for mental illness; trauma experiences; or suicide risk, ideation, or behavior should not be reported under AW1. See S1, S2, or S3 if assigned.</p>
<p><b>When is it a result?</b></p>	<p>Report results in the quarter when individuals are reached with the awareness message campaign.</p> <ul style="list-style-type: none"> <li>• For example, if the campaign advertises at 10 bus shelters for one month, and the company posting the ad reports that the average for that month and those shelters would be 10,000 impressions representing 1,200 unique individuals, report 1,200 for the quarter the ad was posted.</li> <li>• For example, if the campaign is using the modality of a monthly newsletter to increase awareness of school personnel of emotional development and mental-health issues of school-aged children, and the newsletter goes out to the same email list each month, count the list recipients once in the first quarter sent.</li> <li>• For example, if a podcast is posted, and 1,000 are downloaded or listened to in Q1, and by Q2 the total downloads are 3,000, report 1,000 in Q1 and 2,000 in Q2 (3,000 total—1,000 already reported in Q1).</li> </ul>
<p><b>How do I calculate the annual total?</b></p>	<p>Although this indicator can be summed across quarters, an annual total probably does not represent unique individuals reached.</p>
<p><b>Instructions for describing results</b></p>	<p><b>Result Name:</b> Enter the name/title of the type of awareness campaign.</p> <p><b>Result Description:</b> Enter a brief description on the type of awareness campaign, its goals, and its elements, the target audience, the modality used for reaching individuals, and how the number reached was measured.</p> <p>Note that your program may have specific requirements for what type of awareness strategies or campaigns are important to achieve the goals of the program. Those should be reported here.</p>

<p><b>Examples</b></p>	<p><b>Result Name:</b> Network of Care Website</p> <p><b>Result Description:</b> A new website was implemented this quarter to educate the public on our Network of Care Program. The site contains messages that people recover from mental illness, that treatment works, and that culturally appropriate services are available. The number provided is based on the number of views received on the website during this quarter.</p> <p><b>Number:</b> 772</p> <p><b>Result Name:</b> Live Broadcast Town Hall Meeting</p> <p><b>Result Description:</b> Our anti-stigma campaign held a town hall meeting that was also broadcast via the Internet and local access television. The meeting discussed examples of people with mental illnesses, and citizens and stakeholders discussed their perspective. The number of individuals exposed to the message is based on the estimated viewing population. There were also feedback/responses directly related to this broadcast and logins to the Internet viewing site, but these were included in calculation of the estimated viewing population.</p> <p><b>Number:</b> 2,500</p> <p><b>Result Name:</b> Campus News4U Promotional Video Ads</p> <p><b>Result Description:</b> Closed-circuit TV system ran video ads on depression screening targeted 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.</p> <p><b>Number:</b> 3,000</p>
<p><b>Also reported in...</b></p>	<p>The number of people specifically exposed to mental health awareness messages through a campaign as a component of program outreach efforts would also be reported under O1 (outreach).</p>
<p><b>Version</b></p>	<p>[UNCHANGED] The wording and requirements for this indicator are unchanged from previous versions.</p>

## FINANCING (F)

### F2 The number of financing policy changes completed as a result of the grant.

<b>Intent/Key points</b>	<p>The intent is to increase the amount and sustainability of funding available for mental-health and related services to meet the need. The indicator captures information on changes to financing policies to fund or improve mental-health-related practices and activities as a result of the grant. Changes that have been completed include newly created policies, newly documented and formalized policies that had previously been informal, and elimination or alteration of policies that had existed previously.</p> <p>Financing or financial policy changes can be by the grantee, by a collaborating or partner organization, or by the local or state government, but they should be the result of grant-funded efforts by the grantee and with the intent of improving funding or financing for mental health.</p>
<b>What units to count</b>	<p>Count the <u>number of policy changes</u> that were completed in the quarter.</p> <p>Changes to the same financing policy in the same quarter should be combined in one result entry and reported as one.</p>
<b>What not to count</b>	<p>All other policy changes not specific to financing or financial procedures should be reported under PD1 if assigned, not F2.</p>
<b>When is it a result?</b>	<p>Report results only in the quarter in which the policy was newly adopted or revised. The change must be completed and not in the planning stages.</p>
<b>How do I calculate the annual total?</b>	<p>Although the 4 quarters can be summed to an annual total of policy changes completed, organizations or policies can be duplicated across quarters. For example, if a policy was newly adopted in Q1 and formally revised in Q4, it would be duplicated in the annual total.</p>
<b>Instructions for describing results</b>	<p><b>Result Name:</b> Enter the name/title of the financing policy that was changed.</p> <p><b>Result Description:</b> Enter a brief description of the organization that implemented the change, the policy and its purpose, and the change(s) that occurred as a result of the grant.</p> <p>Report only one financing policy that was changed per result. Because of the restriction to include only 1 per result, the number is prepopulated for data entry as 1.</p> <p>Note that because of their importance, your grant program might provide specific guidance as to which types of policies and policy changes should be included under this indicator.</p>



<p><b>Examples</b></p>	<p><b>Result Name:</b> Flex Fund Account Policy</p> <p><b>Result Description:</b> A policy was created for our organization to establish a flex-fund account that can be used to pay for (1) medications if a client runs out, (2) pest control fees if a client is about to be evicted, and (3) taxi vouchers to get medical appointments if the team is unable to provide transportation.</p> <p><b>Number:</b> 1</p> <p><b>Result Name:</b> Medicaid State Plan</p> <p><b>Result Description:</b> We made a change to our Medicaid state plan: we worked with our Medicaid office to include language and provisions specifying how integrated primary mental-health care could be paid for through Medicaid.</p> <p><b>Number:</b> 1</p>
<p><b>Also reported in ...</b></p>	<p>A change to a financing policy is reported exclusively under this indicator and is therefore NOT reported under PD1 (general policies).</p>
<p><b>Version</b></p>	<p>[UNCHANGED] The wording and requirements for this indicator are unchanged from previous versions.</p>

**F3 The amount of pooled, blended, or braided funding used for mental-health-related practices or activities consistent with the goals of the grant.**

<p><b>Intent/Key points</b></p>	<p>The intent is to increase the amount and sustainability of financing and funding available for mental-health and related services to meet the need. The indicator is written to capture the total amount of new funding the grantee has obtained, which is pooled, blended, or braided funding with other organizations used for mental-health-related practices and activities consistent with the goals of the grant.</p> <p>Exclude funding that has been promised but not delivered.</p> <p>To describe the result, (1) explain the source of funding and the activities being conducted with the funds, and (2) itemize the funding for each source.</p> <p>Report the total amount of funding, not the number of organizations that have pooled, blended, or braided funding.</p>
<p><b>What units to count</b></p>	<p>Report the <u>total pooled, blended, or braided funding amount</u> that was added to support mental-health-related practices or activities consistent with the goals of the grant. A dollar amount should be the unit reported.</p>
<p><b>What not to count</b></p>	<p>Do not count the number of organizations contributing funding.</p> <p>Do not count funding from your SAMHSA grant.</p>
<p><b>When is it a result?</b></p>	<p>Report results only in the quarter in which the funding was made available, not simply promised.</p> <p>If the funding is for \$100,000 for the year, the organization can report a quarterly allotment (e.g., \$25,000) in each of the 4 quarters if the funds were disbursed or made available on a quarterly basis. Alternatively, if the annual total of \$100,000 was made available in Quarter 1, the amount of \$100,000 should be reported in the results for the 1st quarter.</p>
<p><b>How do I calculate the annual total?</b></p>	<p>The total funding amount should be reported such that the 4 quarters can be summed and so that funding for the year is not duplicated or double counted.</p> <p>For example, if the funding is for \$100,000 for the year, annual total would be calculated as \$100,000 regardless of whether it was the sum of \$25,000 per quarter or a single amount of \$100,000 in one quarter.</p>
<p><b>Instructions for describing results</b></p>	<p><b>Result Name:</b> Enter the name/title of the funded grant practices/activities.</p> <p><b>Result Description:</b> Enter a brief description of the source of funding and the practices or activities for which it was used. Itemize the funding for each source and indicate whether pooled, blended, or braided.</p> <p>Note that because of its importance, your grant program might provide specific guidance as to what funding should be included under this indicator.</p>

<p><b>Examples</b></p>	<p><b>Result Name:</b> Wraparound Services for Adjudicated Youth</p> <p><b>Result Description:</b> Funding from the public school system (\$100,000), county mental-health department (\$100,000), and the state juvenile justice department (\$50,000) has been pooled to provide wraparound services to adjudicated youth. The total amount of pooled funding is \$250,000. The pooled funding was made available all at one time.</p> <p><b>Number:</b> 250,000</p> <p><b>Result Name:</b> Counseling for Postpartum Women</p> <p><b>Result Description:</b> Funding from the community action agency (\$50,000) and the Department of Health and Human Services (\$100,000) has been blended to provide counseling services and support to women who have recently given birth and are living below the poverty line. The funding is being allocated in three equal distributions over 3 quarters.</p> <p><b>Number:</b> 50,000 reported each quarter for 3 quarters</p>
<p><b>Also reported in ...</b></p>	<p>If a policy change led to the new funding, it might also be relevant to report under F2.</p>
<p><b>Version</b></p>	<p>[UNCHANGED] The wording and requirements for this indicator are unchanged from previous versions.</p> <p>Note that in the SPARS data entry form, data entry for F3 is now under “Number” rather than “Amount.” See <a href="#">Entering IPP results in SPARS</a> for more information.</p>

## KNOWLEDGE, ATTITUDES, AND BELIEFS (NAB)

**NAB1 The number and percentage of individuals who have demonstrated improvement in knowledge/attitudes/beliefs related to prevention or mental-health promotion.**

<b>Intent/Key points</b>	The intent is to capture information on individuals who have demonstrated improvement in knowledge, attitudes, or beliefs related to mental-health prevention, services, treatment, recovery, or promotion as a result of the grant. You must have a measurement instrument or program criteria in place to assess demonstrated improvement.
<b>What units to count</b>	<p><b>Numerator:</b> Count the <u>number of individuals</u> who have demonstrated improvement in knowledge, attitude, or beliefs. The numerator should be less than or equal to the denominator.</p> <p><b>Denominator:</b> Count the <u>number of individuals</u> who were exposed to a mental-health-awareness message or completed a training.</p>
<b>What not to count</b>	<p>Do not include training or awareness messages where there is no measurement tool in place to assess and document the improvement required for this indicator.</p> <p>Do not include in the numerator individuals who, as documented on a pre-test, pre-assessment, or baseline survey, already had the knowledge, attitude, or beliefs, as they did not show improvement.</p> <p>Do not include improvements measured using the NOMs Client-Level tool or improvements in clients' knowledge, attitude, or beliefs that were the result of mental-health services or interventions. Consider T3 or the NOMs client-level interviews instead.</p>
<b>When is it a result?</b>	<p>Count the individuals in the quarter when the improvement was first measured, even if this is after the quarter in which the message was communicated or the training completed.</p> <p>Count the individuals once the training, knowledge/attitude/belief intervention was completed, not at an interim point.</p>
<b>How do I calculate the annual total?</b>	This percentage indicator cannot be summed across quarters. However, the numerator and denominator can be summed, and an annual percentage can be used for the year.
<b>Instructions for describing results</b>	<p><b>Result Name:</b> Enter the name and title of the knowledge, attitudes, or beliefs improved.</p> <p><b>Result Description:</b> Enter a brief description of training or program to improve knowledge, attitudes, or beliefs; the measures used to demonstrate improvement; and the baseline compared to improved results.</p>

<p><b>Examples</b></p>	<p><b>Result Name:</b> Suicide Knowledge Among Community Members</p> <p><b>Result Description:</b> Our organization trains community members on the knowledge of suicide. During this quarter, 14 (numerator) of 23 (denominator) members showed improvement on the SPEAKS instrument, which demonstrates improvement in NAB regarding suicide.</p> <p><b>Numerator:</b> 14</p> <p><b>Denominator:</b> 23</p> <p><b>Percentage:</b> 60% (calculated by the system)</p> <p><b>Result Name:</b> Knowledge of Older Adults Protected Health Information</p> <p><b>Result Description:</b> An online pretest of key points for the rights and responsibilities of protected health information for older adults showed that on average, only 25% (80/320) of the participants could correctly identify at least 9 of 10 true and false statements. At the end of the 2-hour webinar, all attendees correctly indicated 9 or 10 out of 10 statements.</p> <p><b>Numerator:</b> 240</p> <p><b>Denominator:</b> 320</p> <p><b>Percentage:</b> 75% (calculated by the system)</p>
<p><b>Also reported in ...</b></p>	<p>The denominator represents individuals who were exposed to an awareness message or completed a training, so it would be or would also have been reported under AW1 (awareness) or TR1 (training) and its subsets, including TR2, TR3, TR4, and WD2 (training of workforce) if part of the workforce.</p>
<p><b>Version</b></p>	<p>[UNCHANGED] The wording and requirements for this indicator are unchanged from previous versions.</p>

## ORGANIZATIONAL CHANGE (OC)

**OC1 The number of organizational changes made to support improvement of mental-health-related practices and activities consistent with the goals of the grant.**

<b>Intent/Key points</b>	The intent is to improve the quality and sustainability of mental-health services. This indicator captures information on organizational changes made to support improvement of mental-health-related practices and activities consistent with the goals of the grant. Changes should be by the grantee.
<b>What units to count</b>	Count the <u>number of organizational changes</u> made in the reporting quarter.
<b>What not to count</b>	Changes to policies should be reported under PD1 rather than OC1.
<b>When is it a result?</b>	Report results only in the quarter in which the organizational change was first completed or implemented.  Do not report changes that are in the discussion or planning stage or that have been previously reported.
<b>How do I calculate the annual total?</b>	The 4 quarters can be summed to an annual total of organizational changes made by the grantee.
<b>Instructions for describing results</b>	<b>Result Name:</b> Enter the name of the change made. <b>Result Description:</b> Enter a brief description of the change that occurred as a result of the grant and explain how it supports improvement of mental-health-related practices and activities.  Report only one organizational change per result. Because of this restriction, the number is prepopulated for data entry as 1.  Note that because of their importance, your grant program might provide specific guidance as to which types of changes should be included under this indicator.
<b>Examples</b>	<b>Result Name:</b> Creation of an Office of Cultural Competence and Diversity <b>Result Description:</b> During this quarter, we created an Office of Cultural Competence and Diversity with three full-time employees (FTEs) who report to the director. <b>Number:</b> 1 <b>Result Name:</b> Creation of New Forensic Staff Positions <b>Result Description:</b> We created two new forensic services staff positions: (a) Community Clinician (1.0 FTE), and (b) Veterans Outreach Specialist (1.0 FTE) this quarter. <b>Number:</b> 1

<b>Also reported in ...</b>	An organization that adopts organizational changes (reported under OC1) that improve readiness to implement mental-health practices can also be reported under PD2 (as an organization), if applicable.
<b>Version</b>	[UNCHANGED] The wording and requirements for this indicator are unchanged from previous versions.

## OUTREACH (O)

### O1 The number of individuals contacted through program outreach efforts.

<b>Intent/Key points</b>	The intent is to capture information on one-on-one contacts with individuals using outreach or other strategies to increase participation in and access to treatment services for the population in focus as a result of the grant. Outreach to further engage those who are already technically enrolled in services can also count (that is, an individual who started services but had not been seen in quite some time).
<b>What units to count</b>	Count the <u>number of individuals</u> who have been contacted, not the number of contacts.  For example, if an individual is contacted five times, count that individual once.
<b>What not to count</b>	General appointment reminders and contacts as a part of services would not count.
<b>When is it a result?</b>	Count the individual in the quarter in which the outreach was completed and documented in grantee program records.
<b>How do I calculate the annual total?</b>	Although the 4 quarters can be summed to an annual total of individuals who were contacted through outreach, some individuals were duplicated across quarters, for example, if the individual was contacted in Q1 and in Q3.
<b>Instructions for describing results</b>	<b>Result Name:</b> Enter the name of the outreach effort.  <b>Result Description:</b> Enter a brief description of the outreach effort, what community or populations were targeted, what service was promoted, and what method(s) was (were) used for outreach.  Note that your program may have specific requirements for what types of outreach are important to achieve the goals of the program. They should be reported here.
<b>Examples</b>	<b>Result Name:</b> River-walk Effort – Individuals  <b>Result Description:</b> As a result of the grant and during this quarter, to encourage participation by potential service recipients, we spoke with 50 people experiencing homelessness.  <b>Number:</b> 50  <b>Result Name:</b> Youth Cultural Achievement Family Fun Day  <b>Result Description:</b> As a result of the grant and during this quarter, we spoke with 20 young people at a Family Fun Day event sponsored by the Youth Cultural Achievement Program and shared information about intergenerational circles for mental wellness.  <b>Number:</b> 20



<b>Also reported in...</b>	N/A
<b>Version</b>	[UNCHANGED] The wording and requirements for this indicator are unchanged from previous versions.

## PARTNERSHIP/COLLABORATION (PC)

**PC1 The number of organizations that entered into formal written inter- or intra-organizational agreements (such as Memoranda of Understanding [MOUs]/Memoranda of Agreement [MOAs]) to improve mental-health-related practices and activities consistent with the goals of the grant.**

<p><b>Intent/Key points</b></p>	<p>The intent is to capture information on organizations that entered into formal written inter- or intra-organizational agreements (such as MOUs and MOAs) to improve mental-health-related practices and activities consistent with the goals of the grant.</p> <p>Describe the agreement, what is being accomplished, and who has entered into the partnership.</p> <p>Use one result record per agreement and report the number of organizations that are part of the agreement, excluding the grantee.</p>
<p><b>What units to count</b></p>	<p>Count the <u>number of organizations</u> that are part of the formal agreement to partner in the quarter.</p> <p>If one organization has several agreements, then each agreement should be counted separately, and the organization should be counted once per agreement.</p>
<p><b>What not to count</b></p>	<p>Do not count your organization in the result number.</p> <p>Informal collaborations and partnerships should not be reported under PC1 but might be applicable to PC2.</p> <p>Only MOUs/MOAs for the purposes of providing funding or donor agreements or commitments should not be reported under PC1. The amount of funding might be applicable to F3.</p>
<p><b>When is it a result?</b></p>	<p>Report results only in the quarter in which the formal agreement was first made. Or, in the case of (a) new organization(s) being added to an existing agreement, in the first quarter in which they were formally added.</p> <p>The agreement must be finalized and not be in the planning stages. You count the agreement once and in the quarter that it is finalized; you do not need to repeat it every quarter.</p>
<p><b>How do I calculate the annual total?</b></p>	<p>Although the 4 quarters can be summed to an annual total of organizations entering into MOUs or MOAs, the sum cannot be used to understand how many MOUs or MOAs are in effect or how many organizations might be duplicated across quarters if more than one MOU/MOA is adopted during the year.</p>

<p><b>Instructions for describing results</b></p>	<p><b>Result Name:</b> Enter the names of the organizations involved in the agreement and the type of agreement.</p> <p><b>Result Description:</b> Enter a description of the agreement, what it accomplishes, and who entered into the partnership.</p> <p>Note that because of their importance, your grant program might provide specific guidance as to which organizational agreements should be included under this indicator.</p>
<p><b>Examples</b></p>	<p><b>Result Name:</b> MOA between the State University and Community Suicide Hotline.</p> <p><b>Result Description:</b> In this quarter, we finalized a formal agreement with the State University. Our suicide hotline refers people to their crisis service center.</p> <p><b>Number:</b> 1</p> <p><b>Result Name:</b> Suicide Response Protocol Memorandum of Understanding (MOU)</p> <p><b>Result Description:</b> 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.</p> <p><b>Number:</b> 1</p>
<p><b>Also reported in ...</b></p>	<p>Include organizations counted for PC1 under PC2, if assigned.</p> <p>If the formal agreement addresses data sharing, consider also reporting under A3.</p>
<p><b>Version</b></p>	<p>[UNCHANGED] The wording and requirements for this indicator are unchanged from previous versions.</p>

**PC2 [REVISED GUIDANCE] The number of organizations collaborating, coordinating, or sharing resources with other organizations as a result of the grant.**

<p><b>Intent/Key points</b></p>	<p>The intent is to capture information on the organizations collaborating, coordinating, or sharing resources with other organizations as a result of the grant. The collaborations can be formalized in an MOU/MOA or might be less formal but should be documented at all collaborating organizations.</p> <p>Describe who the organizations are and what they are collaborating on.</p> <p>Note: PC1 includes formal agreements only. PC2 includes BOTH formal and not-necessarily-formal agreements.</p>
<p><b>What units to count</b></p>	<p>Count the <u>number of organizations</u> that actively participate in the collaboration/coordination/resource sharing or agreement in the quarter.</p> <p>If one organization has several collaborations, then each should be counted separately. The organization should be counted once per collaboration.</p> <p>If one organization shares several resources with another, count the organization once. Include organizations with MOUs/MOAs and other examples of coordination, collaboration, and sharing counted in PC1.</p>
<p><b>What not to count</b></p>	<p>Do not count each resource shared, activity collaborated on, or meetings held.</p> <p>Do not count yourself, the grant project organization.</p> <p>If sharing or collaborating goes dormant, for example, while another organization has a lapse in funding or a change in organizational structure, do not report for the quarters that the sharing or collaborating is dormant or inactive.</p> <p>Funding and donor agreements or commitments should not be reported under PC2. The amount of funding might be applicable to F3.</p>
<p><b>When is it a result?</b></p>	<p>Count the number of organizations in <u>every quarter</u> for which they are actively participating in the agreement/collaboration/coordination or sharing the resources.</p>
<p><b>How do I calculate the annual total?</b></p>	<p>This snapshot indicator cannot be summed across quarters.</p>
<p><b>Instructions for describing results</b></p>	<p><b>Result Name:</b> Enter the name/type of partnership.</p> <p><b>Result Description:</b> Enter a description of the names of the organizations and on what they are collaborating/sharing/coordinates and activities for the quarter.</p> <p>Note that your program might have specific requirements for the partnerships that should be reported here.</p>

<p><b>Examples</b></p>	<p><b>Result Name:</b> Service Referral Coordination</p> <p><b>Result Description:</b> All youth and family program organizations (10 in all, including the State University with whom we have a formal MOA) serving the local area, are participating on a task force to increase coordination of service referrals.</p> <p><b>Number:</b> 10</p> <p><b>Result Name:</b> Early Diversion Partnership</p> <p><b>Result Description:</b> Six new partners came together to establish the Connecticut Veterans Early Diversion Program without a formal MOU.</p> <p><b>Number:</b> 6</p> <p><b>Result Name:</b> Faith-Based Task Force</p> <p><b>Result Description:</b> Because of the grant and during this quarter, the project met with five local area faith organizations to establish a new task force on suicide prevention awareness.</p> <p><b>Number:</b> 5</p> <p><b>Result Name:</b> Suicide Response Protocol Memorandum of Understanding (MOU)</p> <p><b>Result Description:</b> 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.</p> <p><b>Number:</b> 2</p>
<p><b>Also reported in ...</b></p>	<p>Include organizations counted for PC1 under PC2 as well, if assigned.</p> <p>If the partnership or collaboration addresses data sharing, consider also reporting under A3, if assigned.</p>
<p><b>Version</b></p>	<p>[REVISED GUIDANCE] Although the wording of this indicator is unchanged, its requirements are new with the CMHS IPP version approved in 2022.</p> <p>Previously, this indicator included only new partnerships and collaborations and excluded those that had already been reported or had existed before the grant. Now, this indicator reports on active collaborations, sharing of resources, and partnerships for each quarter that they are active.</p> <p>As a result, there might be a discontinuity in reviewing reports over the years. In addition, grantees should revise their annual goals for this indicator if the new requirements affect their targets.</p>

## POLICY DEVELOPMENT (PD)

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

<b>Intent/Key points</b>	<p>The intent is to report all policy changes—newly created policies, newly documented and formalized policies that had previously been informal, elimination or alteration of policies that had existed previously—that have been completed as a result of the grant.</p> <p>Policy changes can be by the grantee, by a collaborating or partner organization, or by the local or state government, but they should be the result of grant-funded efforts with the intent of improving mental health.</p> <p>One policy change is reported per result record.</p>
<b>What units to count</b>	Number of completed or adopted <u>policy changes</u> by the grantee.
<b>What not to count</b>	<p>Do not count the number of organizations making changes.</p> <p>Financial and financing policies should not be reported under PD1. See F2.</p>
<b>When is it a result?</b>	The policy change should be reported only once and only in the quarter when the change has been completed. Do not report the policy change if discussions have just begun about the policy, but it has not been completed or approved. The policy can be reported if it is not yet implemented.
<b>How do I calculate the annual total?</b>	The 4 quarters can be summed to an annual total of policy changes completed as a result of the grant.
<b>Instructions for describing results</b>	<p><b>Result Name:</b> Enter the name/title of the changed policy.</p> <p><b>Result Description:</b> Enter a description of who changed the policy, what the policy entailed, and what the expected impact of the change is.</p> <p>Report only one policy change per result. Because of the restriction to include only 1 per result, the number is prepopulated for data entry as 1.</p> <p>Note that grant programs might have specific guidance for which policies are important to its goals. They should be reported here.</p>

<p><b>Examples</b></p>	<p><b>Result Name:</b> Statute – State Passed Law</p> <p><b>Result Description:</b> The County established a policy that all community centers must implement a suicide prevention plan that includes how the center will link to crisis services, with the intended effect of raising awareness of the need for interventions and strengthening linkages to services.</p> <p><b>Number:</b> 1</p> <p><b>Result Name:</b> Clinical Practice Guidelines</p> <p><b>Result Description:</b> Our organization adopted and documented standard operating procedures to implement clinical practice guidelines regarding children’s residential services.</p> <p><b>Number:</b> 1</p>
<p><b>Also reported in...</b></p>	<p>N/A</p>
<p><b>Version</b></p>	<p>[UNCHANGED] The wording and requirements for this indicator are unchanged from previous versions.</p>

**PD2 The number of organizations or communities that demonstrate improved readiness to change their systems in order to implement mental-health-related practices consistent with the goals of the grant.**

<b>Intent/Key points</b>	<p>The intent is to capture information on organizations/communities that improved readiness to change their systems by implementing specific mental-health-related practices consistent with the goals of the grant.</p> <p>You must already have in place a way to measure improved readiness to change, such as a measurement instrument or program criteria.</p>
<b>What units to count</b>	<p>The <u>number of organizations</u> or communities demonstrating improved readiness.</p>
<b>What not to count</b>	<p>Do not count the number of changes to a system. For example, if an organization makes two changes to its system this FFY quarter, count the organization once.</p> <p>Implementation and adoption of policies should not be reported under PD2. The completion of changes to policies can be reported under PD1, or the implementation of mental-health-related practices can be reported under T1 or T2, if assigned.</p>
<b>When is it a result?</b>	<p>The improved readiness should be reported only once and only in the quarter when it was documented.</p>
<b>How do I calculate the annual total?</b>	<p>The 4 quarters can be summed to an annual total of documented improved readiness completed as a result of the grant. However, this may be a duplication of organizations. One organization might make progress on changes to the same system or practice in each of the 4 quarters.</p>
<b>Instructions for describing results</b>	<p><b>Result Name:</b> Enter the way you demonstrated readiness to change.</p> <p><b>Result Description:</b> Enter a brief description of who demonstrated readiness to change and how they demonstrated it.</p> <p><b>Number:</b> Enter the total number of organizations or communities demonstrating readiness to change.</p> <p>Note that because of its importance, your grant program might provide specific guidance as to how readiness to change should be measured under this indicator.</p>



<p><b>Examples</b></p>	<p><b>Result Name:</b> Community Readiness Assessment</p> <p><b>Result Description:</b> Two communities in our program demonstrated readiness to change toward adapting the EBP by increasing their score on the Community Readiness Assessment this quarter.</p> <p><b>Number:</b> 2</p> <p><b>Result Name:</b> Comprehensive State Plan</p> <p><b>Result Description:</b> As outlined in our Request for Proposal, our organization demonstrated improved readiness to change by completing our comprehensive state plan this quarter.</p> <p><b>Number:</b> 1</p>
<p><b>Also reported in...</b></p>	<p>N/A</p>
<p><b>Version</b></p>	<p>[UNCHANGED] The wording and requirements for this indicator are unchanged from previous versions.</p>

## REFERRAL (R)

### R1 The number of individuals referred to mental-health or related services.

<b>Intent/Key points</b>	The intent is to improve mental health by increasing the referrals to mental-health and related services outside the grant program for individuals identified by the grant as needing services.
<b>What units to count</b>	Count the <u>number of unique individuals</u> who, as a result of the grant, received one or more referrals from the grantee to another provider not supported by the grant during the quarter.
<b>What not to count</b>	<p>Do not count the number of referrals. One individual can receive multiple referrals during the quarter and should be counted as one.</p> <p>Do not count the number of people referred from another organization who came to the grantee as a result of the referral.</p> <p>Individuals who received the mental-health services from the grantee, including those who were referred from another mental-health-services provider, should not be counted as a referral. They can be counted under T3 if applicable.</p> <p>Awareness materials, webinars, or meetings where clients or consumers are provided information about who might benefit from a service and where they can go for more information or to receive that service are not considered referrals and should not be counted under R1. These may be applicable under AW1, if assigned.</p>
<b>When is it a result?</b>	Count the individual in the quarter in which the referral was first made and documented in the client or consumer record, not when the referral was completed.
<b>How do I calculate the annual total?</b>	Although the 4 quarters can be summed to an annual total of individuals who received referrals, the individuals might be duplicated across quarters, for example, if the individual was referred for depression treatment in Q1 and crisis services in Q3.
<b>Instructions for describing results</b>	<p><b>Result Name:</b> Enter a name for the types of referrals made.</p> <p><b>Result Description:</b> Enter a brief description of the individuals who received referrals, the types of mental-health or related services to which they were referred, and a brief description of the program(s) or organization(s).</p> <p>Note that because of their importance, your grant program might provide specific guidance as to which types of referrals should be included under this indicator.</p>

<p><b>Examples</b></p>	<p><b>Result Name:</b> Referred Veterans</p> <p><b>Result Description:</b> Forty justice-involved veterans were referred for early diversion and trauma-related services during the quarter.</p> <p><b>Number:</b> 40</p> <p><b>Result Name:</b> Hurricane Maria Referrals</p> <p><b>Result Description:</b> Following Hurricane Maria, our program screened individuals in the community for symptoms of post-traumatic stress disorder. As a result, we referred 50 for mental-health services this quarter.</p> <p><b>Number:</b> 50</p> <p><b>Result Name:</b> Early Childhood Development</p> <p><b>Result Description:</b> Following consultations with educators and support staff at the pre-K city program, 11 children were referred for mental-health services this quarter.</p> <p><b>Number:</b> 11</p>
<p><b>Also reported in ...</b></p>	<p>Individuals who received referral(s) for trauma-informed care should also be counted under R2, if assigned. Individuals who received a referral(s) for crisis care should also be counted under R3. The same individual can be reported under R1, R2, and R3 as applicable.</p> <p>The number of people referred in R1 should be the same as reported under AC1 (denominator) if R1 is required.</p>
<p><b>Version</b></p>	<p>[UNCHANGED] The wording and requirements for this indicator are unchanged from previous versions.</p>

**R2. [ADDED] The number of individuals referred to trauma-informed care services as a result of the grant.**

<b>Intent/Key points</b>	The intent is to improve the mental health of people who have experienced or been affected by trauma by increasing the referrals to trauma-informed mental-health care and related services for individuals identified by the grant as needing them.
<b>What units to count</b>	Count the <u>number of unique individuals</u> who, as a result of the grant, received one or more referrals to trauma-informed care during the quarter.
<b>What not to count</b>	<p>Do not count the number of referrals. One individual can receive multiple referrals during the quarter and should be counted as one.</p> <p>Individuals who, as a result of the grant, received trauma-informed mental-health services from the grantee should not be counted as referrals. They can be counted under T3 if applicable.</p> <p>Awareness materials, webinars, or meetings where clients or consumers get information about who might benefit from a trauma-informed service and where they can go for more information or to receive that service are not considered referrals and should not be counted under R2. They might be applicable under AW1.</p>
<b>When is it a result?</b>	Count the person in the quarter in which the referral was first made and documented in the client or consumer record, not when the referral was completed.
<b>How do I calculate the annual total?</b>	Although the 4 quarters can be summed to an annual total of individuals who received referrals for trauma-informed care, some individuals might be duplicated across quarters.
<b>Instructions for describing results</b>	<p><b>Result Name:</b> Enter a name for the types of referrals made</p> <p><b>Result Description:</b> Enter a brief description of the individuals who received referrals, the types of trauma-informed mental-health or related services to which they were referred, and a brief description of the program(s) or organization(s).</p> <p>Note that because of their importance, your grant program might provide specific guidance as to which types of referrals should be included under this indicator.</p>

<p><b>Examples</b></p>	<p><b>Result Name:</b> Referred Veterans</p> <p><b>Result Description:</b> Forty justice-involved veterans were referred for early diversion and trauma-related services during the quarter.</p> <p><b>Number:</b> 40</p> <p><b>Result Name:</b> Hurricane Maria Referrals</p> <p><b>Result Description:</b> Following Hurricane Maria, our program screened individuals in the community for symptoms of post-traumatic stress disorder. As a result, we referred 50 for trauma-informed mental for mental-health services this quarter.</p> <p><b>Number:</b> 50</p>
<p><b>Also reported in ...</b></p>	<p>Individuals who received a referral(s) for trauma-informed care should also be counted under R1. R2 is intended as a subset or disaggregation of R1.</p> <p>Individuals who also received a referral(s) for crisis care can also be counted under R3.</p> <p>If R1 is not required but R2 is required, the number of people referred in R2 should be the same as reported under AC1 (denominator).</p>
<p><b>Version</b></p>	<p>[ADDED] This indicator has been added to the CMHS IPP version approved in 2022.</p>

**R3. [ADDED] The number of individuals referred to crisis or other mental-health services for suicide risk, ideation, or behavior.**

<b>Intent/Key points</b>	The purpose of R3 is to capture information on individuals referred, as a result of the grant, to crisis or other mental-health-related services for suicide risk, ideation, or behavior. The goal is to ensure that individuals at risk are referred and connected to crisis care and other mental-health-related services for suicide-specific intervention and treatments. A key component of comprehensive suicide prevention is effective response through development of partnerships, protocols, and procedures that allow rapid referrals and linkages to crisis and other mental-health-related services.
<b>What units to count</b>	Count the <u>number of unique individuals</u> who, as a result of the grant, received one or more referrals to crisis or mental-health services for suicide risk, ideation, or behavior during the quarter.
<b>What not to count</b>	<p>Do not count the number of referrals. One individual can receive multiple referrals during the quarter and should be counted as one.</p> <p>Individuals who received the crisis care or mental-health services for suicide risk, ideation, or behavior from the grantee as a result of the grant should not be counted as a referral. They can be counted under T3 if applicable.</p> <p>Awareness materials, webinars, or meetings where clients or consumers get information about who might be in need of crisis or mental-health services for suicide risk, ideation, or behavior and where they can go for more information or to receive that service are not considered referrals and should not be counted under R3. They might be applicable under AW1.</p>
<b>When is it a result?</b>	<p>Count the person in the quarter in which the referral was first made and documented in the client or consumer record, not when the referral was completed.</p> <p>If additional needs are identified, an individual can be reported more than once in the year, but not more than once per quarter.</p>
<b>How do I calculate the annual total?</b>	Although the 4 quarters can be summed to an annual total who received referrals, some individuals might be duplicated across quarters.
<b>Instructions for describing results</b>	<p><b>Result Name:</b> Type of Referral Services Provided</p> <p><b>Result Description:</b> Enter a brief description of who received referral information, the organizations or programs to which they were referred, and the type of crisis services or other mental-health services to which they were referred.</p> <p><b>Number:</b> Enter the total number of individuals referred.</p> <p>Note that because of their importance, your grant program might provide specific guidance as to which types of referrals should be included under this indicator.</p>

<p><b>Examples</b></p>	<p><b>Result Name:</b> Referred Veterans</p> <p><b>Result Description:</b> Following a positive screen, five justice-involved veterans were referred for crisis services during the quarter.</p> <p><b>Number:</b> 5</p> <p><b>Result Name:</b> Hurricane Maria Referrals</p> <p><b>Result Description:</b> Following Hurricane Maria, our program screened individuals in the community for symptoms of post-traumatic stress disorder and suicide risk. As a result, we referred 9 individuals for crisis services this quarter.</p> <p><b>Number:</b> 9</p> <p><b>Result Name:</b> Referral to peer-based crisis services and mental-health outpatient services.</p> <p><b>Result Description:</b> As a result of the grant and in this quarter, the Ask Suicide-Screening Question identified individuals for suicide ideation. As a result, we referred 3 to the Green District mental-health outpatient services and 2 to peer-based crisis services.</p> <p><b>Number:</b> 5</p>
<p><b>Also reported in ...</b></p>	<p>Individuals who received a referral(s) for crisis or mental-health services for suicide risk, ideation, or behavior should also be counted under R1, if assigned. R3 is intended as a subset or disaggregation of R1.</p> <p>Individuals who also received a referral(s) for trauma-informed care for suicide risk, ideation, or behavior can also be counted under R2, if assigned.</p> <p>If neither R1 nor R2 are required but R3 is required, the number of people referred in R3 should be the same as reported under AC1 (denominator).</p>
<p><b>Version</b></p>	<p>[ADDED] This indicator has been added to the CMHS IPP version approved in 2022.</p>

## SCREENING (S)

### S1 The number of individuals screened for mental-health or related interventions.

<b>Intent/Key points</b>	<p>The intent is to improve mental health by increasing the identification of people with or at risk of mental illness or in need of mental-health interventions as a result of the grant.</p> <p>Include all screened individuals regardless of the result of the screening (for example, negative or positive results, low or high risk).</p>
<b>What units to count</b>	<p>Count the <u>number of unique individuals</u> who were screened for mental-health interventions during the quarter as a result of the grant.</p>
<b>What not to count</b>	<p>Do not count the number of screenings. One individual may receive multiple screenings during the quarter but should only be counted once.</p> <p>Awareness materials, webinars, or meetings where clients or consumers are provided information about who might benefit from being screened for mental-health services and where they can go for more information or to receive mental-health-related services are not considered screenings and should not be counted under S1. These might be applicable under AW1.</p>
<b>When is it a result?</b>	<p>Count the individual in the quarter in which the screening was completed and documented in the client or consumer record.</p>
<b>How do I calculate the annual total?</b>	<p>Although the 4 quarters can be summed to an annual total of individuals who were screened, some of these individuals might be duplicated across quarters. For example, an individual screened for suicide risk, ideation, or behavior in Q1 and in Q3 would be duplicated in the annual total.</p>
<b>Instructions for describing results</b>	<p><b>Result Name:</b> Enter the name/title of the screening provided.</p> <p><b>Result Description:</b> Enter a brief description of the individuals who received the screening and the type provided.</p> <p>Note that because of their importance, your grant program might provide specific guidance as to which types of screenings should be included under this indicator.</p>



<p><b>Examples</b></p>	<p><b>Result Name:</b> General Anxiety Disorder-7 (GAD-7)</p> <p><b>Result Description:</b> As a result of the grant, 17 young adults were screened for anxiety in the local community college student services department.</p> <p><b>Number:</b> 17</p> <p><b>Result Name:</b> Global Appraisal of Individual Needs-Short Screener (GAIN-SS)</p> <p><b>Result Description:</b> As a result of the grant, program staff conducted outreach at a local runaway and homeless shelter and screened 10 young people that were exhibiting mental health symptoms to assist with determining the severity and need for further assessment.</p> <p><b>Number:</b> 10</p> <p><b>Result Name:</b> Strengths and Difficulties Questionnaire (SDQ)</p> <p><b>Result Description:</b> As a result of the grant, program staff accompanied School Social Workers on home visits with 8 students who were at-risk of dropping out of high school to screen for the presence of a mental health condition that could be creating a barrier to school performance.</p> <p><b>Number:</b> 8</p> <p><b>Result Name:</b> Patient Health Questionnaire-9 (PHQ-9)</p> <p><b>Result Description:</b> As a result of the grant, during this quarter we administered the PHQ-9 to 116 individuals at participating primary care practices.</p> <p><b>Number:</b> 116</p>
<p><b>Also reported in ...</b></p>	<p>Individuals who were screened for trauma-related experiences should also be counted under S2.</p> <p>Individuals who were screened for suicide risk, ideation, or behavior should also be counted under S3. The same individual can be reported under S1, S2, and S3 as applicable.</p> <p>Referrals are typically a result of screening; individuals who were referred for mental-health services after a screening would also be included under R1, R2, and R3 as applicable.</p> <p>Screenings that are a routine part of the mental-health services for clients and documented under NOMs client-level tool might be included.</p>
<p><b>Version</b></p>	<p>[UNCHANGED] The wording and requirements for this indicator are unchanged from previous versions. Additional examples have been provided.</p>

**S2 [ADDED] The number of individuals screened for trauma-related experiences as a result of the grant.**

<b>Intent/Key points</b>	<p>The intent is to improve the mental health of people who have experienced or been affected by trauma by increasing the identification of people in need of trauma-informed care services as a result of the grant.</p> <p>Include all screened individuals regardless of the result of the screening (for example, negative or positive results, low or high risk).</p>
<b>What units to count</b>	<p>Count the <u>number of unique individuals</u> who were screened for trauma-related experiences during the quarter as a result of the grant.</p>
<b>What not to count</b>	<p>Do not count the number of screenings. One individual might receive multiple screenings during the quarter but should be counted only once.</p> <p>Awareness materials, webinars, or meetings where clients or consumers get information about who might benefit from a trauma-informed service and where they can go for more information or to receive that service are not considered referrals and should not be counted under S2. They might be applicable under AW1.</p>
<b>When is it a result?</b>	<p>Count the individual in the quarter in which the screening was completed and documented in the client or consumer record.</p>
<b>How do I calculate the annual total?</b>	<p>Although the 4 quarters can be summed to an annual total who were screened for trauma-informed care, some individuals might be duplicated across quarters.</p>
<b>Instructions for describing results</b>	<p><b>Result Name:</b> Enter the name/title of the screening tool provided.</p> <p><b>Result Description:</b> Enter a brief description of the individuals who received the screening, the type of screening provided, and the name of the organization or provider who conducted it.</p> <p>Note that because of their importance, your grant program might provide specific guidance as to which types of screenings should be included under this indicator.</p>
<b>Examples</b>	<p><b>Result Name:</b> Referred Veterans</p> <p><b>Result Description:</b> Forty justice-involved veterans were screened for early diversion and trauma-related services during the quarter.</p> <p><b>Number:</b> 40</p> <p><b>Result Name:</b> Hurricane Maria Referrals</p> <p><b>Result Description:</b> Following Hurricane Maria, our program screened 80 individuals in the community for symptoms of post-traumatic stress disorder. As a result, we referred 50 for mental-health services this quarter.</p> <p><b>Number:</b> 80</p>

<b>Also reported in ...</b>	<p>Individuals who were screened for trauma-related experiences should also be counted under S1. S2 is intended as a subset or disaggregation of S1.</p> <p>Referrals are typically a result of screening; individuals who were referred for mental-health services after a screening would also be included under R1, R2, and R3 as applicable.</p> <p>Screenings that are a routine part of the mental-health services for clients and documented under the NOMs client-level tool can be included.</p>
<b>Version</b>	<p>[ADDED] This indicator has been added to the CMHS IPP version approved in 2022.</p>

**S3 [ADDED] The number of individuals screened for suicide ideation as a result of the grant.**

<p><b>Intent/ Key points</b></p>	<p>The purpose of S3 is to help improve suicide risk identification in health care, mental health, behavioral health, and community settings. Because suicide screening is part of a comprehensive approach to suicide prevention, indicator S3 should be used in tandem with R3 to ensure that referrals and linkages to crisis services and other mental-health-related services are made.</p> <p>Include all screened individuals regardless of the result of the screening (for example, negative or positive results, low or high risk), so that we capture information on the number of individuals screened for suicide ideation as a result of the grant. The intent is to prevent suicides and to assist people who are experiencing a mental-health crisis or have suicidal thoughts by increasing the referrals to crisis or other mental-health and related services for individuals at risk of suicide as identified through screening.</p> <p>Screening is for the initial identification of those in need for intervention; it does not include routine follow-up to monitor a client’s progress or status.</p> <p>Universal screening also helps to promote equity and address bias in care delivery by ensuring that all youth and adults are screened for suicide risk across demographic groups, communities, and care settings.</p> <p>Screening for suicide ideation should be implemented with adequate systems in place to ensure rapid referral to crisis services and other effective mental-health services for assessment, evaluation, treatment, and follow-up.</p> <p>Three elements key to identifying and addressing suicidal thoughts and behaviors are:</p> <ol style="list-style-type: none"> <li>1. Screening and assessment</li> <li>2. Safety planning, including lethal-means counseling (assessing the individual’s access to firearms, medications, or other potentially fatal substances or objects)</li> <li>3. Linkage to care</li> </ol> <p>There is no specific required tool for suicide screening. However, it is preferred that, where possible, grantees use available technical assistance from SAMHSA to select standardized tools that have been validated or adapted for their context; it may be that the grantee needs to have different tools selected for different populations being served.</p> <p><i>For further guidance:</i> Grantees wanting to learn more about How do I incorporate suicide screening, How do I develop a suicide safety plan, or How do I assess access to lethal means are encouraged to start with SAMHSA’s Suicide Prevention Resource Center (SPRC) at <a href="http://www.sprc.org">www.sprc.org</a>. SPRC resources can be filtered for specific populations or types of resources. One of the resources is the Joint Commission’s report on the requirement, rationale, and references for elements of performance that were adopted to meet the National Patient Safety Goal for suicide prevention.<sup>1</sup></p>
----------------------------------	--

<sup>1</sup> [r3 18 suicide prevention hap bhc cah 11 4 19 final1.pdf \(jointcommission.org\)](#)

<p><b>Intent/ Key points (continued)</b></p>	<p>Evidence-Based Screening Tools:</p> <ul style="list-style-type: none"> <li>• <a href="https://www.mdcalc.com/calc/1725/phq9-patient-health-questionnaire9">Patient Health Questionnaire-9 (PHQ-9)</a> (https://www.mdcalc.com/calc/1725/phq9-patient-health-questionnaire9)</li> <li>• <a href="https://www.aacap.org/App_Themes/AACAP/docs/member_resources/toolbox_for_clinical_practice_and_outcomes/symptoms/GLAD-PC_PHQ-9.pdf">Patient Health Questionnaire-9 Modified for Teens (PHQ-9)</a> (https://www.aacap.org/App_Themes/AACAP/docs/member_resources/toolbox_for_clinical_practice_and_outcomes/symptoms/GLAD-PC_PHQ-9.pdf)</li> <li>• <a href="https://www.nystromcounseling.com/wp-content/uploads/CAMS-Forms.pdf">CAMS Suicide Status Form-4</a> (https://www.nystromcounseling.com/wp-content/uploads/CAMS-Forms.pdf)</li> <li>• <a href="https://www.cms.gov/files/document/cssrs-screen-version-instrument.pdf">Columbia Suicide Severity Rating Scale (C-SSRS) Screener Version</a> (https://www.cms.gov/files/document/cssrs-screen-version-instrument.pdf)</li> <li>• <a href="https://sprc.org/sites/default/files/Printable%20PSS-3%20Tool.pdf">Patient Safety Screener-3 (PSS-3)</a> (https://sprc.org/sites/default/files/Printable%20PSS-3%20Tool.pdf)</li> <li>• <a href="https://www.nimh.nih.gov/sites/default/files/documents/research/research-conducted-at-nimh/asq-toolkit-materials/asq-tool/screening_tool_asq_nimh_toolkit.pdf">Ask Suicide-Screening Questions (ASQ)</a> (https://www.nimh.nih.gov/sites/default/files/documents/research/research-conducted-at-nimh/asq-toolkit-materials/asq-tool/screening_tool_asq_nimh_toolkit.pdf)</li> <li>• <a href="https://youthsuicideprevention.nebraska.edu/wp-content/uploads/2019/09/SBQ-R.pdf">Suicide Behaviors Questionnaire-Revised (SBQ-R)</a> (https://youthsuicideprevention.nebraska.edu/wp-content/uploads/2019/09/SBQ-R.pdf)</li> <li>• <a href="https://store.samhsa.gov/sites/default/files/d7/priv/sma09-4432.pdf">Suicide Assessment Five-Step Evaluation &amp; Triage (SAFE-T)</a> (https://store.samhsa.gov/sites/default/files/d7/priv/sma09-4432.pdf)</li> </ul> <p><i>For further guidance:</i> Grantees wishing to learn more about addressing suicidal thoughts and behaviors in substance use treatment should see the SAMHSA Advisory issued in January 2021.<sup>2</sup></p>
<p><b>What units to count</b></p>	<p>Count the <u>number of unique individuals</u> who, as a result of the grant, were screened one or more times for suicide ideation during the quarter.</p>
<p><b>What not to count</b></p>	<p>Do not count the number of screenings. One individual might receive multiple screenings during the quarter but should be counted as one.</p> <p>Awareness materials, webinars, or meetings where clients or consumers are given information about who might need crisis or mental-health services for suicide risk, ideation, or behavior and where they can go for more information or to receive that service are not considered referrals and should not be counted under S3. They might be applicable under AW1.</p>

<sup>2</sup> [Addressing Suicidal Thoughts and Behaviors in Substance Use Treatment \(samhsa.gov\)](https://www.samhsa.gov/2k20-addressing-suicidal-thoughts-and-behaviors-in-substance-use-treatment)

<p><b>When is it a result?</b></p>	<p>Count the individual in the quarter in which the screening was first completed and documented in the client or consumer record.</p> <p>An individual might be reported more than once in the year if additional needs are identified. However, they should not be reported more than once per quarter.</p>
<p><b>How do I calculate the annual total?</b></p>	<p>Although the 4 quarters can be summed to an annual total of individuals, these individuals might be duplicated across quarters. For example, an individual screened for suicide risk, ideation, or behavior in Q1 and in Q3 might be duplicated in the annual total.</p>
<p><b>Instructions for describing results</b></p>	<p><b>Result Name:</b> Enter the name/title of the screening done.</p> <p><b>Result Description:</b> Enter a brief description of who received the screening, the type of screening provided, and the name of the organization/provider who conducted it.</p>
<p><b>Examples</b></p>	<p><b>Result Name:</b> ASQ for Veterans</p> <p><b>Result Description:</b> During the quarter, five justice-involved veterans were screened with the ASQ for suicide risk.</p> <p><b>Number:</b> 5</p> <p><b>Result Name:</b> SAFE-T screening following Hurricane Maria</p> <p><b>Result Description:</b> Following Hurricane Maria, our program screened 100 individuals in the community for symptoms of post-traumatic stress disorder and for suicide risk using the SAFE-T. As a result, we referred 9 individuals for crisis services this quarter.</p> <p><b>Number:</b> 100</p> <p><b>Result Name:</b> Ask Suicide-Screening Questions (ASQ) Screening Tool</p> <p><b>Result Description:</b> As a result of the grant and in this quarter, the Green Lake Behavioral Health Center administered the ASQ to 127 individuals at a participating primary care practice.</p> <p><b>Number:</b> 127</p>
<p><b>Also reported in ...</b></p>	<p>Individuals screened for crisis or mental-health services for suicide ideation should also be counted under S1. S3 is intended as a subset or disaggregation of S1.</p> <p>Referrals are typically a result of screening; individuals who were referred for mental-health services after a screening would also be included under R1, R2, and R3 as applicable.</p> <p>Screenings that are a routine part of the mental-health services for clients and documented under the NOMS client-level tool can be included.</p>
<p><b>Version</b></p>	<p>[ADDED] This indicator has been added to the CMHS IPP version approved in 2022.</p>

## TRAINING (TR)

**TR1 [REVISED GUIDANCE] The number of individuals who have received training in prevention or mental-health promotion.**

<p><b>Intent/Key points</b></p>	<p>This indicator captures information on individuals trained in mental-health promotion, prevention of mental illness or suicide, or improvements in the quality, appropriateness, or effectiveness of mental-health and mental-health-related services, treatment, rehabilitation, or recovery, for example, in addressing mental-health issues, providing evidence-based mental-health-related practices, or implementing mental-health-related activities consistent with the goals of the grant.</p> <p>Trainings can be included if the grantee used grant funds <u>to provide</u> the training OR if the grant made it possible to <u>receive</u> external training.</p> <p>Individuals can be counted as trained regardless of whether they are part of the mental-health or related workforce, not employed, unemployed, or employed in other sectors of the labor force.</p>
<p><b>What units to count</b></p>	<p>Count the <u>number of people</u> trained per training program completed in the quarter.</p> <p>If one person receives several trainings for different topics, count the individual for each of the trainings by topic. If the same group of people must attend multiple trainings to complete one training program, count these people once.</p>
<p><b>What not to count</b></p>	<p>Campaigns that have communication activities to increase awareness of mental health but that do not meet the requirements of a training should not be reported under TR1. See AW1.</p> <p>Clients or family members can receive and be counted under TR1 if they received training. However, mental-health services such as counseling or therapy should not be reported under TR1. See T3.</p> <p>For presentations or meetings that do not meet the definition of <i>training</i> and should not be counted under TR1, consider AW1.</p>
<p><b>When is it a result?</b></p>	<p>Report results only in the quarter in which the training was completed. If the training spans multiple quarters, count only the quarter when completed.</p>
<p><b>How do I calculate the annual total?</b></p>	<p>Although the 4 quarters can be summed to an annual total of individuals trained, some individuals might be duplicated across quarters. For example, if an individual completed one training in Q1 and a different training in Q3, they can be duplicated in the annual total.</p> <p>TR2, TR3, and TR4 are subsets of TR1 and should <u>not</u> be added to create a grand total, as this would duplicate trainings received. One individual can be duplicated under TR1, TR2, TR3 and T4 if requirements are met for each of these indicators.</p>

<p><b>Instructions for describing results</b></p>	<p><b>Result Name:</b> Enter the name/title of the training provided.</p> <p><b>Result Description:</b> Enter a two- or three-sentence description of (1) who received training (the target audience); (2) the type of training provided; and (3) the type of skills learned.</p> <p>Note that your program might have specific requirements for the type of training that is important to achieve the goals of the program. Those requirements should be reported here.</p>
<p><b>Examples</b></p>	<p><b>Result Name:</b> Pest Control Company</p> <p><b>Result Description:</b> Our agency has provided training to the employees of the pest control company that has been dealing with a bug infestation in one of our supported housing complexes. The training teaches them about the population that we serve and provides useful strategies on how best to interact with residents with severe mental illness.</p> <p><b>Number:</b> 25</p> <p><b>Result Name:</b> Suicide Risk Assessment Training</p> <p><b>Result Description:</b> We provided 10 sessions to local clinic and hospital nursing staff on the QPR for Nurses Gatekeeper Training for Suicide Prevention this quarter.</p> <p><b>Number:</b> 276</p> <p><b>Result Name:</b> Mental Health First Aid Training</p> <p><b>Result Description:</b> 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 do I help someone in both crisis and non-crisis situations, and where to turn for help.</p> <p><b>Number:</b> 20</p> <p><b>Result Name:</b> PHQ-9 Training</p> <p><b>Result Description:</b> Thirty social workers and health-care technicians learned How do I recognize the signs of depression in young adults, How do I assess and respond to potential suicide risk, and How do I use and read the results from the Patient Health Questionnaire-9 (PHQ-9).</p> <p><b>Number:</b> 30</p>



<p><b>Also reported in ...</b></p>	<p>Individuals receiving training who are part of the mental-health or related workforce should also be counted in WD2. TR1 is potentially larger than WD2 if trainings reach individuals who are employed outside the mental-health and related workforce or if they are unemployed or not employed.</p> <p>TR1 is a broad category for training. individuals who are reported under TR2 (training in trauma-informed care), TR3 (training is assessing suicide risk), and/or TR4 (training in diversity, equity, and inclusion in mental-health practices) should ALSO be reported under TR1.</p>
<p><b>Version</b></p>	<p>[REVISED GUIDANCE] Although the wording of this indicator is unchanged; its requirements are new with the CMHS IPP version approved in 2022.</p> <p>This indicator previously excluded mental health and the mental-health-related workforce that was counted under WD2. Now this indicator overlaps with or duplicates the count of individuals who can be counted under WD2.</p> <p>As a result, there might be a discontinuity in reviewing reports over the years. Further, grantees should revise their annual goals for this indicator if the new requirements affect their targets.</p>

**TR2 [ADDED] The number of individuals trained in trauma-informed care practices as a result of the grant.**

<p><b>Intent/Key points</b></p>	<p>This indicator captures information on individuals trained in trauma-informed care practices, including the following as they pertain to such care: mental-health promotion; prevention of mental illness or suicide; or improvements in the quality, appropriateness, or effectiveness of mental-health and mental-health-related services or treatment. Examples might be addressing mental-health issues, providing evidence-based mental-health-related practices, or implementing mental-health-related activities consistent with the goals of the grant.</p> <p>Trainings can be included if the grantee used grant funds <u>to provide</u> the training OR if the grant made it possible to <u>receive</u> external training.</p> <p>Individuals can be counted as trained regardless of whether they are part of the mental-health or related workforce, not employed, unemployed, or employed in other sectors of the labor force.</p>
<p><b>What units to count</b></p>	<p>Count the <u>number of people</u> trained per program.</p> <p>If one person receives several distinct trainings for different topics, count that individual for each of the separate trainings by topic. If the same group of people must attend multiple trainings to complete one program, count these people once.</p>
<p><b>What not to count</b></p>	<p>If the training requires multiple sessions, do not count the number of attendees at each session; count only if the participants finished all required sessions.</p> <p>Campaigns with communication activities to increase awareness of mental health that do not meet the requirements of a training should not be reported under TR2. See AW1.</p> <p>Clients or family members can receive and be counted under TR2 if they received training. However, mental-health services such as counseling or therapy should not be reported under TR2. See T3.</p>
<p><b>When is it a result?</b></p>	<p>Report results only in the quarter in which the training was completed. If the training spans multiple quarters, count only the quarter when completed.</p>
<p><b>How do I calculate the annual total?</b></p>	<p>Although the 4 quarters can be summed to an annual total of individuals trained, individuals can be duplicated across quarters. For example, an individual who completed one training in Q1 and a different training in Q3 can be duplicated in the annual total.</p>

<p><b>Instructions for describing results</b></p>	<p><b>Result Name:</b> Enter the name/title of the training provided.</p> <p><b>Result Description:</b> Enter a two- or three-sentence description of (1) who received training (the target audience); (2) the type of training provided; and (3) the type of skills learned.</p> <p>Note that because of their importance, your grant program might provide specific guidance as to which types of trainings should be included under this indicator.</p>
<p><b>Examples</b></p>	<p><b>Result Name:</b> Trauma-Informed Care Training</p> <p><b>Result Description:</b> We provided 10 sessions to local clinic and hospital nursing staff on the QPR for Nurses Gatekeeper Training for Trauma-Informed Care this quarter.</p> <p><b>Number:</b> 276</p> <p><b>Result Name:</b> Trauma-Informed Care Training for K–12 Educators</p> <p><b>Result Description:</b> To improve awareness of the effect of trauma and to impart skills that will help teachers better support their students, we provided a one-hour interactive role-play simulation for K–12 teachers.</p> <p><b>Number:</b> 311</p>
<p><b>Also reported in ...</b></p>	<p>Individuals receiving training who are part of the mental-health or related workforce should also be counted in WD2.</p> <p>Individuals who are reported under TR2 (training in trauma-informed care) should ALSO be reported under TR1. TR2 is intended as a subset or disaggregation of TR1.</p>
<p><b>Version</b></p>	<p>[ADDED] This indicator has been added to the CMHS IPP version approved in 2022.</p>

**TR3 [ADDED] The number of individuals trained in suicide risk assessment as a result of the grant.**

<p><b>Intent/Key points</b></p>	<p>This indicator captures information on individuals trained in mental-health promotion, prevention of suicide, or improvements in the quality, appropriateness, or effectiveness of mental health and mental-health-related services or treatment as they relate to suicide risk, ideation, or behavior. Examples would include addressing mental-health issues, providing evidence-based mental-health-related practices, and implementing mental-health-related activities consistent with the goals of the grant.</p> <p>Most people in distress don't seek help on their own. Identifying persons who might be at risk for suicide is a key part of a <a href="#">comprehensive approach</a> to prevention. Family members, friends, teachers, school administrators, coaches, students, co-workers, and others can play an important role in recognizing when someone is at risk or in crisis and then connecting that person with resources and support. This includes workplace settings, such as offices and places people frequent (retail stores, faith-based organizations, hairdressers and barbershops, gyms, libraries, restaurants, and coffee shops).</p> <p>Trainings can be included if the grantee used grant funds to <u>provide</u> the training OR if the grant made it possible to <u>receive</u> external training.</p> <p>Individuals can be counted as trained regardless of whether they are part of the mental-health or related workforce, not employed, unemployed, or employed in other sectors of the labor force.</p> <p><i>For further guidance:</i> Grantees wanting to learn more about available trainings for suicide risk assessment are encouraged to use the <a href="#">Zero Suicide resource list</a>.<sup>3</sup></p> <p>Examples of Suicide Risk Assessment Trainings:</p> <ul style="list-style-type: none"> <li>• <a href="https://www.sprc.org/resources-programs/connect-suicide-preventionintervention-training">Connect Suicide Prevention/Intervention Training</a> (https://www.sprc.org/resources-programs/connect-suicide-preventionintervention-training)</li> <li>• <a href="https://www.livingworks.net/safetalk">Suicide Alertness for Everyone: Tell, Ask, Listen and Keep Safe (safeTALK) Living Works</a> (https://www.livingworks.net/safetalk)</li> <li>• <a href="https://www.sprc.org/resources-programs/qpr-gatekeeper-training-suicide-prevention">Question, Persuade, Refer (QPR): Gatekeeper Training for Suicide Prevention</a> (https://www.sprc.org/resources-programs/qpr-gatekeeper-training-suicide-prevention)</li> <li>• <a href="https://www.livingworks.net/asist">Applied Suicide Intervention Skills Training (ASIST)</a> (https://www.livingworks.net/asist)</li> </ul>
---------------------------------	--

<sup>3</sup> The list from Zero Suicide: [2020.11.18 Suicide Care Training Options 0.pdf \(edc.org\)](#). A similar matrix is available from the Suicide Prevention Resource Center at [GatekeeperMatrix6-21-18 0.pdf \(sprc.org\)](#).

<b>What units to count?</b>	<p>Count the <u>number of people</u> trained per program.</p> <p>If one person receives several trainings for different topics, count that individual for each of the trainings by topic. If the same group of people must attend multiple trainings to complete one program, count them once.</p>
<b>What not to count</b>	<p>Campaigns with communication activities to increase awareness of mental health that do not meet the requirements of a training should not be reported under TR1. See AW1.</p> <p>Clients or family members can receive and be counted under TR1 if they received training. However, mental-health services such as counseling or therapy should not be reported under TR1. See T3.</p>
<b>When is it a result?</b>	<p>Report results only in the quarter in which the training was completed. If the training spans multiple quarters, count only in the quarter when completed.</p>
<b>How do I calculate the annual total?</b>	<p>Although the 4 quarters can be summed to an annual total of individuals trained, individuals might be duplicated across quarters. For example, if an individual completed one training in Q1 and a different one in Q3, they might be duplicated in the annual total.</p>
<b>Instructions for describing results</b>	<p><b>Result Name:</b> Enter the name/title of the training provided.</p> <p><b>Result Description:</b> Enter a two- or three-sentence description of (1) who received training (the target audience); (2) the type of training provided; and (3) the type of skills learned.</p> <p>Note that because of their importance, your grant program might provide specific guidance as to which types of trainings should be included under this indicator.</p>

<p><b>Examples</b></p>	<p><b>Result Name:</b> Suicide Risk Assessment Training</p> <p><b>Result Description:</b> We provided 10 sessions to local clinic and hospital nursing staff on the QPR for Nurses Gatekeeper Training for Suicide Prevention this quarter.</p> <p><b>Number:</b> 276</p> <p><b>Result Name:</b> ASIST training for East Regional school district</p> <p><b>Result Description:</b> Teachers and administrative staff received the 2-hour Gatekeeper training by project staff.</p> <p><b>Number:</b> 44</p> <p><b>Result Name:</b> Question, Persuade, and Refer (QPR) Gatekeeper Training for Residence Hall Advisors at the East and West Dormitory Buildings</p> <p><b>Result Description:</b> 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.</p> <p><b>Number:</b> 270</p>
<p><b>Also reported in ...</b></p>	<p>Individuals receiving training who are part of the mental-health or related workforce should also be counted in WD2.</p> <p>Individuals who are reported under TR3 (training in assessing suicide risk) should ALSO be reported under TR1, if assigned. TR3 is intended as a subset or disaggregation of TR1.</p>
<p><b>Version</b></p>	<p>[ADDED] This indicator has been added to the CMHS IPP version approved in 2022.</p>

**TR4 [ADDED] The number of individuals trained in diversity, equity, and inclusion as a result of the grant.**

<p><b>Intent/Key points</b></p>	<p>This indicator captures information on individuals trained in mental-health promotion, prevention of mental illness or suicide, or improvements in the quality, appropriateness, or effectiveness of mental-health and mental-health-related services or treatment as they pertain to the promotion of recognition, equity, and inclusion of diverse individuals. Examples would be addressing mental-health issues, providing evidence-based mental-health-related practices, or implementing mental-health-related activities consistent with the goals of the grant.</p> <p>Trainings can be included if the grantee used grant funds <u>to provide</u> the training OR if the grant made it possible to <u>receive</u> external training.</p> <p>Individuals can be counted as trained regardless of whether they are part of the mental-health or related workforce, not employed, unemployed, or employed in other sectors of the labor force.</p>
<p><b>What units to count</b></p>	<p>Count the <u>number of people</u> trained per training program.</p> <p>If one person receives several trainings for different topics, count the individual for each of the trainings by topic. If the same group must attend multiple trainings to complete one program, count them once.</p>
<p><b>What not to count</b></p>	<p>Campaigns with communication activities to increase awareness of mental health that do not meet the requirements of a training should not be reported under TR4. See AW1.</p> <p>Presentations or meetings do not meet the definition of training and should not be counted under TR4. Consider AW1.</p>
<p><b>When is it a result?</b></p>	<p>Report results only in the quarter in which the training was completed. If the training spans multiple quarters, count only in the quarter when completed.</p>
<p><b>How do I calculate the annual total?</b></p>	<p>Although the 4 quarters can be summed to an annual total of the workforce trained, individuals can be duplicated across quarters. For example, an individual who completed one training in Q1 and a different training in Q3 can be duplicated in the annual total.</p>
<p><b>Instructions for describing results</b></p>	<p><b>Result Name:</b> Enter the name/title of the training provided.</p> <p><b>Result Description:</b> Enter a two- or three-sentence description of (1) who received training (the target audience); (2) the type of training provided; and (3) the type of skills learned.</p> <p>Note that because of their importance, your grant program might provide specific guidance as to which types of trainings should be included under this indicator.</p>

<p><b>Examples</b></p>	<p><b>Result Name:</b> Incorporating Diversity, Equity, and Inclusion in Your Community Needs Assessment</p> <p><b>Result Description:</b> This quarter, we provided a training and workshop for 30 SAMHSA grantee staff who are implementing community needs assessments and need to understand how to capture and plan for the needs of diverse communities. After posted online, an additional 7 participants registered and completed the training.</p> <p><b>Number:</b> 37</p> <p><b>Result Name:</b> Intersectional Behavioral Health Needs of Racially and Ethnically Diverse LGBTQ+ Communities</p> <p><b>Result Description:</b> In Q1 and Q2, we provided four monthly one-hour training and discussions to 160 participants on understanding intersectionality of racial and ethnic diversity in the LGBTQ+ population, the impacts on behavioral health and how to provide culturally responsive and trauma-informed care to nursing and peer support staff at the clinics and hospitals in the county.</p> <p><b>Number:</b> 160</p>
<p><b>Also reported in ...</b></p>	<p>Everyone who received training and was reported under TR4 (training in diversity, equity, and inclusion in mental-health practices) should ALSO be reported under TR1. TR4 is intended as a subset or disaggregation of TR1.</p> <p>Individuals receiving training on diversity, equity, and inclusion in mental health who are part of the mental-health or related workforce should also be counted in WD2.</p> <p>If the training included objectives on training in trauma-informed care or training in assessing suicide risk, then these individuals should ALSO be reported under TR2 and/or TR3, respectively.</p>
<p><b>Version</b></p>	<p>[ADDED] This indicator has been added to the CMHS IPP version approved in 2022.</p>



## TYPES/TARGETS OF PRACTICES (T)

**T1 [REVISED GUIDANCE] The number of programs/organizations/communities that implemented specific mental-health-related practices or activities consistent with the goals of the grant.**

<b>Intent/Key points</b>	The intent is to increase the number of mental-health-related practices and activities implemented to improve access to needed mental-health services. This indicator captures the number of programs or organizations or communities that actively implemented one or more mental-health-related practices or activities (1) consistent with the goals of the grant and (2) as a result of the grant funding or support.
<b>What units to count</b>	Count the <u>number of organizations, communities, or programs</u> actively implementing one or more mental-health-related practices or activities as a result of the grant.
<b>What not to count</b>	Do not include the grantee organization in the count.  Do not include all nearby organizations or communities that offer mental-health services. Include only those that are a result of the grant.  Do not count the number of activities or practices implemented by the organization or community; report each organization or community only once per quarter.
<b>When is it a result?</b>	Report results in each quarter in which the mental-health-related practices or activities consistent with the goals of the grant were implemented.  The same organizations and communities can be reported in each quarter in which they are actively implementing the mental-health practices and activities.
<b>How do I calculate the annual total?</b>	This snapshot indicator cannot be summed across quarters.
<b>Instructions for describing results</b>	<b>Result Name:</b> Enter the name or title of the practice or activity.  <b>Result Description:</b> Enter the name of the programs, organizations, or communities and a brief description of the practice or activity implemented.  Note that your program might have specific requirements for what to report here based on the importance of the type of organizations or communities and the types of practices or activities for best achieving program goals.

<p><b>Examples</b></p>	<p><b>Result Name:</b> Veterans’ Homecoming Experiences</p> <p><b>Result Description:</b> Our organization supports 3 community organizations to offer support to veterans coming home from services and providing services consistent with grant goals.</p> <p><b>Number:</b> 3</p> <p><b>Result Name:</b> Telehealth for teens</p> <p><b>Result Description:</b> Consistent with the goals of the grant, after training and technical assistance from our team, the Neighborhood Health Center implemented telehealth programs for teens who need supportive services but are unable to meet in person.</p> <p><b>Number:</b> 1</p>
<p><b>Also reported in ...</b></p>	<p>Organizations or communities that implement evidence-based mental-health-related practices should also be reported under T2.</p>
<p><b>Version</b></p>	<p>[REVISED GUIDANCE] Although the indicator wording is unchanged from previous versions, the guidance now clarifies that the grantee organization should NOT be included in the count of organizations reported under T1. This might reflect a difference in previous reporting.</p> <p>In addition, the instructions now make clear that this is a <i>snapshot</i> indicator. The same organizations and communities can be reported in each quarter in which they are actively implementing the mental-health practices and activities.</p> <p>Because of the revised definitions and requirements, there might be a discontinuity in reporting across years between the old version and the new version. Grantees might also need to revise their annual goals to reflect the new reporting requirements.</p>

**T2 [REVISED GUIDANCE] The number of programs/organizations/communities that implemented evidence-based mental-health-related practices/activities as a result of the grant.**

<b>Intent/Key points</b>	The intent is to increase the number of evidence-based mental-health-related practices and activities implemented to improve access to needed mental-health services. This indicator captures the number of programs or organizations or communities that actively implemented one or more evidence-based mental-health-related practices or activities (1) consistent with the goals of the grant and (2) as a result of the grant funding or support.
<b>What units to count</b>	Count the <u>number of organizations, communities, or programs</u> actively implementing one or more evidence-based mental-health-related practices or activities as a result of the grant.
<b>What not to count</b>	<p>Do not count the number of evidence-based practices (EBPs) implemented by the organization or the community; report each organization or community only once per quarter in which the EBP is implemented.</p> <p>Do not include all nearby organizations or communities that offer evidence-based mental-health services. Include only those that are as a result of the grant.</p> <p>Do not include organizations or communities that are implementing only mental-health services that have not been determined to be evidence based. These can be reported under T1 if applicable.</p>
<b>When is it a result?</b>	<p>Report results in each quarter in which the mental-health-related EBP consistent with the goals of the grant were implemented.</p> <p>The same organizations/communities can be reported in each quarter in which they are actively implementing the mental-health practices and activities.</p> <p>Do not include EBPs that are still in the planning stages but have not been implemented.</p>
<b>How do I calculate the annual total?</b>	This snapshot indicator cannot be summed across quarters.
<b>Instructions for describing results</b>	<p><b>Result Name:</b> Enter the name or title of the program, organization, or community that implemented the EBP.</p> <p><b>Result Description:</b> Enter a brief description of the implemented EBP(s).</p> <p>Report only one program/organization/community per result.</p> <p>Note that because of their importance, your grant program might provide specific guidance as to which types of programs, organizations, communities, and EBPs should be included under this indicator.</p>

<p><b>Examples</b></p>	<p><b>Result Name:</b> Drug Court Program</p> <p><b>Result Description:</b> Our organization implemented “Integrated Treatment for Co-Occurring Disorders” for use in association with our drug court program.</p> <p><b>Number:</b> 1</p> <p><b>Result Name:</b> Assertive Community Treatment (ACT)</p> <p><b>Result Description:</b> The agency implemented ACT for people with severe and persistent mental illness and a history of chronic homelessness.</p> <p><b>Number:</b> 1</p> <p><b>Result Name:</b> Southeast Hmong Community Center</p> <p><b>Result Description:</b> The EBP materials for Hmong families were adapted to serve the family as a unit rather than an individual. The revised practice was implemented into eight new communities in this quarter, including at the Southeast Hmong Community Center serving the southeastern part of the county.</p> <p><b>Number:</b> 1</p>
<p><b>Also reported in ...</b></p>	<p>Organizations or communities that implement evidence-based mental-health-related practices should also be reported under T1. T2 (organizations implementing EBP) is a subset of T1 (organizations implementing mental-health-related practices, which may or may not be evidence-based).</p> <p>If the organization or community adapted the EBP to incorporate special populations or settings, consider also reporting under the subset T4.</p>
<p><b>Version</b></p>	<p>[REVISED GUIDANCE] Although the wording of this indicator is unchanged, its requirements now make clear that this is a <i>snapshot</i> indicator. The same organizations/communities can be reported in each quarter in which they are actively implementing the mental-health practices and activities.</p> <p>Because of the revised guidance and requirements, there might be a discontinuity in reporting across years between the old version and the new version. Grantees might also need to revise their annual goals to reflect the new reporting requirements.</p>

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

<p><b>Intent/Key points</b></p>	<p>The intent is to increase the number of individuals who are able to access and benefit from evidence-based mental-health-related practices and activities to improve mental health.</p> <p>This indicator captures the number of people who benefited from, received, or were clients of evidence-based mental-health-related practices or activities consistent with the goals of the grant and as a result of the grant funding or support.</p>
<p><b>What units to count</b></p>	<p>Count the <u>number of individuals</u> who received, benefited from, or were clients or consumers of evidence-based mental-health-related practices or activities as a result of the grant.</p>
<p><b>What not to count</b></p>	<p>Do not include any clients or consumers receiving mental-health-related services that have not been determined to be evidence-based.</p> <p>Do not count services provided. Count individuals: one individual who receives two or more EBP services in the quarter would be counted as one.</p>
<p><b>When is it a result?</b></p>	<p>Count the number of people in only the first quarter that they enrolled in care and received the EBP service.</p> <p>If an individual continues to receive EBP service(s) in a new fiscal year, that person can be counted again in the first quarter of the new year.</p> <p>If an individual completes or is otherwise discharged from the service and returns in a subsequent quarter for the same or different EBP service, the person should be counted newly in the returning quarter.</p>
<p><b>How do I calculate the annual total?</b></p>	<p>This indicator can be summed across the 4 quarters of the fiscal year to represent the number of clients of an EBP at a grantee. However, the total might duplicate individuals if, for example, an individual person was newly enrolled in Q1 (reported), discharged in Q2, and returned for services in Q3 (reported). Individuals may also be duplicated across years. For example, if an individual is receiving services in Q3 of year 1 and they continue to receive services, they can be reported again in Q1 of year 2.</p>
<p><b>Instructions for describing results</b></p>	<p><b>Result Name:</b> Enter the name/title of the evidence-based service provided.</p> <p><b>Result Description:</b> Enter a brief description of the type of individuals (for example, the setting or demographics) who received the service and the type of evidence-based, mental-health-related services provided.</p> <p>Note that because of their importance, your grant program might provide specific guidance as to which EBPs should be included under this indicator and what additional description is needed for the recipients.</p>

<p><b>Examples</b></p>	<p><b>Result Name:</b> Evidence-Based Child Trauma Services</p> <p><b>Result Description:</b> Fifty consumers started receiving evidence-based child trauma services this quarter at the elementary school. Three returned after discharge for child trauma services.</p> <p><b>Number:</b> 53</p> <p><b>Result Name:</b> Assertive Community Treatment (ACT)</p> <p><b>Result Description:</b> The agency implemented ACT for people with severe and persistent mental illness and a history of chronic homelessness.</p> <p><b>Number:</b> 26</p> <p><b>Result Name:</b> Peer Support Crisis Care</p> <p><b>Result Description:</b> Out of the 65 clients who were screened for risk of suicidality, 18 (2 youth under 18, 16 adults) received peer support. Our peer specialists were able to deescalate and assess for additional services.</p> <p><b>Number:</b> 18</p>
<p><b>Also reported in ...</b></p>	<p>Organizations or communities that implement evidence-based mental-health-related practices should also be reported under T1 and T2.</p>
<p><b>Version</b></p>	<p>[UNCHANGED] The wording and requirements for this indicator are unchanged from previous versions.</p>

**T4 [REVISED GUIDANCE] The number of programs/organizations/communities that implemented adaptations of EBPs to incorporate the special needs of unique populations or settings as a result of the grant.**

<p><b>Intent/Key points</b></p>	<p>The intent is to increase the quality and appropriateness of evidence-based mental-health-related practices and activities implemented to improve access to needed mental-health services.</p> <p>This indicator captures the number of programs or organizations or communities that actively implemented one or more adaptations to evidence-based mental-health-related practices or activities consistent with the goals of the grant and as a result of the grant. Adaptations of EBP are sometimes needed to incorporate the special needs of unique populations or settings as a result of the grant.</p> <p>For more information on adapting EBPs for underserved populations, see SAMHSA’s guide titled, <a href="#">Adapting Interventions for Under-resourced Populations</a>, which explores evidence-based, organization-level strategies and promising practices to adapt and evaluate EBPs in culturally humble and effective ways.<sup>4</sup></p>
<p><b>What units to count</b></p>	<p>Count the <u>number of organizations, communities, or programs</u> actively implementing one or more adaptations to one or more evidence-based mental-health-related practices or activities as a result of the grant.</p>
<p><b>What not to count</b></p>	<p>Do not count the number of EBPs implemented by the organization or community; report each organization or community only once per quarter.</p> <p>Do not include all nearby organizations or communities that offer adapted evidence-based mental-health services; include only those that are a result of the grant.</p> <p>Do not include organizations or communities that are implementing only mental-health services that have not been determined to be evidence based; these can be reported under T1 if applicable.</p>
<p><b>When is it a result?</b></p>	<p>Report results in each quarter in which the adaptation to the mental-health-related EBP consistent with the goals of the grant was implemented.</p> <p>The same organizations and communities can be reported in each quarter in which they are actively implementing the adaptations to EBPs.</p>
<p><b>How do I calculate the annual total?</b></p>	<p>This snapshot indicator cannot be summed across quarters.</p>

<sup>4</sup> <https://store.samhsa.gov/product/evidence-based-practices-under-resourced-populations/pep22-06-02-004>

<p><b>Instructions for describing results</b></p>	<p><b>Result Name:</b> Enter the name/title of the program, organization, or community that adapted the evidence-based practice.</p> <p><b>Result Description:</b> Enter a brief description of the EBP, what adaptations were made, and the reasons for making them.</p> <p>Note that because of their importance, your grant program might provide specific guidance as to which types of programs, organizations, communities, and EBPs should be included under this indicator.</p>
<p><b>Examples</b></p>	<p><b>Result Name:</b> Rural Community PACT Team</p> <p><b>Result Description:</b> Our organization implemented an evidenced-based Program of Assertive Community Treatment (PACT). Because we are located in a rural community, we have a shortage of psychiatrists. We adapted this EBP so that a nurse practitioner will fill this role and consult with a psychiatrist once a month as needed.</p> <p><b>Number:</b> 1</p> <p><b>Result Name:</b> Supportive Employment for the Hmong Community</p> <p><b>Result Description:</b> The EBP materials for Hmong families were adapted to serve the family as a unit rather than an individual. The revised practice was implemented into eight new communities in this quarter.</p> <p><b>Number:</b> 8</p>
<p><b>Also reported in ...</b></p>	<p>Organizations or communities that implement adaptations of mental-health-related EBP should also be reported under T1 and T2, if assigned. T4 (organizations implementing adaptations of EBP) is a subset of T2 (organizations implementing EBP), which is in turn a subset of T1 (organizations implementing mental-health-related practices, which may or may not be evidence based).</p>
<p><b>Version</b></p>	<p>[REVISED GUIDANCE] Although the wording of this indicator is unchanged, its requirements for this indicator now make clear that this is a <i>snapshot</i> indicator. The same organizations and communities can be reported in each quarter in which they are actively implementing the adaptations to EBPs.</p> <p>Because of the revised definitions and requirements, there may be a discontinuity in reporting across years between the old version and the new one. Grantees might also need to revise their annual goals to reflect the new reporting requirements.</p>



**T5 [ADDED] The number of activities modified/adapted/changed to reflect trauma-informed practices to the populations being served by the grant.**

<p><b>Intent/Key points</b></p>	<p>The intent is to increase the quality and appropriateness of evidence-based mental-health-related practices and activities implemented to improve mental health.</p> <p>This indicator captures the mental-health-related practices or activities that were modified or adapted or changed to reflect trauma-informed practices and serve better the populations supported by the grant.</p> <p>Activities or practices can include both those that have been determined to be evidence based (EBP) and those that have not yet been so determined. Adaptations are sometimes needed to incorporate and reflect the trauma experiences of populations served by the grantee.</p>
<p><b>What units to count</b></p>	<p>Count the <u>number of activities or practices</u> newly modified, adapted, or changed to reflect trauma-informed practices.</p>
<p><b>What not to count</b></p>	<p>Do not count adaptations of activities or practices that were previously reported or that were first implemented prior to the grant period.</p>
<p><b>When is it a result?</b></p>	<p>Count the activity or practice only in the quarter in which the modification, adaptation, or change was first completed.</p>
<p><b>How do I calculate the annual total?</b></p>	<p>The 4 quarters can be summed to an annual total of practices or activities modified, adapted, or changed to reflect trauma-informed care as a result of the grant.</p>
<p><b>Instructions for describing results</b></p>	<p><b>Result Name:</b> Enter the name/title of the activities or practices changed.</p> <p><b>Result Description:</b> Enter a brief description of the activities that were modified, adapted, or changed to reflect trauma-informed practices.</p> <p><b>Number:</b> Enter the total number of activities that were modified, adapted, or changed.</p> <p>Note that because of their importance, your grant program might provide specific guidance as to which types of activities and changes should be included under this indicator.</p>

<p><b>Examples</b></p>	<p><b>Result Name:</b> Trauma Screening</p> <p><b>Result Description:</b> Our organization, which implements an evidenced-based Program of Assertive Community Treatment, revised the practice to ensure that all clients are screened for whether they have experienced trauma at baseline enrollment.</p> <p><b>Number:</b> 1</p> <p><b>Result Name:</b> Prenatal PTSD Screening</p> <p><b>Result Description:</b> Our community health center has revised our prenatal check-in processes to ensure that all clients are screened for whether they have experienced trauma prior to beginning prenatal care.</p> <p><b>Number:</b> 1</p>
<p><b>Also reported in ...</b></p>	<p>T5 counts the <u>activities</u> adapted to reflect trauma-informed practices by the <u>organizations</u> reported in T1, T2, and/or T4.</p> <p>Organizations or communities that implement adaptations of mental-health-related EBP should also be reported under T1, T2, and T4, if assigned.</p> <p>Organizations or communities that implement adaptations of mental-health-related practices or activities that are not determined to be EBP should be counted under T1, if assigned.</p>
<p><b>Version</b></p>	<p>[ADDED] This indicator has been added to the CMHS IPP version approved in 2022.</p>

**T6 [ADDED] The number of activities modified/adapted/changed to reflect culturally appropriate practices to the populations being served by the grant**

<p><b>Intent/Key points</b></p>	<p>The intent is to increase the quality and cultural appropriateness of evidence-based mental-health-related practices and activities implemented to improve mental health.</p> <p>This indicator captures the mental-health-related practices or activities that were modified, adapted, or changed to reflect the culture and context of the population served by the grant.</p> <p>Activities or practices can include both those that have been determined to be evidence-based (EBP) and those that have not yet been so determined. Adaptations are sometimes needed to incorporate the special needs of the population.</p> <p>For more information on adapting activities and practices for underserved populations, see SAMHSA’s guide titled, <a href="#">Adapting Interventions for Under-resourced Populations</a>, which explores evidence-based, organization-level strategies and promising practices to adapt and evaluate interventions in culturally humble and effective ways.<sup>5</sup></p>
<p><b>What units to count</b></p>	<p>Count the <u>number of activities or practices</u> newly modified, adapted, or changed to reflect culturally appropriate practices as a result of the grant.</p>
<p><b>What not to count</b></p>	<p>Do not count the number of communities where implemented or the number of changes to the practice.</p>
<p><b>When is it a result?</b></p>	<p>Count the activity or practice only in the quarter in which the modification, adaptation, or change was first completed.</p>
<p><b>How do I calculate the annual total?</b></p>	<p>The 4 quarters can be summed to an annual total of practices or activities modified, adapted, or changed to reflect cultural context and population needs as a result of the grant.</p>
<p><b>Instructions for describing results</b></p>	<p><b>Result Name:</b> Enter the name/title of the activities or practices changed.</p> <p><b>Result Description:</b> Enter a brief description of the activities that were modified, adapted, or changed to reflect culturally appropriate practices and a brief description of the culture(s) of the individuals being served by the grant.</p> <p>Note that because of their importance, your grant program might provide specific guidance as to which types of activities and changes should be included under this indicator.</p>

<sup>5</sup> <https://store.samhsa.gov/product/evidence-based-practices-under-resourced-populations/pep22-06-02-004>

<p><b>Examples</b></p>	<p><b>Result Name:</b> Supportive Employment for the Hmong Community</p> <p><b>Result Description:</b> The EBP materials for Hmong families were adapted to serve the family as a unit rather than an individual. The revised practice was implemented into eight new communities in this quarter.</p> <p><b>Number:</b> 1</p> <p><b>Result Name:</b> Parent Guide Program</p> <p><b>Result Description:</b> Two cultural guides have been added to the Parent Guide Program. One such guide is from a Somalian family, and one is from a Hispanic family. These guides help advise the parent guides on appropriate cultural practices before conducting in-home visits with families who identify with these cultures.</p> <p><b>Number:</b> 1</p>
<p><b>Also reported in ...</b></p>	<p>T6 counts the <u>activities and practices</u> adapted to reflect culturally appropriate and sensitive practices by the <u>organizations or communities</u> reported in T1, T2, and/or T4:</p> <p>Organizations or communities that implement adaptations of mental-health-related EBP should also be reported under T1, T2, and T4.</p> <p>Organizations or communities that implement adaptations of mental-health-related practices or activities that are not determined to be EBP should be counted under T1.</p>
<p><b>Version</b></p>	<p>[ADDED] This indicator has been added to the CMHS IPP version approved in 2022.</p>

**T7 [ADDED] The number of individuals who died by suicide.**

<p><b>Intent/Key points</b></p>	<p>The intent of T7 is to improve the collection, quality, timeliness, and use of suicide-related data to implement effective responses, design target interventions, and guide suicide prevention programming in a specific community, health care system, or setting. Access to real-time data on suicide deaths is critical to identifying and responding to emerging populations at risk and assessing the effectiveness of suicide prevention efforts over time.</p> <p>To report this indicator, grantees will have to develop an internal surveillance system and/or protocol to collect and report mortality data for suicide deaths. Grantees may create a single point of contact (for example, with the National Vital Statistics Record System), triangulate and gather from multiple information sources, establish data-sharing agreements with other organizations, or establish a relationship with a data source provider.</p> <p>Potential sources of data for reporting T7 include:</p> <ul style="list-style-type: none"> <li>• Health departments</li> <li>• Health systems and hospitals</li> <li>• Medical examiners’ and coroners’ offices</li> <li>• Courts and justice systems/departments</li> <li>• Substance abuse treatment facilities</li> <li>• Schools, including higher education</li> <li>• Community coalitions and task forces (such as the Substance Abuse Prevention Workgroup)</li> <li>• Child death review teams</li> <li>• Law enforcement agencies</li> <li>• Emergency medical services and ambulance companies</li> <li>• Organizations that serve specific populations (such as veterans, American Indians, Alaska Natives)</li> </ul>
<p><b>What units to count</b></p>	<p>Count the <u>number of individuals</u> at or in the facility, organization, or community who died by suicide in the prior completed calendar year, not just those who are enrolled in a suicide prevention or crisis services program.</p>
<p><b>What not to count</b></p>	<p>Unless a statewide program, do not use statewide statistics for suicides. The annual goal for this indicator should always be 0.</p>

<p><b>When is it a result?</b></p>	<p>Report deaths in the first quarter of each FFY for all known or likely suicide deaths that occurred in the prior calendar year.</p> <p>For example, in January 2023, when FFY Q1 data are due, report a count of all known or likely suicide deaths that occurred during calendar year 2022. Unless additional mortality is ascertained during the year, Q2–Q4 should be reported as 0.</p> <p>If the suicide data is not available by the Q1 reporting deadline, then report this data in FFY Q2 instead of Q1. In that situation, Q1 would be reported as 0, the result for the previous calendar year would be reported in Q2, and the results for Q3 and Q4 should be reported as 0.</p>
<p><b>How do I calculate the annual total?</b></p>	<p>Because of delays in availability of mortality data and intent, this number should be reported only in Q1 for the <i>previous</i> completed calendar year. The quarters can be summed, as they will represent a full year plus any additional notifications.</p>
<p><b>Instructions for describing results</b></p>	<p><b>Result Name:</b> Enter the data source for suicide death.</p> <p><b>Result Description:</b> Enter (1) communities or organizations included in the count; (2) demographic information of suicide death (sex, race/ethnicity, age); (3) methods and substances involved; and (4) other relevant data.</p>
<p><b>Examples</b></p>	<p><b>Result Name:</b> 2020 County Coroner Mortality Report</p> <p><b>Result Description:</b> Based on the 2020 calendar year mortality report issued by the county coroner, we were able to confirm that there were 2 deaths by suicide, 1 male and 1 transgender, ages 18 to 24 at the campuses implementing our suicide prevention program. Further demographic information was suppressed for privacy reasons.</p> <p><b>Number:</b> 2</p> <p><b>Result Name:</b> Minnesota Dept of Education</p> <p><b>Result Description:</b> Based on stated data source, 3 suicide deaths in the Greene High School District were reported in 2021. Three females ages 13-14. No other information available at this time.</p> <p><b>Number:</b> 3</p>
<p><b>Also reported in...</b></p>	<p>N/A</p>
<p><b>Version</b></p>	<p>[ADDED] This indicator has been added to the CMHS IPP version approved in 2022.</p>

**T8 [ADDED] The number of individuals who attempted suicide.**

<p><b>Intent/Key points</b></p>	<p>The intent of T8 is to improve the collection, quality, timeliness, and use of suicide-related data to implement effective responses, design target interventions, and guide suicide prevention programming in a specific community, health care system, or setting. Access to real-time data on suicide attempts is critical to identifying and responding to emerging populations at risk and assessing the effectiveness of suicide prevention efforts over time.</p> <p>To report this indicator, grantees will have to develop an internal surveillance system and/or protocol to collect and report data on non-fatal suicide attempts. Grantees can create a single point of contact (such as with the hospital system), triangulate and gather from multiple information sources, establish data-sharing agreements with other organizations, or establish a relationship with a data source provider.</p> <p>Potential sources include:</p> <ul style="list-style-type: none"> <li>• Health departments</li> <li>• Health systems and hospitals</li> <li>• Substance abuse treatment facilities</li> <li>• Schools, including higher education</li> <li>• Community coalitions and task forces (such as the Substance Abuse Prevention Workgroup)</li> <li>• Law enforcement agencies</li> <li>• Emergency medical services and ambulance companies</li> <li>• Organizations that serve specific populations (such as veterans, American Indians, Alaska Natives)</li> </ul>
<p><b>What units to count</b></p>	<p>Count the <u>number of individuals</u> at or in the facility, organization, or community who attempted suicide in the previous completed calendar year, not just those who are enrolled in a suicide prevention or crisis services program.</p>
<p><b>What not to count</b></p>	<p>Unless a statewide program, do not use statewide statistics for suicide attempts.</p> <p>The annual goal for this indicator should always be 0.</p> <p>If the only known suicide attempt was fatal, do not include that individual, and do not include suicide deaths in this count.</p>

<p><b>When is it a result?</b></p>	<p>Report suicide attempts in the first quarter of each FFY for all known or likely suicide attempts that occurred in the prior calendar year.</p> <p>For example, in January 2023, when Q1 data are due, report a count of all individuals who were known to have attempted suicide during calendar year 2022. Unless additional suicide attempts for the previous calendar year are ascertained during the fiscal year, Q2–Q4 should be reported as 0.</p> <p>If the attempted suicide data is not available by the Q1 reporting deadline, then report this data in FFY Q2 instead of Q1. In that situation, Q1 would be reported as 0, the result for the previous calendar year would be reported in Q2, and the results for Q3 and Q4 should be reported as 0.</p>
<p><b>How do I calculate the annual total?</b></p>	<p>Because of delays in availability of data about suicide attempts, this number should be reported only in Q1 for the <i>previous</i> completed calendar year. The quarters can be summed, as they will represent a full year plus any additional notifications.</p>
<p><b>Instructions for describing results</b></p>	<p><b>Result Name:</b> Enter the data source(s) for suicide attempt(s)</p> <p><b>Result Description:</b> Enter (1) communities or organizations included in the count; (2) demographic information of suicide attempt (sex, race/ethnicity, age); (3) methods and substances involved; and (4) other relevant data.</p>
<p><b>Examples</b></p>	<p><b>Result Name:</b> Minnesota Dept of Education</p> <p><b>Result Description:</b> Based on stated data source, 1 suicide attempt in the Greene Middle School District was reported: one black male, age 11. No other information is available at this time.</p> <p><b>Number:</b> 1</p> <p><b>Result Name:</b> 2020 County Hospital ED and Inpatient Report</p> <p><b>Result Description:</b> Based on the 2020 calendar year discharge survey issued by the county hospital, we were able to confirm that there were 10 emergency department visits in 2020 for suicide attempts, including 6 poisonings, 1 gunshot wound, and 3 suffocations. All attempts were among persons aged 60 years or older. All were admitted as inpatients as well. Further demographic information was suppressed for privacy reasons.</p> <p><b>Number:</b> 10</p>
<p><b>Also reported in...</b></p>	<p>N/A</p>
<p><b>Version</b></p>	<p>[ADDED] This indicator has been added to the CMHS IPP version approved in 2022.</p>



## WORKFORCE DEVELOPMENT (WD)

### WD2 The number of people in the mental-health and related workforce trained in mental-health-related practices/activities consistent with the goals of the grant.

<p><b>Intent/Key points</b></p>	<p>The intent is to improve mental health by increasing the capacity and quality of the mental-health and related workforce. This indicator captures information on improvements in addressing mental-health issues, providing mental-health-related practices, or implementing mental-health-related activities (such as intensive services, trauma-informed care, or assessment) consistent with the goals of the grant.</p> <p>Trainings can be included if the grantee used grant funds <u>to provide</u> the training to internal or external members of the workforce OR if the grantee workforce <u>received</u> external training.</p>
<p><b>What units to count</b></p>	<p>Count the number of people trained per program.</p> <p>Include people who are being trained to become part of the workforce. If one person receives several trainings for different topics, count the individual for each of the trainings by topic. If the same group of people must attend multiple trainings to complete one training program, count these people once. If the same individual is being trained for recertification quarterly, then count that person each quarter.</p>
<p><b>What not to count</b></p>	<p>Only people in the mental-health workforce should be captured under WD2. Others (for example, friends, employers, roommates, family members not in the workforce or general public) might be applicable to reporting under TR1.</p> <p>Family members or clients supporting an evaluation or serving on an informal workgroup to review monthly reports should not be included in WD2. Consider A6.</p> <p>Participation or presentations at conferences does not meet the definition of <i>training</i>. Consider AW1.</p> <p>Webinar presentations to describe the results of an intervention might not meet the definition of <i>training</i>.</p> <p>Individual consultations with health care providers on a specific client or case are not included in the definition of training, although they may be required to complete a training or achieve a certification.</p>
<p><b>When is it a result?</b></p>	<p>Report results only in the quarter in which the training was completed. If the training spans multiple quarters, count only in the quarter when completed.</p>
<p><b>How do I calculate the annual total?</b></p>	<p>Although the 4 quarters can be summed to an annual total of individuals in the workforce trained, individuals might be duplicated across quarters. For example, a person who completed one training in Q1 and a different training in Q3 might be duplicated in the annual total.</p>

<p><b>Instructions for describing results</b></p>	<p><b>Result Name:</b> Enter the name/title of the training.</p> <p><b>Result Description:</b> Enter a two- or three-sentence description of (1) who received training (the target audience), including the targeted professions; (2) the type of training provided; (3) the type of skills learned; and (4) the CEUs offered, if any.</p> <p>Note that your program might have specific requirements for the type of training that is important for achieving program goals. The type should be reported here.</p>
<p><b>Examples</b></p>	<p><b>Result Name:</b> Suicide Risk Assessment Training</p> <p><b>Result Description:</b> We provided 10 sessions to local clinic and hospital nursing staff on the QPR for Nurses Gatekeeper Training for Suicide Prevention this quarter.</p> <p><b>Number:</b> 276</p> <p><b>Result Name:</b> Vocational Rehabilitation Specialists</p> <p><b>Result Description:</b> We trained three Vocational Rehabilitation Specialists on How do I improve the intensive services they provide this quarter.</p> <p><b>Number:</b> 3</p> <p><b>Result Name:</b> Supervision of Peer-Support Specialists</p> <p><b>Result Description:</b> The Team Leader and Program Manager received training on How do I supervise Peer-Support Specialists who provide mental-health services to clients this quarter.</p> <p><b>Number:</b> 2</p> <p><b>Result Name:</b> Mental-Health First Aid Training</p> <p><b>Result Description:</b> 20 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 do I help someone in both crisis and non-crisis situations, and where to turn for help.</p> <p><b>Number:</b> 20</p> <p><b>Result Name:</b> PHQ-9 Training</p> <p><b>Result Description:</b> Thirty social workers and health care technicians learned How do I recognize the signs of depression in young adults, How do I assess and respond to potential suicide risk, and How do I use and read the results from the Patient Health Questionnaire–9 (PHQ-9).</p> <p><b>Number:</b> 30</p>
<p><b>Also reported in ...</b></p>	<p>TR1 is potentially larger than WD2, and individuals counted in WD2 should ALSO be counted in TR1 if both indicators are assigned.</p>

<b>Version</b>	[UNCHANGED] The wording and requirements for this indicator are unchanged from previous versions.
----------------	---

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

<p><b>Intent/Key points</b></p>	<p>The intent is to capture information on the number of people newly credentialed or certified who provide specific mental-health-related practices and activities consistent with the goals of the grant.</p> <p>The credentials and certifications must be completed before entering the result. Do not include registrations, enrollments, or in-progress programs.</p> <p>Credentialed or certified individuals can be included if they are employed by the grantee, or if the grantee used grant funds to obtain the credentialing or certification, or if the grantee provided the credentialing or certification, depending on the goals of the grant.</p>
<p><b>What units to count</b></p>	<p>Count the number of people credentialed or certified in the quarter.</p>
<p><b>What not to count</b></p>	<p>Do not count the number of credentials/certifications. For example, one person might have obtained several credentials at the same time, but that person should be counted only once.</p> <p>A certificate of completion of training is insufficient to include in this indicator unless that training has been accredited or certified and the awarding of the certificate requires more than mere attendance. Completed trainings that do not meet the standards for credentials or certification can be reported under WD2 or TR1 if applicable.</p>
<p><b>When is it a result?</b></p>	<p>Report results only in the quarter in which the credentialing or certification was obtained.</p>
<p><b>How do I calculate the annual total?</b></p>	<p>Although the 4 quarters can be summed to an annual total of newly credentialed or certified individuals in the workforce, individuals can be duplicated across quarters.</p>
<p><b>Instructions for describing results</b></p>	<p><b>Result Name:</b> Enter the name/title of the credentials/certifications held.</p> <p><b>Result Description:</b> Enter a two- or three-sentence description of who received the credentials/certifications and their type.</p> <p>Note that your program might have specific requirements for what type of credentials/certifications are important to achieve the goals of the program. Those should be reported here.</p>

<p><b>Examples</b></p>	<p><b>Result Name:</b> Additional Licensures.</p> <p><b>Result Description:</b> Four new psychiatrists were licensed this quarter to provide services for grantees.</p> <p><b>Number:</b> 4</p> <p><b>Result Name:</b> Peer-Support Specialists</p> <p><b>Result Description:</b> The three individuals sent by the agency at the beginning of the year completed their 6-month training and received certification as peer-support specialists.</p> <p><b>Number:</b> 3</p> <p><b>Result Name:</b> QPR Trainers</p> <p><b>Result Description:</b> We certified 10 people as QPR trainers who can now offer the QPR training to nurses.</p> <p><b>Number:</b> 10</p>
<p><b>Also reported in ...</b></p>	<p>Members of the mental-health or related workforce who completed a training to achieve their certification or credential might also be reported under WD2.</p>
<p><b>Version</b></p>	<p>[UNCHANGED] The wording and requirements for this indicator are unchanged from previous versions.</p>

**WD5 [REVISED GUIDANCE] The number of consumers and family members who provide mental-health-related services as a result of the grant.**

<b>Intent/Key points</b>	The intent is to improve mental-health services by increasing the number of people with lived experiences, including consumers and their family members who are actively providing mental-health-related services. This indicator is intended to capture information on consumers or family members who provide mental-health-related services as a result of the grant. These individuals must be providing mental-health-related services. They can be paid or unpaid positions.
<b>What units to count</b>	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.
<b>What not to count</b>	Do not include in WD5 consumers or family members involved exclusively in planning and advocacy activities or mental-health-related evaluation oversight, data collection, or analysis activities. These consumers/family members would be counted under indicators A5 and A6, respectively.  Family members or consumers who participate in an advocacy day but are not providing mental-health services should not be included in WD5.
<b>When is it a result?</b>	Consumers and family members should be counted in every quarter that they are in the position, paid or unpaid. For persons who work less than one quarter, round the time spent to the nearest quarter (example: each quarter consists of 3 months or 13 weeks, and the person worked 7 of 13 weeks, so round up to 1 person employed for the quarter).  The same consumers/family members can be reported in each quarter in which they are actively providing mental-health or related services.
<b>How do I calculate the annual total?</b>	This snapshot indicator should not be summed across quarters.
<b>Instructions for describing results</b>	<b>Result Name:</b> Enter the name or title of the services provided. <b>Result Description:</b> Enter a two- or three-sentence description of who provided what services.  Note that your program might have specific requirements for what type of services are important to achieve the goals of the program. Those should be reported here.

<p><b>Examples</b></p>	<p><b>Result Name:</b> Veterans/Family Members Providing Mental Health Related Services</p> <p><b>Result Description:</b> A veteran with depression was hired as a Veterans Outreach Specialist this quarter. This brings the total number of veterans providing services to 4.</p> <p><b>Number:</b> 4</p> <p><b>Result Name:</b> Peer-Support Specialists</p> <p><b>Result Description:</b> Three of our treatment teams this quarter include a current or former consumer offering peer support.</p> <p><b>Number:</b> 3</p>
<p><b>Also reported in ...</b></p>	<p>Family members or consumers who newly completed training to provide mental-health services can be reported under WD2 in the quarter they completed the training.</p> <p>Family members or consumers who newly obtained a credential or certification to provide mental-health services can be reported under WD3 in the quarter they were newly credentialed or certified.</p>
<p><b>Version</b></p>	<p>[REVISED GUIDANCE] Although the wording of this indicator is unchanged, its requirements now make clear that this is a <i>snapshot</i> indicator. The same consumers/family members can be reported in each quarter in which they are actively providing mental-health or related services.</p> <p>Because of the revised definitions and requirements, there might be a discontinuity in reporting across years between the old version and the new version. Grantees might also have to revise their annual goals to reflect the new reporting requirements.</p>

# Setting and Entering IPP Annual Goals

## SETTING ANNUAL GOALS FOR IPP INDICATORS

Each CMHS grantee is required to set annual goals for assigned IPP indicators and (if applicable) for client services. These goals set in SPARS are in addition to any progress toward program objectives you are required to include in your (annual) performance report(s).

<b>TIP</b>	Don't forget to set up SPARS access for staff. To do this, you must have the Project Director or Alternate Project Director complete an <a href="#">Add/Remove SPARS Users Form</a> and submit it to the SPARS Help Desk ( <a href="mailto:SPARSHelpDesk@mathematica-mpr.com">SPARSHelpDesk@mathematica-mpr.com</a> ). Once SPARS receives the required information, Help Desk staff will set up an account, and the grantee staff member will receive login credentials via email.
------------	---

The purpose of establishing annual goals—and, subsequently, reporting data—is to quantify what you were planning to accomplish with your SAMHSA grant, not to make you add new activities beyond what you originally proposed.

CMHS program leads designate the IPP and/or Services indicator(s) for which grantees must collect and report data into SPARS. Grantees should enter IPP annual goals only for the specific indicators required by their grant program. Annual goals need to be set for all assigned IPP indicators. They should be consistent with grant program objectives, the activities proposed in the application, and the requirements in the Notice of Funding Opportunity (NOFO) and Notice of Award (NoA).

For setting goals, go through each of the following key points:

- **Identify the IPP indicators for which you are required to collect and report data.** Review the specific requirements for your program, based on your NOFO or NoA. You should consult with your GPO if you are not sure which indicators you will need to enter annual goals or if there is a difference between what is set in SPARS and what has been communicated.

<b>TIP</b>	SPARS will allow grantees to enter data for only the IPP indicators they were assigned. Grantees will see required indicators when using the <a href="#">Add/Find Results</a> page, when they set and/or review their <a href="#">annual goals</a> , and on IPP indicator reports downloads. A list of each grantee's required indicators is on the <a href="#">IPP Requirements by Program/Cohort</a> . For further information about required indicators, refer to the " <a href="#">Data Reporting Deadlines and Submission Requirements</a> " section at the beginning of this guide.
------------	---

- **Read the definitions of each of your grant program's required IPP indicators** (see the [Indicator-by-Indicator](#) section of this guide). Review instructions on what to count, what is included, and what is excluded. Be sure to check how often to report or whether individuals, activities, or organizations can be counted multiple times in the same quarter or year. These definitions and details are important to know before setting goals.
- **Review your grant application and the objectives and activities described therein.** Review the stated goals and objectives in the Program Approach section of your application. What are you



planning to do and achieve? Use the goals you set in the grant application as the starting point for entering goals into SPARS.

<b>TIP</b>	Communicate with your GPO where you have identified differences in what was proposed in the application and what will be entered in SPARS, if any—changes do occur. It is important to have open and transparent communication with your GPO.
------------	---

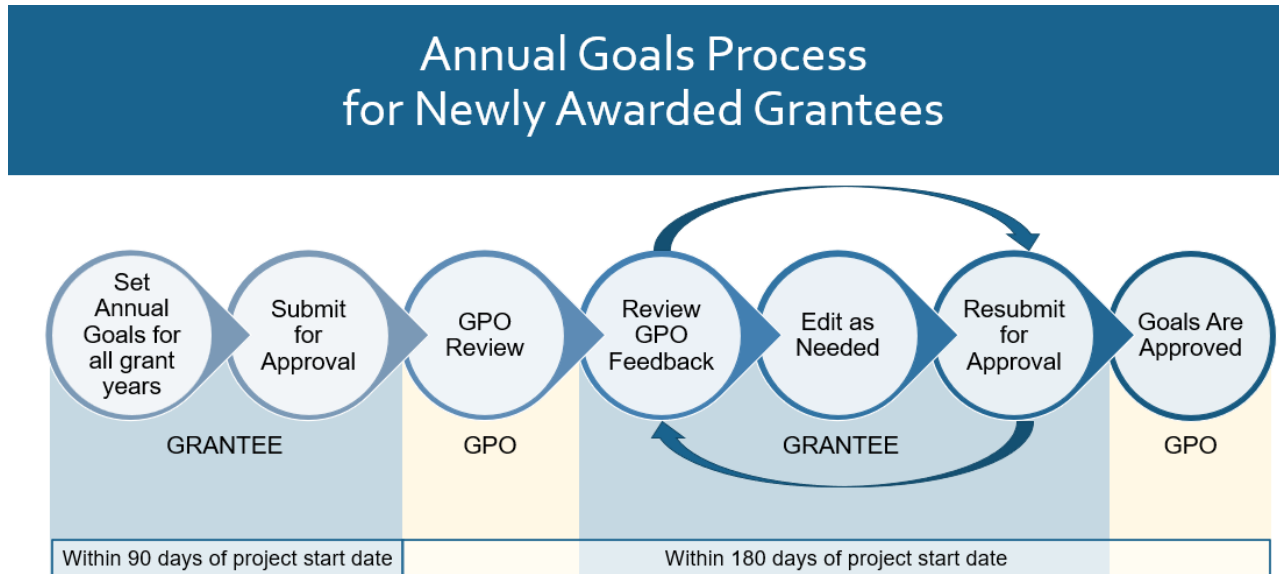
- **For each indicator, estimate what you will reasonably be able to accomplish in each grant year and by the end of the entire grant project period.** Your goals should be realistic, should be tied to your work plan, and should align with your budget. You must enter goals for each indicator for each 12-month grant year. In Year 1, you must enter goals for all years of your grant.

Now you are ready for data entry into SPARS.

## SPARS DATA ENTRY PROCESS FOR IPP ANNUAL GOALS

CMHS grantees are required to enter their annual goals within 90 days after the grant is awarded. Figure 1 shows the overall process and timelines for grantees to enter their annual goals in SPARS after the initial award of the grant.

**Figure 1.**



The data entry steps in SPARS for the first two processes in Figure 1 above, Set Annual Goals and Submit for Approval, are detailed in the following sections of this guide:

- Step 1: Access CMHS Annual Goals in SPARS
- Step 2: Select program(s) or grant(s)
- Step 3: Enter Annual Goals for a CMHS Grant (New Grants).

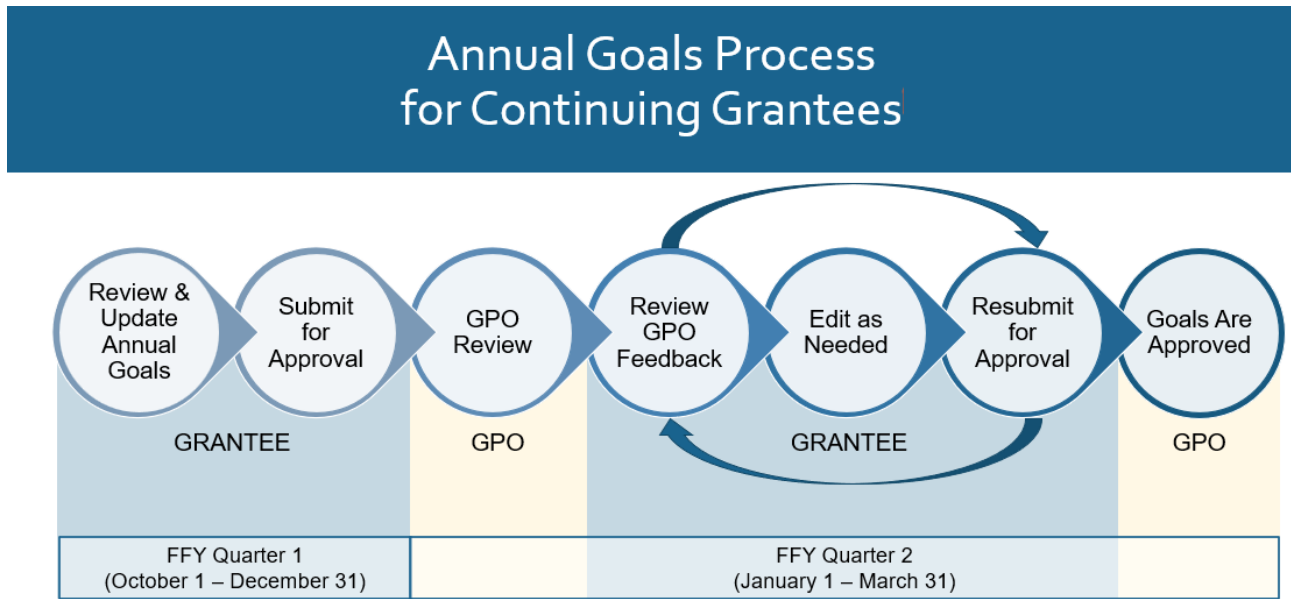
Once the annual goals have been submitted, the GPO will review the annual goals in SPARS. After the GPO review, grantees will review GPO feedback, edit and resubmit annual goals (if needed) using the instructions in the following section of this guide:

- Step 4: Review Annual Goals and GPO Feedback.

Once all the annual goals are approved by the GPO, the process is complete for the initial entry of the annual goals in SPARS.

For subsequent grant years you can revise annual goals in consultation with your GPO during the first quarter of each fiscal year (that is, October–December) regardless of the original project start date. SPARS allows entry and editing of annual goals during the first quarter of each fiscal year. See Figure 2 below for an overview of the optional, annual goal setting process.

Figure 2.



If you update your annual goals in the first quarter of a fiscal year, grantees will follow the data entry steps outlined in the following section of this document:

- Step 5: Update Annual Goals Information (Continuing Grants).

<p><b>TIP</b></p>	<p>The goal for direct services—Clients Served—is set in the same place as the IPP annual goals. For more assistance on How do I set annual goals for the number of clients served or to learn about data entry for the NOMs tool, see the NOMs Question-by-Question Guide [Coming Soon] and the <a href="#">Data Entry for Annual Goals Training</a>.</p>
-------------------	--

## SPARS DATA ENTRY STEP-BY-STEP FOR IPP ANNUAL GOALS

### STEP 1: Accessing CMHS Annual Goals in SPARS

To enter your annual goals, first log into SPARS. The web address for SPARS is <https://spars.samhsa.gov/>. Creating a bookmark enables easy access to the website.

Then, go to the CMHS section, and navigate to the Annual Goals Data Entry screen. There are two ways to navigate to the Annual Goals Data Entry screen.

The first way is to click SPARS-CMHS under the Quick Links section of the SPARS home page to get started (see Figure 3).

Figure 3.



Alternatively, from the SPARS home page, select the **Data Entry & Reports** tab, hover over **for CMHS Users**, and click **CMHS Data Entry** (see Figure 4).

Figure 4.



At this point, you will be prompted to log into SPARS if you have not already done so.

Next, the left-hand navigation menu will display four drop-down sections: **My Grants**, **Admin**, **Data Entry**, and **Data Download**. Click on **Data Entry**, and then click **Annual Goals** (see Figure 5).

Figure 5.

The screenshot shows the SPARS web application interface. At the top, there is a header with the SPARS logo, the text "Center for Mental Health Services", and user information: "User: barbara.gelhard" and "Roles: Admin,PD". Below the header is a navigation menu with four main sections: "My Grants", "Admin", "Data Entry", and "Data Download". The "Data Entry" section is expanded, showing three sub-sections: "Annual Goals", "Services", and "IPP". The "Annual Goals" sub-section is selected, displaying a welcome message and a list of topics: "Annual Goals", "NOMs Client-level Measures (Services)", and "Infrastructure Development, Prevention, and Mental Health Promotion (IPP)". Below this, there are detailed sections for "Annual Goals", "NOMs Client-level Measures (Services)", and "Infrastructure Development, Prevention, and Mental Health Promotion (IPP)".

<p><b>How do I get a SPARS account?</b></p>	<p>Notify your organization’s Project Director or Alternate Project Director that you need a SPARS account. Project leadership should use the <a href="#">Add/Remove SPARS Users Form</a> to request an account. Once the form is completed, your Project Director or Alternative Project Director will have to submit the completed form to the SPARS Help Desk (<a href="mailto:SPARSHelpDesk@mathematica-mpr.com">SPARSHelpDesk@mathematica-mpr.com</a>).</p> <p>Once SPARS receives the required information, Help Desk staff will set up an account, and then you will receive login credentials via email. Grantees who have multiple roles or who work on grants with more than one organization may require multiple accounts that use different login information.</p>
---	---

<b>How do I get help accessing SPARS?</b>	For technical support or problems logging into SPARS, please contact the SPARS Help Desk.  Telephone: 1-800-685-7623  Email: <b>SPARSHelpDesk@mathematica-mpr.com</b>  Hours: Monday–Friday, 9:00 a.m.–8:00 p.m. ET
---	---

## STEP 2: Select program(s) or grant(s)

If your SPARS account is associated with only one grant, the system will bring you directly to the first Data Entry screen.

If you have access to multiple grants, you will first see the Find Grant screen (see Figure 6). If you leave the Find Grant form blank and select the **Find** button, the system will display a list of all the grants to which you have access.

Figure 6.

To search by program, click on the program name in the left box, and then click on the > button to move the desired program from the Available Programs side to the Selected Programs side. If you choose the incorrect program, click the < button to move it back. After you select your program(s), click the **Find** button at the bottom of the screen, and the grant(s) will appear in the list at the bottom of the page.

You can also search for a grant by Grant ID, Organization Name, City, and/or State by entering information you know into the appropriate boxes and then clicking on the **Find** button. SPARS will list all records that match the criteria you entered.



Next, click **Select** on the grant for which you want to enter annual goals (see Figure 7).

**Figure 7.**

▶ My Grants

▶ Admin

▼ Data Entry

Annual Goals

Services

▶ IPP

▶ Data Download

• 1 record(s) found for the query criteria.

### Find Grant

(OMB Number: 0930-0285; Expiration Date: 03/30/2025)

Available Programs

ACT

ACT

AWARE-COM

AWARE-LEA

>

<

Selected Programs

GrantID:

Organization Name:

City:

State:

Annual Goal Status:

Grant Status:

[Find](#)

	Program	GrantID	Organization Name	City/State/Zip	Status
Select	CCBHC-E	SM111111	Test DEMO CMHS, Inc.	Washington/District of Columbia/20005	Approved

### STEP 3: Entering Annual Goals for a CMHS Grant (New Grants)

After selecting the grant for which you want to enter annual goals, new grantees will be taken directly to the data entry page shown in Figure 8 below.

SPARS will display only the goals that are required for the selected grant. There will be one row for every indicator for which goals should be entered for the grant, and there may be multiple online pages to navigate in order to enter all the required annual goals.

At the beginning of each Annual Goals page, on-screen instructions are provided with reminders for entering annual goals, saving data, and proceeding to the next page (see Figure 8). After completing data entry for an annual goals section, click on the **Save** button at the top of each screen. It is not necessary to complete all annual goals sections in one sitting; you can save your work and return to complete it later.

Figure 8.

**Prevention and Mental Health Promotion Indicators**

Home > Data Entry > Annual Goals > Prevention and Mental Health Promotion Indicators

Print | Cancel | **Save** | Previous | Next

Grant #: Prevention and Mental Health Promotion Indicators

**Instructions:**  
For your current grant year and all future grant years, please enter a goal for each Indicator that you will collect during the grant performance period. Once complete, please select "Save" to save the data then select "Next" to go to the next screen.

	Previous Year	Current Year	Next Year		
<b>Categories &amp; Indicators</b>	(9/30/2020 - 9/29/2021)	(9/30/2021 - 9/29/2022)	(9/30/2022 - 9/29/2023)	(9/30/2023 - 9/29/2024)	(9/30/2024 - 9/29/2025)
<b>Screening</b>					
S1 - The number of individuals screened for mental health or related interventions.	<input type="text" value="80"/>	<input type="text" value="80"/>	<input type="text" value="80"/>	<input type="text" value="80"/>	<input type="text" value="80"/>
<b>Referral</b>					
R1 - The number of individuals referred to mental health or related services.	<input type="text" value="40"/>	<input type="text" value="45"/>	<input type="text" value="50"/>	<input type="text" value="60"/>	<input type="text" value="75"/>

For each IPP indicator, you will need to enter a goal for each grant year (see Figure 9). Use the instructions in the [Indicator-by-Indicator](#) section of this guide to correctly count and enter the indicator goals. Enter a zero (0) if you think your grant will not conduct one of the activities in a given grant year. However, please consult with your GPO before entering "0" for any annual goal. You cannot leave any field blank. Unlike the Services activities goal, you do not need to enter a cumulative goal for IPP indicators.

Figure 9.

Prevention and Mental Health Promotion Indicators

Home > Data Entry > Annual Goals > Prevention and Mental Health Promotion Indicators

Print | 
 Cancel | 
 Save | 
 Previous | 
 Next

▶ My Grants  
 ▼ Data Entry  
 ▼ Annual Goals  
 Services  
 ▶ IPP  
 ▶ Data Download

Grant #:

### Prevention and Mental Health Promotion Indicators

(OMB Number: 0930-0285; Expiration Date: 03/30/2025)

**Instructions:**

For your current grant year and all future grant years, please enter a goal for each Indicator that you will collect during the grant performance period. Once complete, please select "Save" to save the data then select "Next" to go to the next screen.

Previous Year
Current Year
Next Year

Categories & Indicators	(9/30/2020 - 9/29/2021)	(9/30/2021 - 9/29/2022)	(9/30/2022 - 9/29/2023)	(9/30/2023 - 9/29/2024)	(9/30/2024 - 9/29/2025)
Screening					
S1 - The number of individuals screened for mental health or related interventions.	<input type="text" value="80"/>	<input type="text" value="80"/>	<input type="text" value="80"/>	<input type="text" value="80"/>	<input type="text" value="80"/>
Referral					
R1 - The number of individuals referred to mental health or related services.	<input type="text" value="40"/>	<input type="text" value="45"/>	<input type="text" value="50"/>	<input type="text" value="60"/>	<input type="text" value="75"/>

**REMEMBER TO SAVE!**

If, after you have entered your IPP annual goals, you would like to save and submit at a later time, click the **Save** button at the top of the screen (see Figure 10). If you do not click the **Save** button, your goals will not be saved in the system. Then, click the **Next** button at the top of the screen to move to the next applicable screen.

**Figure 10.**

**Prevention and Mental Health Promotion Indicators**

Home > Data Entry > Annual Goals > Prevention and Mental Health Promotion Indicators

Print | X Cancel **Save** Previous Next

Grant #: Prevention and Mental Health Promotion Indicators  
(OMB Number: 0930-0285; Expiration Date: 03/30/2025)

**Instructions:**  
For your current grant year and all future grant years, please enter a goal for each Indicator that you will collect during the grant performance period. Once complete, please select "Save" to save the data then select "Next" to go to the next screen.

	Previous Year	Current Year	Next Year
--	---------------	--------------	-----------

Categories & Indicators	(9/30/2020 - 9/29/2021)	(9/30/2021 - 9/29/2022)	(9/30/2022 - 9/29/2023)	(9/30/2023 - 9/29/2024)	(9/30/2024 - 9/29/2025)
<b>Screening</b>					
S1 - The number of individuals screened for mental health or related interventions.	80	80	80	80	80
<b>Referral</b>					
R1 - The number of individuals referred to mental health or related services.	40	45	50	60	75

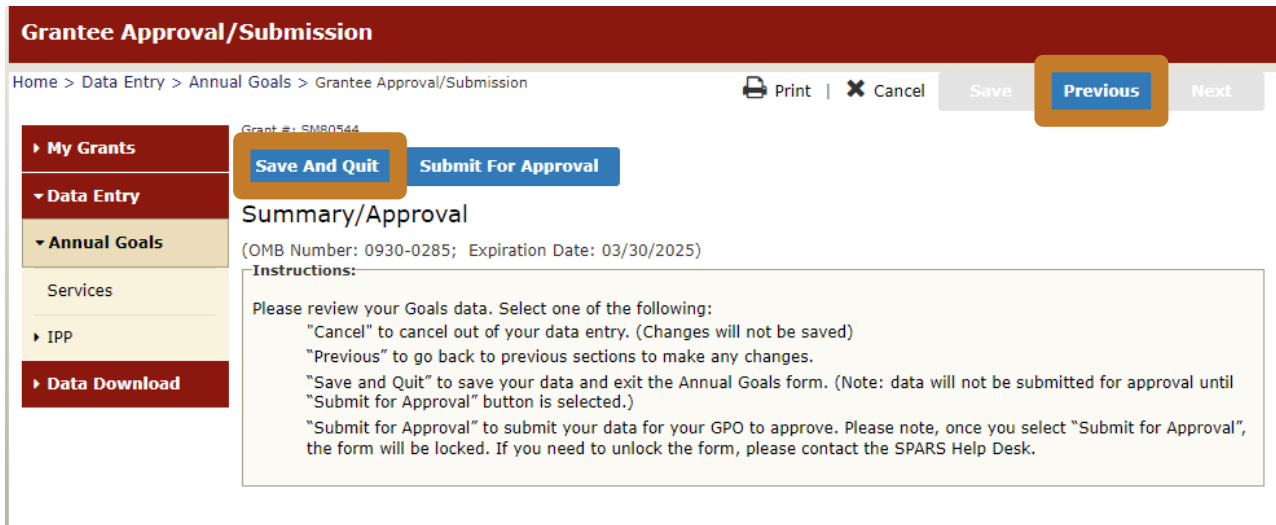
Once all annual goals are entered, the system will display the Grantee Approval/Submission screen. This screen provides a summary of all annual goals data entered for the grant.

Review the data for accuracy by scrolling down to see all the goals entered. To make edits, click on the **Previous** button at the top of the screen to go back to the appropriate screen (see Figure 11).

If you are not ready to submit your data for approval, click on the **Save And Quit** button to save your data and take yourself back to the Find Grant screen.

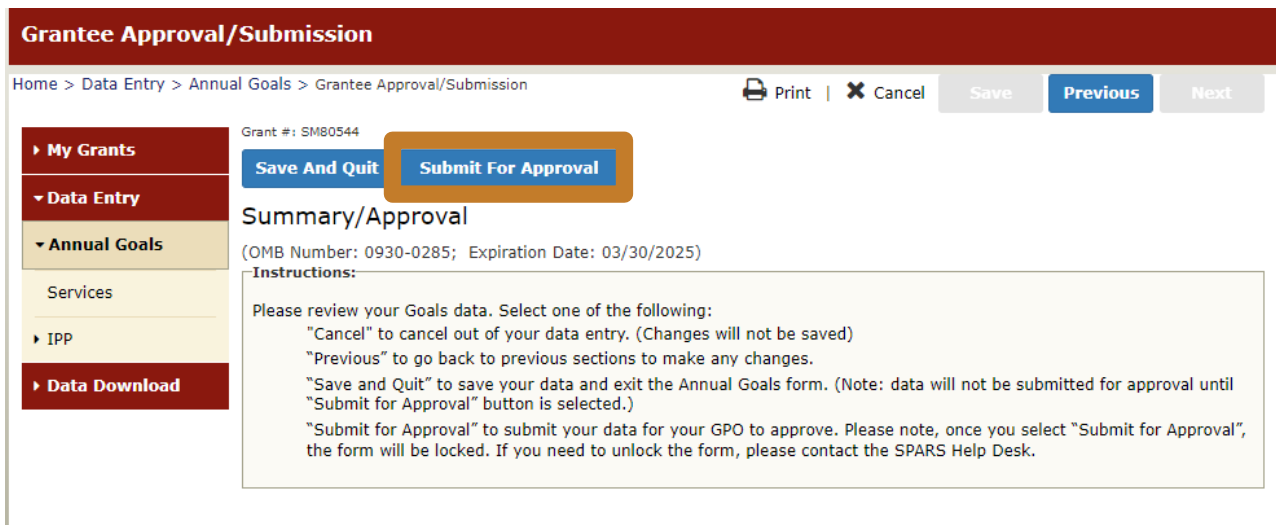
*Please Note:* If you click the **Cancel** option next to **Print**, you will leave the page, and your changes will not be saved.

Figure 11.



When you are ready to submit your annual goals to your GPO for approval, click the **Submit For Approval** button—your GPO will not be able to review your goals unless you have clicked this button (see Figure 12). The button will be enabled only when all your required goals are entered into SPARS. Once you click it, the data entry screen will lock, and you will not be able to edit your annual goals data until the first quarter (October– December) of the following fiscal year unless the GPO disagrees and requests edits to the goals you have submitted.

Figure 12.



After submitting for approval, grantees can check the status of their program goals. Immediately after submitting, the status should be *Ready For Approval* (see Figure 13).

**Figure 13.**

▶ Admin

▼ Data Entry

Annual Goals

Services

▶ IPP

▶ Data Download

### Find Grant

(OMB Number: 0930-0285; Expiration Date: 03/30/2025)

Available Programs

- ACT
- AOT
- AWARE-COM
- AWARE-LEA

>

<

Selected Programs

GrantID:

Organization Name:

City:

State:

Annual Goal Status:

Grant Status:

[Find](#)

	Program	GrantID	Organization Name	City/State/Zip	Status
Select	CCBHC-E	SM22222	Test DEMO CMHS, Inc.	Washington/District of Columbia/20005	Ready For Approval

<p><b>What if I find a mistake AFTER I've submitted for approval?</b></p>	<p>If you have submitted your annual goals for GPO review but your GPO has not reviewed it, you can let your GPO know you made a mistake and ask them to disagree with that goal so you can edit it. If your GPO has approved your annual goals and they need to be unlocked so you can make edits, please use the CMHS Annual Goals and IPP Request Form [Coming Soon] and contact the SPARS Help Desk.</p> <p>Telephone: 1-800-685-7623</p> <p>Email: <a href="mailto:SPARSHelpDesk@mathematica-mpr.com">SPARSHelpDesk@mathematica-mpr.com</a></p> <p>Hours: Monday–Friday, 9:00 a.m.–8:00 p.m. ET</p>
---	--

### STEP 4: Review Annual Goals and GPO Feedback

Your GPO will review your annual goals after you have clicked on the **Submit For Approval** button. An automated email will be sent to you when your GPO has either approved your annual goals or has indicated that they do not approve one or more of them.

If you receive notification that your GPO did not approve your annual goals, you must go back into SPARS to view them and any GPO comments. You can view the IPP goal approval status by following Step 2 above to find your grant(s). The annual goals approval status will appear in the far right column of the chart at the bottom of the screen (for example in Figure 14, *Approved, Update and Resubmit for Approval*).

Select the grant for which goals need to be edited by clicking the **Select** link in the far-left column of the table.

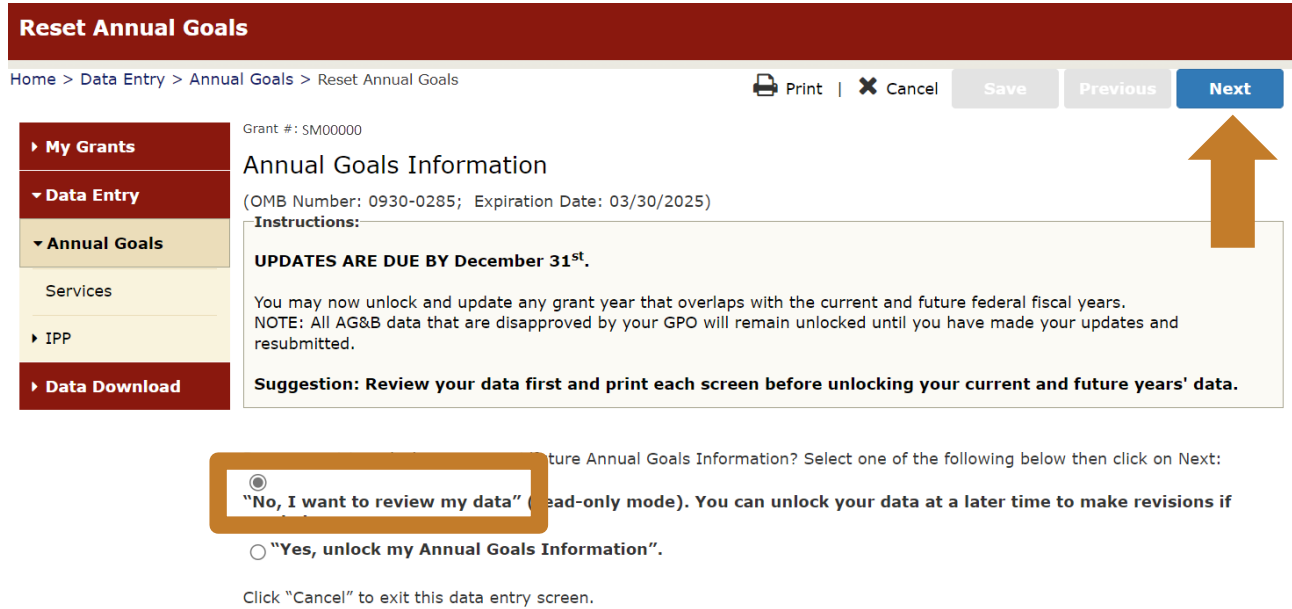
**Figure 14.**

The screenshot shows the 'Find Grant' interface. On the left is a navigation menu with 'Data Entry', 'Annual Goals', 'Services', 'IPP', and 'Data Download'. The main area contains search filters: 'Available Programs' (ACT, AOT, AWARE-COM, AWARE-LEA), 'Selected Programs' (CCBHC-E), and input fields for GrantID, Organization Name, City, State, Annual Goal Status, and Grant Status (set to 'Show Current Records'). A 'Find' button is at the bottom right. Below the form is a table with columns: Program, GrantID, Organization Name, City/State/Zip, and Status. The table contains three rows. The first row has status 'Approved'. The second row has status 'Ready For Approval'. The third row has status 'Update and Resubmit for Approval' and a 'Select' link in the first column, which is highlighted with a red box. A red arrow points from the 'Find' button to the table, and another red arrow points to the 'Select' link.

	Program	GrantID	Organization Name	City/State/Zip	Status
Select	CCBHC-E	SM111111	Test DEMO CMHS, Inc.	Washington/District of Columbia/20005	Approved
Select	CCBHC-E	SM222222	Test DEMO CMHS, Inc.	Washington/District of Columbia/20005	Ready For Approval
Select	CCBHC-E	SM333333	Test DEMO CMHS, Inc.	Washington/District of Columbia/20005	Update and Resubmit for Approval

To edit goals that were disapproved by a GPO, choose “No, I want to review my data” to edit goals, and then click **Next** (see Figure 15). Although the screen may say this selection is for read-only, the “No, I want to review my data” is the correct choice for editing goals that were disapproved by the GPO.

Figure 15.



**Reset Annual Goals**

Home > Data Entry > Annual Goals > Reset Annual Goals

Grant #: SM00000

**Annual Goals Information**  
(OMB Number: 0930-0285; Expiration Date: 03/30/2025)

**Instructions:**

**UPDATES ARE DUE BY December 31<sup>st</sup>.**

You may now unlock and update any grant year that overlaps with the current and future federal fiscal years.  
NOTE: All AG&B data that are disapproved by your GPO will remain unlocked until you have made your updates and resubmitted.

**Suggestion: Review your data first and print each screen before unlocking your current and future years' data.**

View future Annual Goals Information? Select one of the following below then click on Next:

"No, I want to review my data" (read-only mode). You can unlock your data at a later time to make revisions if

"Yes, unlock my Annual Goals Information".

Click "Cancel!" to exit this data entry screen.



You will first see the status of the grant’s annual Services goals (if applicable), where you should enter Services goals for client-level services being provided as a result of the grant. Refer to the NOMs QxQ [Coming Soon] or the [Data Entry for Annual Goals Training](#) for more information on Services goals.

Click **Next** to move on to annual IPP goals. You will see the most recently entered goals highlighted in yellow boxes and editable, as well as the GPO’s comments in the free text box toward the bottom of the screen. The GPO’s comments might include an explanation of why the goal was rejected and suggestions for corrections (see Figure 16).

**Figure 16.**

Home > Data Entry > Annual Goals > Infrastructure Indicators Print | Cancel Save Previous Next

Grant #: SM33333

### Infrastructure Indicators

(OMB Number: 0930-0285; Expiration Date: 03/30/2025)

**Instructions:**

For your current grant year and all future grant years, please enter a goal for each Indicator that you will collect during the grant performance period. Once complete, please select "Save" to save the data then "Next" to go to the next screen.

Fields marked with an asterisk (\*) and highlighted yellow indicate information that requires revision or review; please discuss this with your GPO for further clarification, if needed.

	Previous Year	Current Year	Next Year
<b>Workforce Development</b>			
WD2 - The <u>number of people</u> in the mental health and related workforce trained in mental health-related practices/activities that are consistent with the goals of the grant.		* 10 <input type="radio"/> Agree <input type="radio"/> Disagree	20 <input type="radio"/> Agree <input type="radio"/> Disagree
<b>Partnership/Collaboration</b>			
PC2 - The <u>number of organizations</u> collaborating/coordinating/sharing resources with other organizations as a result of the grant.	1 <input type="radio"/> Agree <input type="radio"/> Disagree	5 <input type="radio"/> Agree <input type="radio"/> Disagree	6 <input type="radio"/> Agree <input type="radio"/> Disagree
<b>Accountability</b>			
A4 - The <u>number and percentage of work group/advisory group/council members</u> who are consumers/family members.		* 70 % <input type="radio"/> Agree <input type="radio"/> Disagree	30 % <input type="radio"/> Agree <input type="radio"/> Disagree

GPO comments here

Once you review, you should edit the information for any goals that were not approved and then select the **Submit For Approval** button again to resubmit your annual goals data for the GPO for review (see Figure 17).

**Figure 17.**

The screenshot displays the 'Grantee Approval/Submission' interface. At the top, a dark red header contains the title. Below the header, a breadcrumb trail reads 'Home > Data Entry > Annual Goals > Grantee Approval/Submission'. To the right of the breadcrumb are navigation buttons: 'Print', 'Cancel', 'Save', 'Previous' (highlighted in blue), and 'Next'. On the left side, a vertical navigation menu includes 'My Grants', 'Data Entry', 'Annual Goals' (highlighted in yellow), 'Services', 'IPP', and 'Data Download'. The main content area shows 'Grant #:' followed by two buttons: 'Save And Quit' and 'Submit For Approval' (highlighted with an orange border). Below this is the 'Summary/Approval' section, which includes the OMB Number (0930-0285) and Expiration Date (03/30/2025). An 'Instructions' box contains the following text: 'Please review your Goals data. Select one of the following: "Cancel" to cancel out of your data entry. (Changes will not be saved) "Previous" to go back to previous sections to make any changes. "Save and Quit" to save your data and exit the Annual Goals form. (Note: data will not be submitted for approval until "Submit for Approval" button is selected.) "Submit for Approval" to submit your data for your GPO to approve. Please note, once you select "Submit for Approval", the form will be locked. If you need to unlock the form, please contact the SPARS Help Desk.'

After the GPO approves the annual goals for a grant, that grant will show an *Approved* status (see Figure 18).

**Figure 18.**

▼ Data Entry

Annual Goals

Services

▶ IPP

▶ Data Download

### Find Grant

(OMB Number: 0930-0285; Expiration Date: 03/30/2025)

Available Programs

- ACT
- AOT
- AWARE-COM
- AWARE-LEA

>

<

Selected Programs

- CCBHC-E

GrantID:

Organization Name:

City:

State:

Annual Goal Status:

Grant Status:

[Find](#)

	Program	GrantID	Organization Name	City/State/Zip	Status
Select	CCBHC-E	SM111111	Test DEMO CMHS, Inc.	Washington/District of Columbia/20005	Approved
Select	CCBHC-E	SM222222	Test DEMO CMHS, Inc.	Washington/District of Columbia/20005	Ready For Approval
Select	CCBHC-E	SM333333	Test DEMO CMHS, Inc.	Washington/District of Columbia/20005	Update and Resubmit for Approval

<b>TIP</b>	<p>Keep track of your annual goals and changes during the review process outside SPARS (for example, in a Word or Excel document) to go through the review and approval processes within your organization. This will make data entry into SPARS easier. In the same place, keep any communication from GPOs or questions on why goals were not approved or how you were asked to revise them for approval.</p>
------------	---

## STEP 5: Update Annual Goals Information (Continuing Grants)

During the first quarter of each fiscal year (October–December), SPARS allows you to unlock your annual goals for review and revision as needed. If the information you entered into SPARS under annual goals is in an *Approved* status during quarter one, you will be able to unlock the information for the current and future grant years to make revisions. GPOs can review and recommend edits at any time during the first quarter of each FFY and for one quarter after the update period (January 1–March 31).

- If you have previously submitted annual goals data, you will see the screen below (Figure 19) that allows you to unlock your previous entries for revision. To revise your previous entries, select Yes, unlock my annual goals Information, and click the blue **Next** button in the upper right corner.
- If you did not fully complete the annual goals process last year, you will not see the screen below. Instead, you will be taken directly to the data entry screens.

Figure 19.

**Reset Annual Goals**

Home > Data Entry > Annual Goals > Reset Annual Goals

Print | Cancel | Save | Previous | **Next**

Grant #: SM1111111

**Annual Goals Information**  
(OMB Number: 0930-0285; Expiration Date: 03/30/2025)

**Instructions:**

**UPDATES ARE DUE BY December 31<sup>st</sup>.**

You may now unlock and update any grant year that overlaps with the current and future federal fiscal years.  
NOTE: All AG&B data that are disapproved by your GPO will remain unlocked until you have made your updates and resubmitted.

**Suggestion: Review your data first and print each screen before unlocking your current and future years' data.**

Do you want to unlock your current/future Annual Goals Information? Select one of the following below then click on Next:

"No, I want to review my data" (read-only mode). You can unlock your data at a later time to make revisions if needed.

**"Yes, unlock my Annual Goals Information".**

Click "Cancel" to exit this data entry screen.

Please note that if you unlock your information, your GPO will have to review and approve it, even if you do not make revisions. Therefore, it might be a good idea to review your information first and then unlock it only if you need to make changes. Before making changes to previously approved Annual Goals, continuing grantees should discuss any planned changes with their GPO.

- If you click **No, I want to review my data**, you will be taken to the first data entry screen in a read-only mode if all your goals have been approved. If there are any goals that the GPO disagreed with the goal will be highlighted in yellow and editable. Once you have reviewed your data, you can come back to this screen and unlock the information later if needed.
- If you click **Yes, unlock my Annual Goals Information**, you will be taken to the warning screen (see Figure 20) indicating that the data will be unlocked for editing. This button should only be utilized during quarter one to unlock approved goals.

**Figure 20.**

### Annual Goals Information

(OMB Number: 0930-0285; Expiration Date: 03/30/2025)

**Warning**

If you select "YES", the current grant year and all future grant years will be unlocked for editing. You will need to click on "Submit for Approval" which will require your GPO to review and approve all current and future information, whether or not changes are made. Choose "Yes" only if changes are required.

If you click **No** on the Warning screen, you will see the data entry screens in read-only mode for any approved goals and edit mode for any goals not yet entered or approved.

If you click **Yes** on the Warning screen, you will be taken to the data entry screens with the current and future year fields editable. Before making changes to Annual Goals, continuing grantees should discuss any planned changes with their GPO.

*Please note:* Any information that was set to Disagree by your GPO from previous years will be highlighted in yellow and will be editable, as shown in the image below (see Figure 21).

**Figure 21.**

	Previous Year	Current Year	Next Year	Next Year	Next Year
Categories & Indicators	(8/30/2021 - 8/29/2022)	(8/30/2022 - 9/29/2022)			
<b>Workforce Development</b>					
WD2 - The <u>number of people</u> in the mental health and related workforce trained in mental health-related practices/activities that are consistent with the goals of the grant.	* 0 <input type="radio"/> Agree <input checked="" type="radio"/> Disagree	* 1 <input type="radio"/> Agree <input checked="" type="radio"/> Disagree			
<b>Partnership/Collaboration</b>					
PC2 - The <u>number of organizations</u> collaborating/coordinates/sharing resources with other organizations as a result of the grant.	* 1 <input type="radio"/> Agree <input checked="" type="radio"/> Disagree	* 1 <input type="radio"/> Agree <input checked="" type="radio"/> Disagree			
<b>Accountability</b>					
A4 - The <u>number and percentage of work group/advisory group/council members</u> who are consumers/family members.	* 1 % <input type="radio"/> Agree <input checked="" type="radio"/> Disagree	* 1 % <input type="radio"/> Agree <input checked="" type="radio"/> Disagree			

Once you have updated your annual goals, if you are not ready to submit your data for approval, click on the **Save And Quit** button (see Figure 22) to save your data and take yourself back to the Find Grant screen.

*Please Note:* If you click the **Cancel** option next to **Print**, you will leave the page, and your changes will not be saved.

**Figure 22.**

The screenshot shows the 'Grantee Approval/Submission' page. At the top, there is a breadcrumb trail: 'Home > Data Entry > Annual Goals > Grantee Approval/Submission'. To the right of the breadcrumb are buttons for 'Print', 'Cancel', 'Save', 'Previous', and 'Next'. On the left side, there is a navigation menu with options: 'My Grants', 'Data Entry', 'Annual Goals', 'Services', 'IPP', and 'Data Download'. The main content area is titled 'Summary/Approval' and includes the text '(OMB Number: 0930-0285; Expiration Date: 03/30/2025)'. Below this is an 'Instructions' box with the following text: 'Please review your Goals data. Select one of the following: "Cancel" to cancel out of your data entry. (Changes will not be saved) "Previous" to go back to previous sections to make any changes. "Save and Quit" to save your data and exit the Annual Goals form. (Note: data will not be submitted for approval until "Submit for Approval" button is selected.) "Submit for Approval" to submit your data for your GPO to approve. Please note, once you select "Submit for Approval", the form will be locked. If you need to unlock the form, please contact the SPARS Help Desk.' Two buttons are visible: 'Save And Quit' (highlighted with a blue box) and 'Submit For Approval'.

After making changes, select the **Submit For Approval** button again to resubmit your annual goals data for the GPO for review (see Figure 23).

**Figure 23.**

This screenshot is identical to Figure 22, showing the 'Grantee Approval/Submission' page. The main difference is that the 'Submit For Approval' button is now highlighted with a blue box, while the 'Save And Quit' button is no longer highlighted. The rest of the page content, including the breadcrumb trail, navigation menu, and instructions box, remains the same.

*After the updates to your goals have been submitted for GPO Review, return to Step 4 in this document and follow the instructions for Review Annual Goals and GPO Feedback.*

## Reporting IPP Results

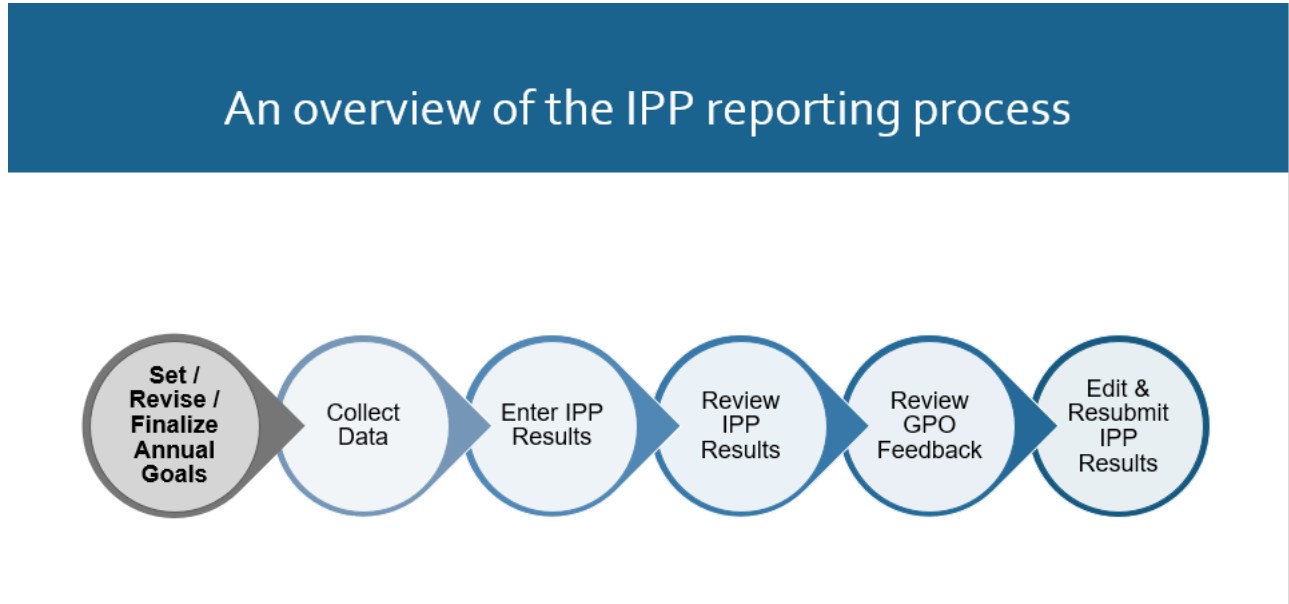
CMHS discretionary grants required to report against assigned IPP indicators must do so quarterly. When it is time for reporting, in the month following the completion of the quarter, go through the following:

- **Gather the data or information needed for IPP reporting.** Grantees might want to keep track of IPP reporting in an Excel or Word document so that it is quick to copy and paste into SPARS information that has already been gathered and reviewed for accuracy. Depending on the indicator and grantee internal processes, data might have to be gathered from many different sources and reviewed before writing result descriptions.
- **Check the [Indicator-by-Indicator](#) section of this guide** for instructions on what to put in the results description, what to include, and how often to count. Ask: Does your drafted result description include all the required information? Do you need to gather more data? Do you need to shorten the description to fit the character limit?
- **Review previous quarter IPP reporting, if applicable.** If you have previously reported on the indicator, what or who was included? Can they be included again now because it is a new year, or would that be duplicating results? How do the results compare?
- **Review previous quarter GPO comments, as applicable.** Did your GPO agree with previous results? What were the GPO's questions, and how can you revise the results description to pre-emptively respond to the questions this quarter?
- **Ready for data entry in SPARS.**

## SPARS DATA ENTRY PROCESS FOR IPP RESULTS

CMHS discretionary grants required to report for assigned IPP indicators must do so quarterly through data entry in SPARS. An overview of the IPP reporting process is shown in Figure 24.

**Figure 24.**



The following sections of this guide provide data entry instructions in SPARS to support the Enter IPP Results, Review IPP Results, Review GPO Feedback, and Edit and Resubmit IPP Results shown in Figure 24. The steps to support this process are as follows:

- Step 1: Access SPARS CMHS Data Entry & Login
- Step 2: Navigate to IPP
- Step 3: Add New Results
- Step 4a: Find and Review Results in CMHS Data Entry
- Step 4b: Review Results in CMHS Reports
- Step 4c: Review Results in Data Download
- Step 5: GPO Review and Agree/Disagree
- Step 6: Revise Results

The quarterly deadlines for reporting IPP Results are shown in the table below.

IPP results completed	Grantees enter data	GPO review and any grantee edits completed
October 1– December 31	On or before January 31	On or before March 31
January 1–March 31	On or before April 30	On or before June 30
April 1–June 30	On or before July 31	On or before September 30



<b>IPP results completed</b>	<b>Grantees enter data</b>	<b>GPO review and any grantee edits completed</b>
July 1–September 30	On or before October 31	On or before December 31

## SPARS DATA ENTRY STEP-BY-STEP FOR IPP RESULTS

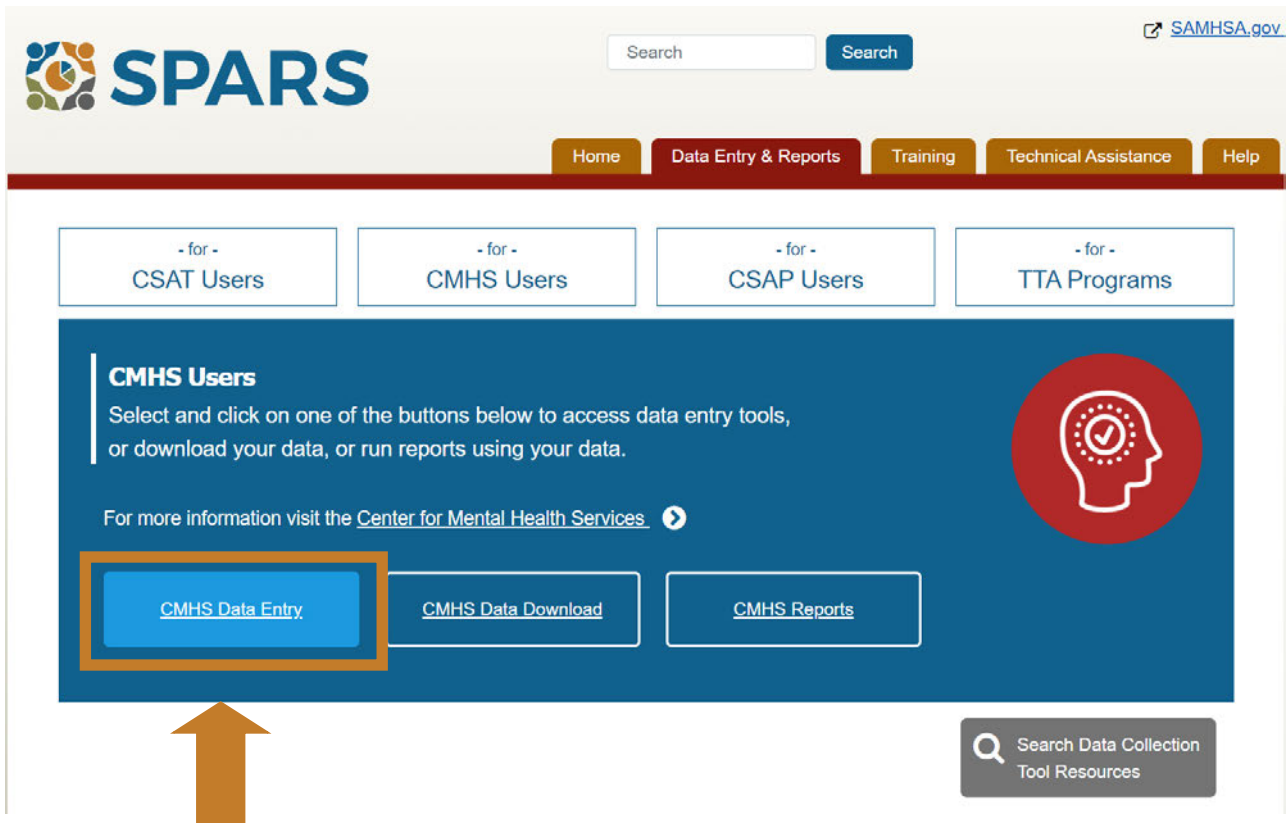
### STEP 1: Access SPARS CMHS Data Entry & Login

To access the CMHS Data Entry page from the [SPARS home page](#), select the **Data Entry & Reports** tab (see Figure 25), hover over **for CMHS Users**, and click **CMHS Data Entry** (see Figure 26). Alternatively, select **SPARS-CMHS** from the Quick Links section (see Figure 25) of the SPARS home page.

Figure 25.



Figure 26.



## STEP 2: Navigate to IPP

Once you are logged in, the data entry homepage will display three drop-down sections: **My Grants**, **Data Entry**, and **Data Download**. To enter IPP data, select **Data Entry** from the left menu. This will show a menu that displays the type of data grantees can access based upon their assigned grants. **IPP** will be listed under **Data Entry** if you have grants that were assigned IPP indicators (see Figure 27). This is where grantees enter IPP results on a quarterly basis. If you do not see **IPP** despite having grants that were assigned indicators, contact the SPARS Help Desk.

Figure 27.

The screenshot displays the SPARS CMHS Data Entry system interface. At the top, the SPARS logo and 'Center for Mental Health Services' are visible, along with the user's name 'barbara gelhard' and roles 'Admin, PD'. The main navigation bar is labeled 'Data Entry'. Below this, a breadcrumb trail shows 'Home > Data Entry' and a 'Print' button. The left sidebar contains a menu with 'My Grants', 'Admin', 'Data Entry', 'Annual Goals', 'Services', 'IPP', and 'Data Download'. The 'IPP' item is highlighted with a yellow border. The main content area provides a welcome message and lists the data types accessible: Annual Goals, NOMs Client-level Measures (Services), and Infrastructure Development, Prevention, and Mental Health Promotion (IPP). Each item has a corresponding section of text explaining the data entry process and requirements.

**Annual Goals**  
Center for Mental Health Services (CMHS) grantees are required to enter annual goals for all performance measures into SPARS and your Notice of Award includes the due date for entry of the annual goals. Once annual goals have been entered and submitted, the assigned Government Project Officer will review the goals and either approve them or ask you to update the goals and re-submit for approval.

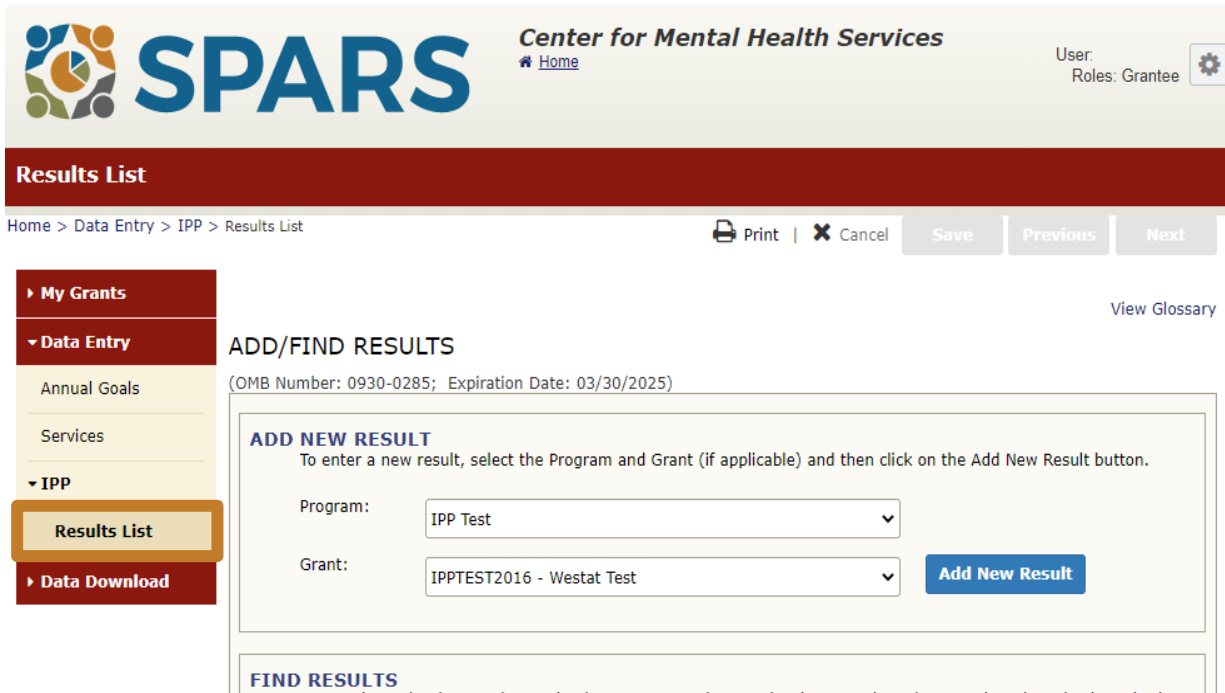
**NOMs Client-level Measures (Services)**  
Performance measurement of consumer outcomes is intended to increase program effectiveness and public accountability by promoting a new focus on results, service quality, and customer satisfaction. Using this system, grantees enter de-identified consumer-level interview and administrative data (Baseline, Reassessment, and Clinical Discharge) and view and edit existing interviews and administrative data.

**Infrastructure Development, Prevention, and Mental Health Promotion (IPP)**  
CMHS has developed indicators to collect performance data about grantees' Infrastructure Development, Prevention, and Mental Health Promotion (IPP) activities. Using this system, Federal Program Directors can view and/or select which IPP Indicators their program(s) collect, grantees enter IPP Indicator results and can view and/or edit existing results, and Government Project Officers (GPOs) can view the grantees' results.

### STEP 3: Add New Results

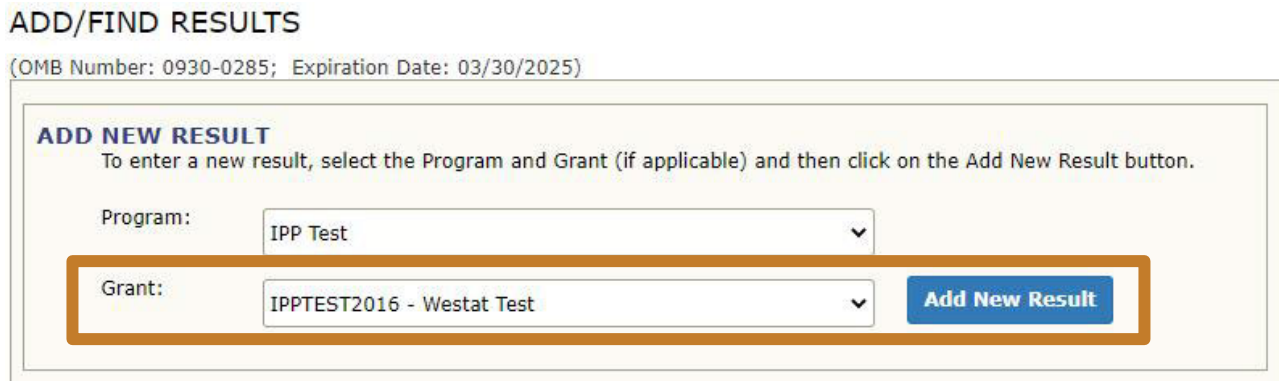
To enter a new result, grantees should navigate to the **Results List** area, where they can see the Add/Find Results page (see Figure 28).

Figure 28.



To enter a new result, grantees will have to select a grant by picking the program type for the grant and then the specific grant. Once grantees have chosen the correct grant, select **Add New Result** (see Figure 29).

Figure 29.



Grantees will then see the Result Record page. All the yellow data entry fields are required (see Figure 30).

**Figure 30.**

Home > Data Entry > IPP > Results List > New Result Record

Program: IPPT | Cohort: IPPT | FFY: 0 | FFQ: 0 | Grant ID: IPPTTEST2016 | Org Name: Westat Test

View Glossary

**Result Record**

(OMB Number: 0930-0285; Expiration Date: 03/30/2025)

**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 quarter. A result name must be unique in a given FFY quarter. The same result name can only be used in future quarters. All results that occur within a quarter must be entered within 30 days of the end of that quarter. For example, if the quarter ends March 31, the data must be entered by April 30. Note: Screen will refresh when you select the date range or indicator.

Grant Number: IPPTTEST2016 (IPP TEST 2016)

Date Range Result Was Completed: [Dropdown]

Indicator: [Dropdown]

If there were no new results, check this box:

Result Name: [Text Field]

Result Description:(Do not exceed 550 characters.) [Text Area]

Save - Add New Save - Finish

Each box is explained further below:

- **Date Range Result Was Completed:** Grantees will use the drop-down list to select the Federal Fiscal Year Quarter when the result was completed.
- **Indicator:** Select the indicator from the drop-down list. Only the indicators required for your grant will appear in the drop-down list.
- **Result Name:** Enter a name for the result in the Result Name field. This is limited to 100 characters, including spaces. You should give each result a unique name. You cannot have the same name more than once within a quarter, but you can reuse names for another quarter. Do not use the indicator name or indicator definition as the result name. If you have more questions on guidance for specific indicators, please refer to the [Indicator-by-Indicator Guide](#) section of this document.
- **Result Description:** Enter a brief description of the completed activity in the Result Description field. This field is limited to 550 characters, including spaces. Please do not use acronyms/

abbreviations in your description. Do not use the result name or result definition as your result description. Your result description should allow a reader to understand what specific activity was completed.

- **Number or Numerator/Denominator/Percentage:** IPP indicators are either entered as a number (see Figure 31) or a numerator and denominator (see Figure 32). Depending on the IPP indicator selected for results entry, the data entry screen in SPARS will display different boxes.
  - **Number:** Enter the appropriate data into the Number field. This field does not apply to A4, NAB1, or AC1.
  - For indicators PD1, F2, and OC1, the system will autofill the number 1 because you will enter only one result per Result Record. (See the [Indicator-by-Indicator Guide](#) section for more guidance on the indicators.)

**Figure 31.**

(OMB Number: 0930-0285; Expiration Date: 03/30/2025) 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 quarter. ⓘ A result name must be unique in a given FFY quarter. The same result name can only be used in future quarters. All results that occur within a quarter must be entered within 30 days of the end of that quarter. For example, if the quarter ends March 31, the data must be entered by April 30. Note: Screen will refresh when you select the date range or indicator.

Grant Number: SM85296 (VOAMASS Integrated Care Center)

Date Range Result Was Completed: FFY 2023 Quarter 1 (Oct. 1 2022 – Dec. 31 2022) ▼

Indicator: Screening - S1 ▼

**S1 - The number of individuals screened for mental health or related interventions.**

If there were no new results, check this box:

Result Name:

Result Description: (Do not exceed 550 characters.)

Number:

Save - Add New   Save - Finish

- **Numerator:** This field applies only for indicators A4, NAB1, and AC1. Enter the appropriate data into the Numerator field. *Note:* The numerator should be less than or equal to the denominator, except for AC1.

- **Denominator:** This field applies only for indicators A4, NAB1, and AC1. Enter the appropriate data into the Denominator field according to instructions in the [Indicator-by-Indicator Guide](#). Note: The denominator should be greater than or equal to the numerator, except for AC1, and should never be 0.
- **Percentage:** This field applies only for indicators A4, NAB1, and AC1. For indicators where you have entered a numerator and denominator, once you click on the **Save** button, SPARS will calculate the percentage from your numerator and denominator and will autofill the Percentage field.

**Figure 32.**

twice in one federal fiscal year quarter. **i** A result name must be unique in a given FFY quarter. The same result name can only be used in future quarters. All results that occur within a quarter must be entered within 30 days of the end of that quarter. For example, if the quarter ends March 31, the data must be entered by April 30. Note: Screen will refresh when you select the date range or indicator.

Grant Number: SM111111 (Test DEMO CMHS)

Date Range Result Was Completed: FFY 2022 Quarter 4 (Jul. 1 2022 – Sept. 30 2022) ▼

Indicator: Accountability - A4 ▼

**A4 - The number and percentage of work group/advisory group/council members who are consumers/family members.**

If there were no new results, check this box:

Result Name: Work Advisory Group

Result Description: (Do not exceed 550 characters.) of the 12 consumers enrolled 8 are part of the work group.

Numerator: 8

Denominator: 12

Percentage:

Save - Add New Save - Finish

If you have more questions on guidance for specific indicators, please refer to the [Indicator-by-Indicator Guide](#) section of this document.

**REMEMBER TO SAVE!**

Once grantees are finished entering data for a particular indicator, there are two options: Grantees can (1) use the **Save – Add New** button to save this result and add another for the same grant, or (2) use the **Save – Finish** button to save the result and exit the form (see Figure 33). Once grantees save data, they can edit it later.

**Figure 33.**

twice in one federal fiscal year quarter. **i** A result name must be unique in a given FFY quarter. The same result name can only be used in future quarters. All results that occur within a quarter must be entered within 30 days of the end of that quarter. For example, if the quarter ends March 31, the data must be entered by April 30. Note: Screen will refresh when you select the date range or indicator.

Grant Number: SM111111 (Test DEMO CMHS)

Date Range Result Was Completed: FFY 2022 Quarter 4 (Jul. 1 2022 – Sept. 30 2022) ▼

Indicator: Accountability - A4 ▼

**A4 - The number and percentage of work group/advisory group/council members who are consumers/family members.**

If there were no new results, check this box:

Result Name: Work Advisory Group

Result Description: (Do not exceed 550 characters.) of the 12 consumers enrolled 8 are part of the work group.

Numerator: 8

Denominator: 12

Percentage:

**Save - Add New** **Save - Finish**

Once you click on **Save – Add New** or **Save – Finish**, the system will check the entry against the annual goal you have set for the indicator. If the amount entered is higher than the annual goal, an alert message will be displayed (see Figure 34). It is important to remember, grantees can report results in excess of their



annual goals; this alert message will not prohibit you from saving or automatically result in GPO disagreement with your goal. Its purpose is to remind you to check that the results are as expected.

**Figure 34.**

The screenshot shows a web interface with a yellow warning box at the top. The warning text reads: "Note: The number entered (200) is greater than the WD2 goal for all of FFY2022 (187). If this is okay, please continue with saving the record. Otherwise, revise the number and resubmit." Below the warning is a "Result Record" section. It includes the text "(OMB Number: 0930-0285; Expiration Date: 03/30/2025)" and two blue buttons: "Save - Add New" and "Save - Finish". Below the buttons is a box containing instructions: "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 quarter. A result name must be unique in a given FFY quarter. The same result name can only be used in future quarters. All results that occur within a quarter must be entered within 30 days of the end of that quarter. For example, if the quarter ends March 31, the data must be entered by April 30. Note: Screen will refresh when you select the date range or indicator."

**NOTE:** CMHS grantees assigned IPP indicators are required to report every quarter, even when there are no new results. In this case, grantees should create a new result for the quarter and then make sure to check the box next to “If there were no new results, check this box.” (see Figure 35) Without this “no new result” entry, the reporting requirement is incomplete.

Figure 35.

### Result Record

(OMB Number: 0930-0285; Expiration Date: 03/30/2025)

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 quarter. **i** A result name must be unique in a given FFY quarter. The same result name can only be used in future quarters. All results that occur within a quarter must be entered within 30 days of the end of that quarter. For example, if the quarter ends March 31, the data must be entered by April 30. Note: Screen will refresh when you select the date range or indicator.

Grant Number: SM00000

Date Range Result Was Completed: FFY 2023 Quarter 1 (Oct. 1 2022 - Dec. 31 2022) ▼

Indicator: Partnership/Collaboration - PC2 ▼

PC2 - The **number of organizations** collaborating/ coordinating/ sharing resources with other organizations as a result of the grant.

If there were no new results, check this box:

Result Name: No New Result

Result Description:(Do not exceed 550 characters.)

Number:

Save - Add New

Save - Finish

### STEP 4a: Find and Review Results in CMHS Data Entry

Grantees may search for, and view previously entered IPP results. To review data that has been entered, return to the Add/Find Results data entry screen and scroll down to the Find Results area. Grantees with grants from more than one grant program will need to choose a specific program using the “Program” drop-down menu under the Find Results section. Adjust filter criteria based on Cohorts, Grants, Priority Types, and Status or leave filters blank to have a list of all available results. Then, select the FFY quarter and specific indicators to review. When the filters are correct, select **Find Results** (see Figure 36).

**Figure 36.**

The screenshot shows the 'FIND RESULTS' interface. At the top left is a red 'Data Download' button. Below it is a 'Grant:' dropdown menu with '[GRANT NAME]' selected and an 'Add New Result' button. The main section is titled 'FIND RESULTS' with a sub-header '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.' Below this are several filter sections:

- Program:** A dropdown menu showing 'Certified Community Behavioral Health Clinic - Expansion Gra' and a 'Find Results' button.
- Available Cohorts:** An empty dropdown menu.
- Selected Cohorts:** A dropdown menu showing '8/30/2021 - CCBHC-E05'.
- Available Grants:** An empty dropdown menu.
- Selected Grants:** A dropdown menu showing 'SM00000 - GRANT NAME'.
- Available Priority Types:** An empty dropdown menu.
- Selected Priority Types:** A dropdown menu showing 'Time-Sensitive (deadline <= 30 days)' and 'Non-Time-Sensitive'.
- Available Status:** An empty dropdown menu.
- Selected Status:** A dropdown menu showing 'Incomplete - Pending GPO or Admin Review', 'Incomplete - Pending Grantee Revision or Miss', 'Complete - GPO or Admin Disagreed', and 'Complete - Agreed'.
- FFY Quarter:** A dropdown menu showing 'Current + Previous'.
- Available Indicators:** An empty dropdown menu.
- Selected Indicators:** A dropdown menu showing 'WD2', 'PC2', 'A4', and 'S1'.

At the bottom right of the 'FIND RESULTS' section, a 'Find Results' button is highlighted with a red box.

Grantees will be directed to the Results List page, which shows all the records found based on the selected filters.

The Results List includes the Indicator, the Result Name, the FFY quarter of the result, and the result Status. Grantees can view the result information by clicking on the Result Name. To edit the result, grantees can

click on **Edit**. To delete the result, click on **Del**. Grantees can also add a new result from this page by clicking **Add** if the record is missing data or the **Add New Result** button near the top right corner of the screen. Grantees can see all the entries made for a specific indicator by clicking on the 3 lines on the right-hand side of the table (see Figure 37).

Figure 37.

**Result List**

Home > Data Entry > IPP > Results List > Result List

Print | Cancel | Save | **Previous** | Next

View Glossary

**My Grants**

**Data Entry**

Annual Goals

Services

**IPP**

**Results List**

**Data Download**

**Results List**  
(OMB Number: 0930-0285; Expiration Date: 03/30/2025)

Indicator				Grant ID	Organization Name	Result Name	FFY Quarter	Status	
WD2	Edit	Del	Print	SM83169	Advocates, Inc.	TEST	2022 Q3(4/1/2022 - 6/30/2022)	Pending GPO Review	
PC2	Add			SM83169	Advocates, Inc.	MISSING DATA - ADD REC ORD	2022 Q3(4/1/2022 - 6/30/2022)	Incomplete - Pending Grantee Revision or Missing Data	
A4	Add			SM83169	Advocates, Inc.	MISSING DATA - ADD REC ORD	2022 Q3(4/1/2022 - 6/30/2022)	Incomplete - Pending Grantee Revision or Missing Data	
S1	Edit	Del	Print	SM83169	Advocates, Inc.	No New Result	2022 Q3(4/1/2022 - 6/30/2022)	Pending GPO Review	

**Add New Result**

**Back to Top**

Here is additional information about terms used in the Results List:

- **Add:** The **Add** link will appear next to any indicator for which results have not yet been entered for the selected quarter. For new grants or at the beginning of a new quarter, the **Add** link will appear next to each indicator; **Missing Data – Add record** will show under Result Name; and the Status shown will be *Incomplete – Pending Grantee Revision or Missing Data*.

To add a new result, you can click the **Add** link next to an indicator or click the **Add New Result** button at the top right of the screen.

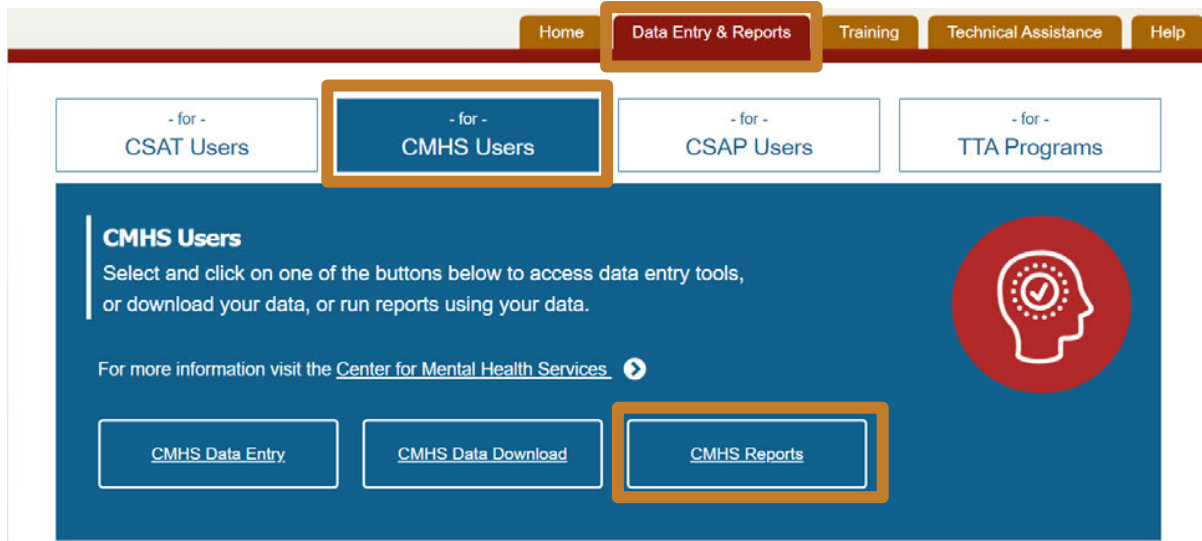
- **Edit:** Clicking on **Edit** allows grantees to open a record and edit any of the fields not greyed out. Grantees can then click on the **Save – Finish** button to save the edits to the IPP result.
- **Del:** Clicking on **Del** is the option to delete a record. If you need to delete a result, click on the **Del** link for the result in question. The system will prompt to confirm before the record is deleted.

- **Copy Result Name to New Quarter:** As a result of recent changes, the Apply to New Quarter button is now called **Copy Result Name to New Quarter**: This button allows grantees to copy the information for an IPP result and apply it to a new date range and number of participants.
- **Print:** If you need to print a result, you can do so from the **Print** link on the row for the result you want to print, or you can print from the Result Record view.
- **Result Name:** Click the **Result Name** column heading to toggle the sort order between ascending and descending alphabetically. If you click on the named result in the table, you are taken to that Result Record, which will be greyed out. If any entry of No New Results was submitted for an indicator result in a given quarter, No New Results is displayed in this column.
- **FFY Quarter:** This is the quarter the grantee selected as the date of completion for a result. If no data are entered for an indicator, this is the current or previous quarter.
- **Status:** The **Status** column indicates where an individual Result Record is in the process. The result status codes are as follows:
  - **Incomplete – Pending Grantee Revision or Missing Data:** Result data have not been entered or have not been submitted for GPO review.
  - **Pending GPO Review:** Result data were entered, and the GPO needs to review.
  - **GPO Agrees:** GPO agreed to the Result Record. No further action necessary.
  - **GPO Disagrees:** GPO disagreed with the Result Record. No further action is needed.
  - **Pending Grantee's Revision:** GPO disagreed with the Result Record and requested that edits be made by the grantee.
  - **GPO Agrees after Edits:** GPO agreed to the result after the grantee made edits. No further action necessary.

## STEP 4b: Review Results in CMHS Reports

Another way to review a grant’s reported IPP indicators is by viewing Reports. To access the CMHS Reports page from the [SPARS home page](#), select the **Data Entry & Reports** tab, hover over **for CMHS Users**, and click **CMHS Reports** (see Figure 38).

Figure 38.



This will lead to a page where grantees can choose the CMHS Report they would like to see. For reports focusing on IPP indicators, click **Performance** (see Figure 39).

Figure 39.



Three different IPP reports are available to download on SPARS:

- *IPP Performance*: Summarized data include the sum of indicator results, the annual goal for each indicator, and the percentage of the goal achieved for the selected fiscal year.
- *Multi-Year IPP Performance*: Displays the same outcomes as the IPP Performance report, but can provide computations for multiple fiscal years combined
- *CMHS Performance*: Monitors grantee data entry requirements of program goals and progress toward meeting annual Services and/or IPP indicators goals.

We will first review how to download an IPP Performance report. Click **IPP Performance** (see Figure 40).

Figure 40.

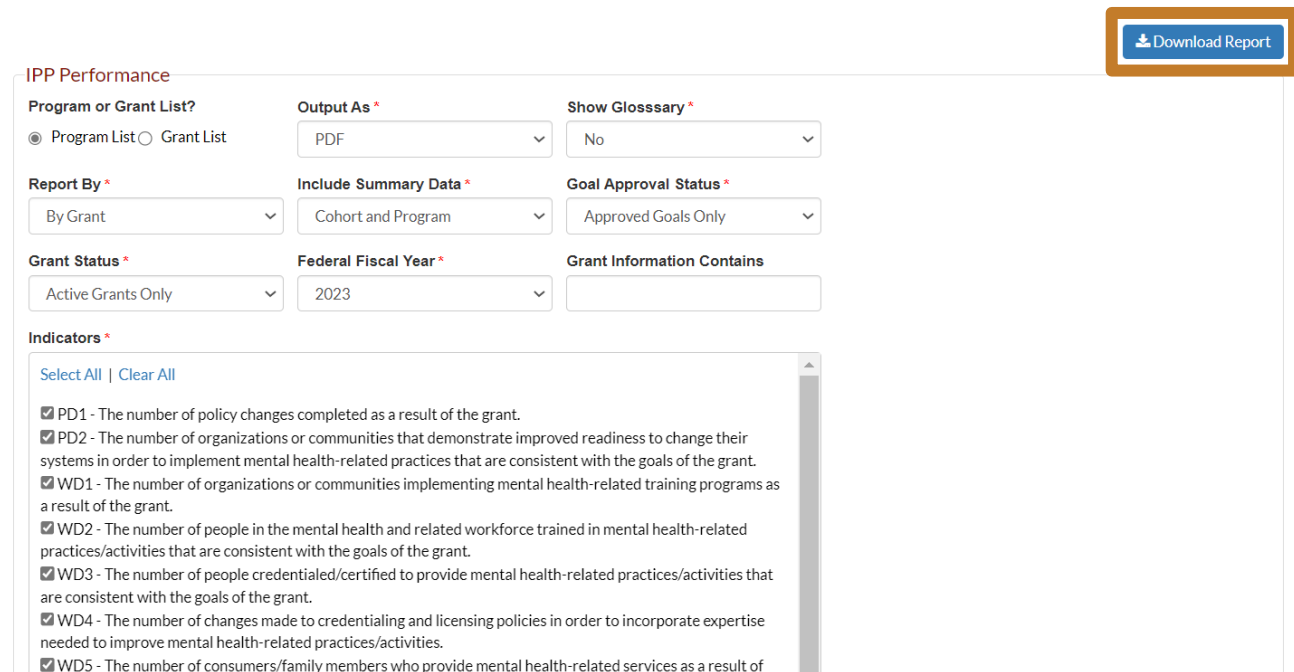


Grantees can choose to specify report criteria by clicking each drop-down menu in the top section and specifying their indicators of interest. The report will show all assigned indicators for the grant if all indicators are checked.

At the top of the page are options surrounding the type of output to download (HTML, PDF, RTF, Excel), how to organize the output, and what information to included. At the very bottom of this page (not pictured), select grant programs to include in the report.

Finally, click **Download Report** on the top right corner (See Figure 41) to download the report.

Figure 41.



The first page of the IPP Performance Report will display the search criteria chosen for this report. Displayed on the following page is a summary of IPP indicators that have been reported for the project so far, and a comparison to the indicator annual goal amount (see Figure 42).

This report is useful for showing how close grantees are to reaching their annual IPP indicator goals.

**Figure 42.**

IPP Performance Report										
Program=										
Grant ID	Grant Information	Indicator	Grants Reporting by FFY Quarter				Sum of Results Reported for Active Goals for Selected Period	Goal Amount for Selected Period	% of Goal Achieved for Selected Period	Prorated Goal Amount for Selected Period
			1	2	3	4				
XX0000	GRANT NAME 09/30/2021-09/29/2023	WD2					missing	20	missing	10
		T3					missing	300	missing	150
.	Cohort: XXXX Cohort Summary: 000	WD2	0	0	0	0	missing	20,000	missing	10,000
		T3	0	0	0	0	missing	100,000	missing	50,000
.	Program Summary: 000	WD2	0	0	0	0	missing	20,000	missing	10,000
		T3	0	0	0	0	missing	100,000	missing	50,000

To download a **Multi-Year IPP Performance** or **CMHS Performance** report, click either link under **Performance** (see Figure 43). You will similarly be led to a page where you can choose filter criteria for the report chosen.

**Figure 43.**

The screenshot shows the SPARS Center for Mental Health Services interface. The navigation menu includes: Demographics, Consumers Served, Reassessments, **Performance**, Outcomes, Frequency, Discharge, and Section H. Under the Performance menu, there are three options:

- IPP Performance**: Data summarizing Infrastructure Development, Prevention and Mental Health Promotion (IPP) indicator data including the sum of indicator results, the annual goal for each indicator, and the percent of the goal achieved for a selected federal fiscal year (FFY)
- Multi-Year IPP Performance**: Data summarizing Infrastructure Development, Prevention and Mental Health Promotion (IPP) indicator data including the sum of indicator results, the annual goal for each indicator, and the percent of the goal achieved for the selected federal fiscal years (FFYs) combined
- CMHS Performance**: Report that monitors CMHS grantee data entry requirements of program goals, and progress towards meeting both Client-Level Consumer Services goals, and Infrastructure Development and Mental Health Prevention and Promotion (IPP) Indicators goals, as applicable



The Multi-Year IPP Performance report is similar to the IPP Performance report but can provide computations for multiple fiscal years combined.

Notably, the CMHS Performance report provides information that is useful for tracking progress toward Services as well as IPP annual goals. A summary of Services and IPP indicator goals, and the progress toward those goals, is displayed in a sample CMHS Performance report below (see Figure 44).

**Figure 44.**

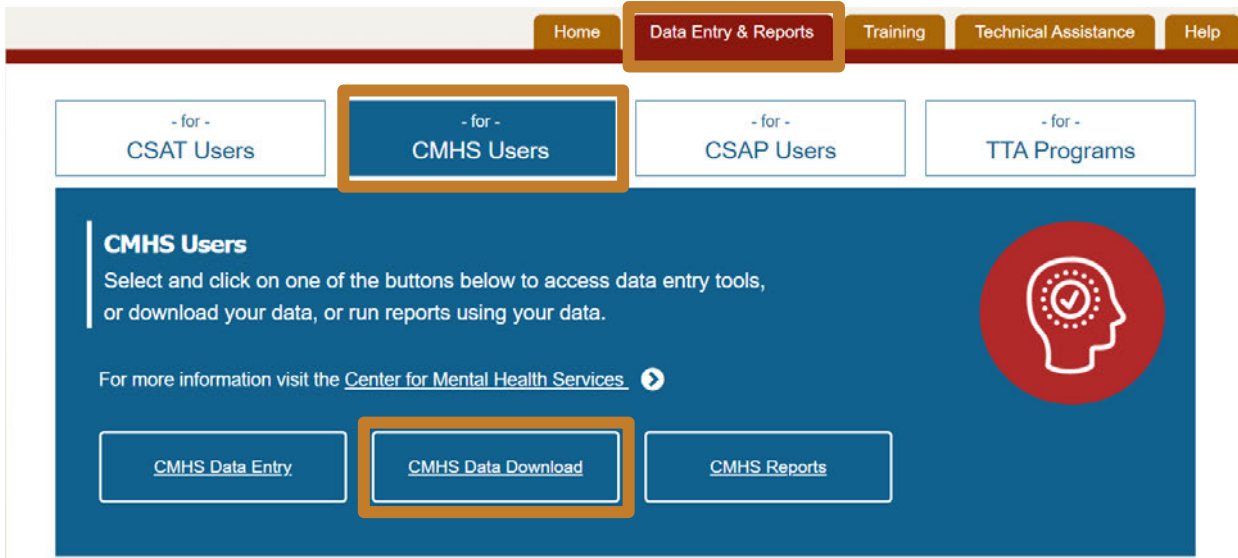
**CMHS Performance Report**

Program	Cohort	Grant ID	Grant Org Info	GPO	Grantee has set Services goals for FFY 2023 & all future years <sup>2,3</sup>	Grantee has served at least 70% of Services goal for FFY 2023 <sup>2,4,5</sup>	Grantee reassessment rate is at least 60.0% in 2023 <sup>2,6,11</sup>	Grantee has set IPP goals for FFY 2023 & all future years <sup>2,3</sup>	Grantee has entered results for all required indicators in each quarter for FFY 2023 (to Date) <sup>2,7,8,9</sup>	Grantee has achieved at least 70% of IPP goals for FFY 2023 <sup>2,5,8,10</sup>
XXX	XXX-01	XX00000	[[INFORMATION] 09/30/2021-09/29/2023	[FULL NAME]	Yes	Yes Achieved: 100% Prorated Goal: 0	No 0%	Yes	Missing	No 0%

### Step 4c: Review Results in Data Download

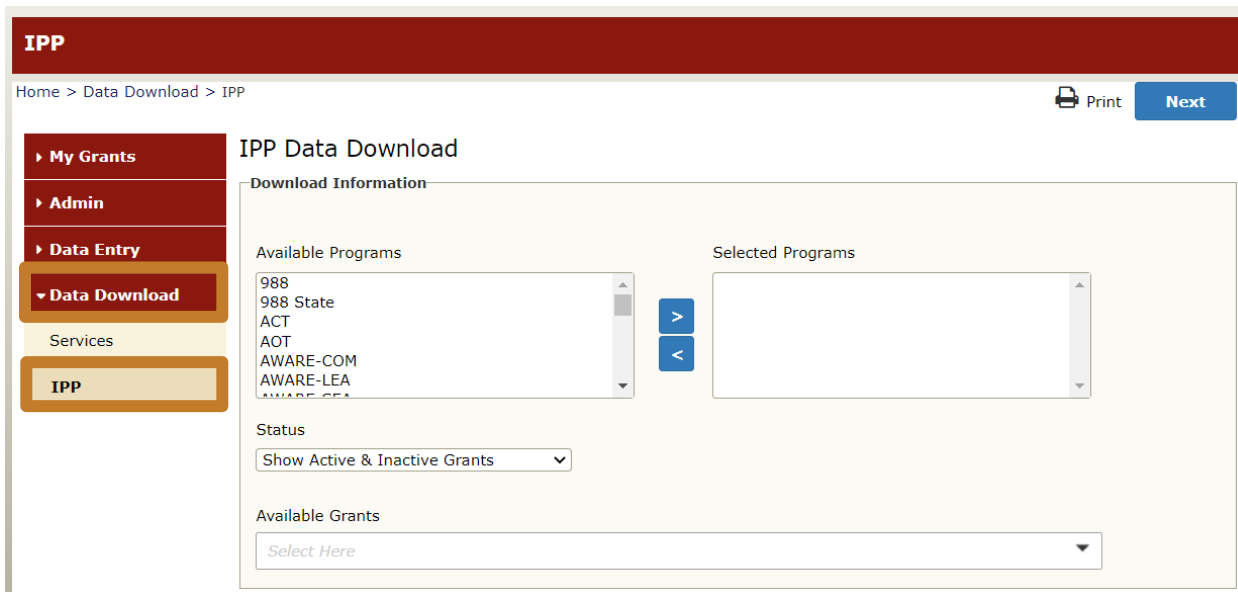
A third way to review a grant’s reported IPP results is to download data for a grant. To access the Data Download from the [SPARS home page](#), select the **Data Entry & Reports** tab, hover over **for CMHS Users**, and click **CMHS Data Download** (see Figure 45).

Figure 45.



Under **Data Download**, select **IPP** to access the IPP Data Download screen (see Figure 46). You are not required to download data; downloading is available only as an option should you wish to do your own data analysis. The IPP Codebook can be used to understand the variable names and coding of the downloaded data. The Codebook is available on SPARS in the [CMHS Resource Library](#).

Figure 46.



Select the grant programs then choose from the **Available Programs**. If you have access to more than one CMHS grant, they will be in the drop-down menu under **Available Grants**. Select the grants for which you want to download data, and then select the **Next** button (see Figure 47).

Figure 47.

The screenshot shows the 'IPP Data Download' interface. At the top, there is a dark red header with 'IPP' on the left and 'Home > Data Download > IPP' on the right. In the top right corner, there are 'Print' and 'Next' buttons. A left-hand navigation menu includes 'My Grants', 'Admin', 'Data Entry', 'Data Download', 'Services', and 'IPP'. The main content area is titled 'IPP Data Download' and contains a 'Download Information' section. This section has two columns: 'Available Programs' and 'Selected Programs'. The 'Available Programs' list includes ACT, AOT, AWARE-COM, AWARE-LEA, AWARE-SEA, Campus Sui, and CCBHC-E. The 'Selected Programs' list contains CCBHC-E. Between these lists are right and left arrow buttons. Below the lists is a 'Status' dropdown menu set to 'Show Active & Inactive Grants'. Underneath is an 'Available Grants' dropdown menu with 'Select Here' as the placeholder. At the bottom, there are two checkboxes: 'Select All' and 'SM111111:Test DEMO CMHS'.

On this screen (see Figure 48), you can choose to download data for the following specific criteria:

- **Select a Data Collection Point** – There are two available data collection points: With GPO Comments, and Without GPO Comments.
- **FFY** – This selection produces data for a FFY or all the years available.
- **FFQ** – This selection produces data for a particular federal fiscal quarter or all the quarters available.
- **Select Download Format** – This selection produces the data download in either Excel or HTML formats.

Figure 48.

The screenshot shows a web interface titled "IPP Selection". At the top, there is a breadcrumb trail: "Home > Data Download > IPP > IPP Selection". To the right of the breadcrumb trail are three buttons: "Print" (with a printer icon), "Previous" (in a blue box), and "Next" (in an orange box). On the left side, there is a vertical navigation menu with the following items: "My Grants", "Data Entry", "Data Download" (highlighted in red), "Services", and "IPP" (highlighted in yellow). The main content area is titled "IPP Data Download" and contains a section labeled "Download Criteria". Below this section is a note: "Note: When a specific Federal Fiscal Year or Quarter is selected, only records for that period will be included in your download. To analyze your full data, please leave to their default selections." Below the note are four rows of form fields: "GrantID:" with the value "SM0000"; "Select a Data Collection Point:" with a dropdown menu showing "With GPO Comments"; "FFY:" with a dropdown menu showing "All Years"; "FFQ:" with a dropdown menu showing "All Quarters"; and "Select Download Format:" with a dropdown menu showing "Excel".

Figure 48

The system will display the number of records to be downloaded and will require that you to respond **Yes** or **No** before proceeding to the data download. You can **Print** or **Save** the data output as desired.

## STEP 5: GPO Review and Agree/Disagree

Each IPP result entered is reviewed by a GPO. The GPO will enter an agreement or disagreement for each result. You will then go into SPARS to review and edit that Result Record.

### Reason for Disagreement

A GPO who disagrees with the result is asked to select one, all, or any combination of reasons for disagreement.

- **Coding error** (for example, data entered into wrong indicator; description mentions five organizations, but the number entered for the result is something else)
- **More information needed, not enough detail**
- **Result doesn't qualify** (for example, the training was not complete, or the reported description didn't meet the criteria for the indicator)

<b>TIP</b>	The <a href="#">Indicator-by-Indicator</a> guide section of this document includes instructions on How do I write the Result Name and Result Description as well as examples so that you can see the level of detail GPOs are expecting when reviewing your entries.
------------	--

In case of disagreement, GPOs are also asked to enter a recommended action for the grantee. GPOs can require that the **Grantee should review and resubmit** and/or **Grantee should contact project officer**. Alternatively, the GPO can indicate disagreement and not require action from the grantee by selecting “No action required by grantee – disagreement.”

<b>TIP</b>	You can contact your GPO for further explanation or insight on How do I revise your IPP result even if the box for “Grantee should contact project officer” is not checked.
------------	---

GPOs can provide further explanation behind the disagreement and recommended action in the free text box **Explanation** (see Figure 49).

Figure 49.

Number: 2

**Disagree: GPO/Admin Explanation**

Reason for Disagreement:

- Coding error
- More information is needed; not enough detail
- Result doesn't qualify

Recommended Action:

- Grantee should revise and resubmit
- Grantee should contact project officer
- No action required by grantee - disagreement

Explanation: example

If the GPO disagrees with a result and requires edits, *Pending Grantee's Revision* will appear in the Status column from the Results List screen (see Step 4 to learn How do I navigate to the Results List screen). Click **Edit** to view and edit the result and to read the GPO's remarks (see Figure 50).

Figure 50.

**Result List**

Home > Data Entry > IPP > Results List > Result List

Program: | FFY: 2022 | FFQ: 3

Print | Cancel | Save | Previous | Next

View Glossary

**My Grants**

**Data Entry**

Annual Goals

Services

**IPP**

**Results List**

**Data Download**

Results List (OMB Number: 0930-0285; Expiration Date: 03/30/2025) [Add New Result](#)

Indicator				Grant ID	Organization Name	Result Name	FFY Quarter	Status	
WD2	<b>Edit</b>	Del	Print	SM00000	SAMHSA - Maryland	Recovery Coach Supervision and Training	2022 Q3(4/1/2022 - 6/30/2022)	<b>Pending Grantee's Revision</b>	☰
T3	Edit	Del	Print	SM00000	SAMHSA - Maryland	Evidence-Based Mental Health Services	2022 Q3(4/1/2022 - 6/30/2022)	GPO Agrees	☰

[Back to Top](#)

## STEP 6: Revise Results

If revisions are needed because of GPO disagreement or grantee finds an error in their reporting, remember to return to the **Results List**, which includes the Indicator, the Result Name, the FFY Quarter of the result, and the result Status. Grantees can view the result information by clicking on the Result Name. To edit the result, grantees can click on **Edit**, or to delete the result, they can click on **Del.** (see Figure 51) Grantees can click on the three lines on the right-hand side of the table to view all entries made for a specific indicator (see Figure 51).

Figure 51.

The screenshot shows the 'Result List' interface. At the top, there is a breadcrumb trail: Home > Data Entry > IPP > Results List > Result List. Below this, there are navigation buttons: Print, Cancel, Save, Previous, and Next. The main content area displays the 'Results List' for Program: | FFY: 2022 | FFQ: 3. A sidebar on the left contains navigation options: My Grants, Data Entry (with sub-options: Annual Goals, Services, IPP, Results List, Data Download), and Data Download. The main table has the following data:

Indicator				Grant ID	Organization Name	Result Name	FFY Quarter	Status	
WD2	Edit	Del	Print	SM00000	SAMHSA - Maryland	Recovery Coach Supervision and Training	2022 Q3(4/1/2022 - 6/30/2022)	Pending Grantee's Revision	☰
T3	Edit	Del	Print	SM00000	SAMHSA - Maryland	Evidence-Based Mental Health Services	2022 Q3(4/1/2022 - 6/30/2022)	GPO Agrees	☰

Additional elements include an 'Add New Result' button and a 'Back to Top' button at the bottom right.

Figure 52.

 Print Ok

▶ My Grants

▶ Data Entry

▶ Data Download

### History Record

(OMB Number: 0930-0285; Expiration Date: 03/30/2025)

**Grant ID: SM00000**  
**Indicator: T3**

Fiscal Year	Fiscal Qtr	Result Name	Result Description	Explanation	Result Status	Updated By	Updated Date
2022	1	No New Result			SUBMITTED Pending GPO Review	[NAME]	2/14/2022 11:28:10 AM
2022	2	Evidence-Based Mental Health Services	Fifty consumers received evidence-based child trauma services this quarter.		APPROVED GPO Agrees	[NAME]	5/19/2022 1:43:20 AM
2022	3	Evidence-Based Mental Health Services	Sixty consumers received evidence-based child trauma services this quarter.		APPROVED GPO Agrees	[NAME]	8/23/2022 10:19:38 AM

If the deadline has passed, grantees should complete the process steps mentioned previously to enter and submit the IPP results or make edits. The GPO will need to approve.



## Appendix 1: Glossary

### A

**Activities /Interventions /Practices /Services:** SAMHSA grantees are funded to implement activities, interventions, practices, or services to improve mental-health prevention, promotion, recovery, and resilience.

Examples include:

- Treatment, rehabilitation, prevention, mental-health-related promotion, supportive services,
- Consumer-operated services (such as peer-supported, family-driven, and/or youth-guided services)
- Culturally specific practices
- Suicide prevention programs
- Rural telehealth programs
- Anti-stigma or anti-discrimination campaigns

Where possible, grantees should implement interventions for which there is scientific evidence of effectiveness (for example, EBPs; see definition of [evidence-based practices](#)) or adapt EBPs to the needs of their client population.

**Adapted:** Adaptation of EBP involves making changes to better fit the needs of the population being served without negatively affecting, removing, or changing key or core implementation elements.<sup>6</sup>

*Cultural adaptation:* modification of an EBP process or content to consider the language, culture, and context so that it is compatible with the client’s cultural patterns, meaning, and values.<sup>7</sup>

**Advisory Group or Council:** A group of people appointed to advise an organization. Advisory Group/Council roles can be paid or unpaid but should be formalized in governing documents for the organization.

**Advocacy Activities:** see definition for [Planning and Advocacy Activities](#)

**Attitudes:** Representation of an individual’s degree of like or dislike for prevention and/or mental-health promotion, usually a result of a direct experience.

**Awareness Strategies:**

*Examples of mental-health-awareness message strategies:*

- Public awareness campaigns
- Screening programs
- Presentations and meetings

---

<sup>6</sup> DHHS Making Adaptations Tip Sheet [https://portal.ct.gov/-/media/SDE/Health-Education/Exemplary-SHE/Curriculum-Materials/making\\_adaptations\\_to\\_evidence\\_based\\_programs.pdf](https://portal.ct.gov/-/media/SDE/Health-Education/Exemplary-SHE/Curriculum-Materials/making_adaptations_to_evidence_based_programs.pdf)

<sup>7</sup> SAMHSA EBP guide on adapting for under-resourced populations [https://store.samhsa.gov/sites/default/files/SAMHSA\\_Digital\\_Download/PEP22-06-02-004.pdf](https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP22-06-02-004.pdf)

- Outreach and awareness activities and events such as tabletop displays and booths, wellness and life skills development activities, health fairs, prevention awareness walks, hotline and helpline materials, and orientations for parents and students

*Outreach and awareness products:*

- Print media such as brochures, posters, flyers, newsletters, and magnets
- Outdoor media such as billboards and bus signs
- Mass media such as the Internet and websites, public service announcements (PSAs), podcasts, TV, radio, campus TV stations, emails
- Social media such as Facebook and Twitter
- Mobile technology

## **B**

**Beliefs:** Psychological state in which an individual holds a proposition or premise to be true regarding prevention and mental-health promotion.

**Blended or Braided Funding:** see definition for [Pooled, Blended, or Braided Funding](#)

## **C**

**Campaign:** Organized communication activities with the goal to raise awareness, induce behavior change, and/or improve the health of a targeted population. Campaigns should be documented, planned, and intentional in their goal to close an identified gap in awareness or knowledge.

One campaign may include multiple related mental-health messages, for example, sharing information on the risks of eating disorders, the signs of such disorders, and How do I access care. One campaign might also involve multiple encounters with the same individual(s) or reach people through multiple modalities to increase the effectiveness of the communication.

**Change:** Something that is created, eliminated, or altered within or between organizations.

Examples of policy changes include:

- creation of a policy that did not previously exist
- documentation of a policy that existed in an undocumented record
- elimination of a policy that previously existed and had already been documented
- alteration of the content of a policy that previously existed beyond formatting, extending expiration date, or minor wording changes.

Examples of organizational changes include:

- creation, expansion, integration, or elimination of offices, divisions, or departments
- creation or elimination of one or more position(s)
- creation of a new reporting structure
- permanent changes to major responsibilities for existing offices, divisions, and departments
- permanent changes in staff composition (for example, substantial hiring of consumer/youth/family members, substantial increases in racial/ethnic/cultural diversity of staff)
- other changes of similar import

**Collaborating/Coordinating:** A process in which two or more organizations work in partnership toward a common set of goals. Such collaborations may or may not be formalized with a Memorandum of Understanding.

*A specific example of coordinating is a care coordination partner. Such people coordinate care across settings and providers to ensure seamless transitions for clients across the full spectrum of health services, including acute, chronic, and behavioral health needs. To learn more about care coordination, review [Care Coordination for CCBHCs](#).*

**Communities:** People living in the same locality and under the same district or government, or people who share common interests, cultures, or beliefs.

**Completed:** Exists in its final form and has been approved or passed by the party or parties with authority to do so.

*Example:* A referral is considered completed when a client starts or enrolls for the referred services from another provider.

**Consumers/Clients:** Adults, older adults, children, or youth who currently receive mental-health services, have received them in the past, or are eligible to receive them but choose not to. It is understood and respected that many people who meet one or more of these criteria might choose to identify with a term other than *consumer* or *client*.

**Contacted:** Making a contact or connection with individuals. Contacts can be made on the streets, via telephone, in different program settings, at drop-in centers, or in community settings. Examples include a homeless program making several contacts to someone on the street or an older adult program periodically making contacts with people who are shut-ins to see whether they need immediate services.

**Credentialed/Certified:** Licenses or certified trainings that provide qualifications for mental-health-related practices/activities; often, a test must be passed or hours of supervised practice completed.

**Crisis Care:** For people experiencing an acute mental or substance use disorder crisis, services that are available to anyone, anywhere, at any time for an acute period. Such care encompasses a range of services that help people better manage current circumstances and can also involve treating physical health concerns, including those related to substance use or withdrawal. “The purpose of crisis care is to support the individual, engage the person in the least-restrictive services, and avoid unnecessary hospitalizations or arrest.”<sup>8</sup>

**Crisis Services:** Crisis centers and other programs that provide assessment, crisis stabilization, and referral to an appropriate level of ongoing care for people who need support for a suicide, mental-health, or substance use crisis. A full continuum of services is designed to provide the right care at the right time in the least restrictive setting. For more information on best practices for crisis care, see [SAMHSA’s National Guidance for Behavioral Health Crisis Care](#).

Examples of crisis services include:

---

<sup>8</sup> [Advisory: Peer Support Services in Crisis Care \(samhsa.gov\)](#)

- *Someone to talk to:* such as 988 call center warm lines; walk-in crisis clinics; peer-based crisis services
- *Someone to respond:* such as mobile crisis teams
- *A place to go:* such as hospital-based psychiatric emergency services; 24/7 walk-in crisis clinics; short-term, residential stabilization programs

## D

**Data:** Data are quantitative or qualitative information collected through specified methods and procedures.

*Data Analysis:* The process of gathering, modeling, and transforming data with the goal of highlighting useful information, suggesting conclusions, and supporting decision making.

*Data Collection:* The process of preparing and gathering data to obtain information to keep on record, to make decisions about important issues, and to pass information on to others.

**Demonstrated Improvement:** Improvement in score, ranking, or other measurement of knowledge, awareness, and/or beliefs following exposure to an awareness message or completion of a training.

*Demonstrated* means that the improvement is measured and documented using an instrument or tool.

Documenting improvement typically requires both a baseline survey or pre-test/pre-assessment and a post-test/assessment/survey following exposure or training.

**Directly Provides:** Employees or contractors of the grantee organization deliver the service within the management structure and under the direction supervision of the grantee.

**Diversity, Equity, and Inclusion:** Pertaining to policies and programs that promote the representation, equitability of opportunity, and inclusion of all individuals. This includes diversity in the forms of race, ethnicity, gender, gender identity, sexual orientation, socioeconomic status, language, culture, nationality, religion, age, disability status, and political perspective. Equitability of opportunity includes the process of ensuring that programs are impartial and fair and provide equal possible outcomes for all individuals. Inclusion is the practice of ensuring that all individuals feel a sense of belonging.

For more information, policies, and resources on behavioral health equity, see [SAMHSA's Office of Behavioral Health Equity](#).

## E

**Encounter:** Used here, an encounter is an experience of outreach to an individual, such as sending a text or email, a visit to a website by an individual, or attendance at a meeting by an individual.

**Evaluation Oversight:** The supervision of assessing the strengths and weaknesses of programs, policies, personnel, products, and organizations to improve their effectiveness. "Evaluation is a systematic process to determine merit, worth, value or significance. Program evaluation answers questions like: To what extent does the program achieve its goals? How can it be improved? Should it continue? Are the results worth what the program costs?"<sup>9</sup>

---

<sup>9</sup> American Evaluation Association "What Is Evaluation?" [Evaluations are valuable to businesses, agencies, and organizations around the world.](#)

**Evidence-Based Practices (EBPs):** Refers to interventions that have been rigorously tested; have yielded consistent, replicable results; and have proven safe, beneficial, and effective for most people diagnosed with mental illness.

SAMHSA maintains an online Evidence-Based Practices Resource Center that provides communities, clinicians, policymakers, and others with the information and tools to incorporate evidence-based practices into their communities or clinical settings. <https://www.samhsa.gov/resource-search/ebp>

Adaptations to an EBP means adjusting the EBP interventions or practices to incorporate the special needs of unique populations or settings as a result of the grant. For information on when and How do I adapt EBP for under-resourced populations, see [Adapting Evidence-based Practices for Under-resourced Populations | SAMHSA Publications and Digital Products](#).

**Exposed:** Educating and increasing awareness through media campaigns, websites, printed materials, public-service announcements, speakers, or other modalities. This does not apply to individual messages presented during direct service provision.

## F

**Family Members:** May be members of a child, youth, or adult client/consumer’s immediate or extended family. In addition, members of client/consumers’ extended family networks or “adopted” family members (*familisms* in Hispanic culture) are considered family members. Family members may also be friends, co-workers, or neighbors of a child, youth, or adult client or non-family caregivers of a child or youth consumer.

**Federal Fiscal Year (FFY):** The accounting period of the federal government. It begins on October 1 and ends on September 30 of the next calendar year. Each fiscal year is identified by the calendar year in which it ends. For example, FFY 2022 began October 1, 2021, and ended September 30, 2022.

**Fidelity:** Fidelity can be defined as the extent to which an intervention or activity was delivered as conceived, planned, and documented. Fidelity does not prohibit or prevent adaptation of practices to fit the culture or context of the clients (see definition of [adapted](#)), so long as the adaptation was a purposeful and planned modification to the practice.

For more guidance on fidelity versus adaptation, see the SAMHSA guide on EBP adaptation for under-resourced communities – [Adapting Evidence-based Practices for Under-resourced Populations | SAMHSA Publications and Digital Products](#).

**Financing Policy:** A written document directing financing for the program.

Examples of financing policy include but are not limited to:

- Substantial increases or decreases in appropriations for specific types of services or activities
- Changes in billing codes or reimbursement procedures to allow, eliminate, or simplify billing for specific types of services or activities
- Innovative pooling or braiding of funding
- Other changes regarding financing of specific services or activities or that increase efficiency.

## **G**

**Grant Year:** A 12-month period that is specific to each grant program, depending on the project start date (award date). If a grant was awarded on October 31, the grant year would be October 31 to October 30 of the following year.

## **I**

**Improved Readiness to Change:** System changes occur over time and generally in stages. Improvement readiness can be made by moving from one stage to another. Prochaska and DiClemente's stages of change can be used as a model. The stages are pre-contemplation, contemplation, preparation, action, maintenance, and termination.<sup>10</sup>

**Improvement:** To bring into a more desirable condition consistent with grant program goals.

**Infrastructure Development, Prevention and Mental Health Promotion (IPP):** Indicators to monitor grant-funded activities pertaining to infrastructure development, prevention of mental illness, and promotion of mental health.

**Interventions:** see definition for [Activities /Interventions /Practices /Services](#)

## **K**

**Knowledge:** A person's awareness of or skills surrounding prevention and/or mental-health promotion.

## **M**

**Management Information System (MIS):** A planned system of collecting, processing, storing, and disseminating data in the form of information needed to carry out the functions of management.

**Meeting:** An assembly of individuals, work groups, or committees for discussion of a specific topic documented in an agenda.

**Memoranda of Understanding/Agreement:** A formal document written between organizations to specify how parties will work together on an agreed-on project or objective. The document must be signed by representatives of both organizations.

**Mental-Health-Awareness Messages:** Messages that pertain to the support of people with or at risk of a mental-health diagnosis.

Examples of mental-health-awareness messages include, but are not limited to, topics on:

- Children's mental health, serious emotional disturbances, peer support for youth and families, transitional-age youth
- Crisis services, suicide prevention, suicide risks
- Anti-stigma campaigns
- Behavioral health equity, behavioral health disparities
- Integration and impact of behavioral and physical health

---

<sup>10</sup> Boston University School of Public Health, <https://sphweb.bumc.bu.edu/otlt/mph-modules/sb/behavioralchangetheories/behavioralchangetheories6.html>

- Mental health at work, burnout, mental-health first aid
- Recovery and resilience

**Mental-Health-Related:** Mental health is a state of well-being in which an individual realizes their own abilities, can cope with stresses of life, can work productively, and is able to make a contribution to the community.<sup>11</sup> Mental health is not only the absence of mental illness or disorders.

When people with or at risk of mental illness are the population of focus, a wide array of subjects can be considered to be related to mental health by virtue of the connection with this population. Under such circumstances, mental-health-related areas can include (but are not limited to):

- Physical health, especially the integration with or impact of behavioral health
- Co-occurring disorders
- Housing, employment, criminal or juvenile justice involvement, child welfare, education, financial stability, and well-being
- Social and family relationships, independent living skills, peer support

**Mental Health and Related Workforce:** Composed of people who provide mental-health prevention, treatment, rehabilitation, or recovery services. The related workforce is made up of those who provide ancillary support to people who have mental-health needs or are at risk for developing them. Mental health and related workforce include employment service providers, primary-care providers, school personnel, child welfare staff, peer-support program staff, supported housing staff, criminal or juvenile justice personnel, and others who do not provide mental-health services but do provide other services to persons with mental-health needs. All are members of the *related* workforce. Some people may be considered members of either workforce.

Members of the mental-health care or related workforce may or may not be self-identified consumers or family members who are providing services. In addition, state, county, city, tribal, and organizational leaders and administrators of mental-health care and related services may be considered members of the mental-health care or related workforce.

For example, mental health and related workforce includes:

- *Mental-health and substance use providers* such as clinicians, counselors, psychologists, social workers, case workers, program and system administrators of mental health, and substance use providers
- *Tribal services/governments* such as tribal healers and elders, elected tribal officials working in mental health and the substance use field, community outreach workers, emergency/crisis support workers, clinicians
- *Emergency response providers* such as law enforcement, public safety workers, hotline/helpline staff, probation officers
- *Clergy and religious advisors* providing mental- or behavioral-health services

---

<sup>11</sup> Strengthening Our Response Mental Health Promotion WHO, June 2022 <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

- *Other health/primary-care providers*, such as physicians, nurses, nursing assistants/health technicians, hospital staff, program and staff administrators of health care providers
- *Education and higher education staff* such as school counselors and clinicians, school police and safety officers, child welfare workers, juvenile justice workers, social and case workers, emergency/crisis support workers

**Mental Health Promotion:** Interventions, services, or activities that promote or protect mental health, for example, by supporting a positive sense of self-esteem, mastery, well-being, and social inclusion and strengthening the ability to cope with adversity by intervening to create supportive environments, reduce risks, reduce mental illness, and build resilience.

**Modality:** Modality refers to the means of reaching the identified population with the awareness message. It might include social media posts, texting or calling, broadcast and streamed videos, meetings, group education sessions, webinars, tables at community events, websites, billboards, newsletters, mailings, printed brochures, posters, or other means of communication.

## O

**Organization:** An administratively structured group of people. It can be nonprofit, governmental, or for-profit and is usually registered as a formal entity.

Examples of organizations 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
- Nongovernmental organizations
- Private provider entities
- Consumer-, youth-, or family member–run organizations; private provider entities; and nongovernmental organizations.
- On- and off-campus providers of behavioral health, mental-health, and related services
- Universities, campus groups, student-run groups, coalitions.

**Outreach:** A strategy designed to increase access and participation in mental-health services for the population of focus.

## P

**Planning and Advocacy Activities:** Pleading or arguing in favor of mental-health activities; active support. Examples include administrative, legal, advocacy, and legislative activities related to protecting the rights of persons with mental illness or expansion of services and support for mental-health activities.

**Practices:** see [Activities /Interventions /Practices /Services](#)

**Presentation:** The delivery of awareness, information, or explanation related to an idea, practice, or new product to an audience, delivered in person or virtually to a public or private audience.



**Prevention:** Interventions that occur prior to the onset of a mental illness, a disorder, or poor mental health that are intended to prevent or reduce risk for the illness, disorder, or decreased quality of life, or that occur after the onset of the illness, disorder, or poor mental health to prevent or reduce negative consequences.

**Programs:** An established and documented set of activities or practices that provide mental-health or related services for distinct groups of consumers for a specified period. Often specific staff and resources are allocated to a specific program.

**Policy:** A formal, written document directing actions, activities, or practices of an organization or community.

*Examples of policies include:* directives, guidance, clinical practice guidelines, regulations, statutes, operations manuals, procedures, bylaws, strategic plans, mission statements, or standards of practice.

**Pooled, Blended, or Braided Funding:** Pooled or blended are funds from multiple sources (for example, Medicaid, mental health, child welfare, and education) combined into a single pool that is used to pay providers. Braided are funds from various sources not pooled into a single account; rather, a separate administrative entity such as a fiscal agent monitors and tracks the relative levels of each participating agency's responsibility for treatment service delivery and then distributes funds accordingly and authorizes payment to providers.

## **R**

**Readiness:** Describes the motivation and willingness of a community or organization to commit their resources to address identified gaps in the access to or provision of mental-health services.

**Referral:** A recommendation for an individual for mental-health or related services not directly provided by the grantee under the grant. Referrals can be through formal referral networks, care coordination, or partnerships, or they might be external to networks. However, they should be (1) for services not directly provided by the grantee, and (2) documented in provider records for the client.

**Regularly:** On a scheduled, repeated, and ongoing basis that is documented.

**Represent:** Be entitled or appointed to act or speak for an organization. The role can be paid or unpaid but should be documented and verified by the organization represented.

## **S**

**Screening:** Identifying or differentiating individuals who may be in need of specific interventions according to established criteria and typically using standardized tools.

**Services:** See definition of [Activities /Interventions /Practices /Services](#)

**Sharing Resources:** Allows others to use the means available to an organization for increasing outcomes or goals. This includes funding, personnel time, facilities equipment, and information.

**Suicide:** A death caused by self-directed injurious behavior with any intent to die.<sup>12</sup>

**Suicide Attempt:** A non-fatal, self-directed, and potentially injurious behavior with any intent to die. A suicide attempt might not result in physical or visible injury.<sup>13</sup>

**Suicide Risk:** Encompasses a range—at the individual, relationship, community, and societal levels—that increases likelihood of death caused by self-directed injurious behavior with the intent to die.<sup>14</sup>

**Suicide Ideation:** Refers to thinking about, considering, or planning suicide. The thoughts lie on a continuum of severity from a wish to die with no method, plan, intent, or behavior, to active suicide ideation with a specific plan and intent.<sup>15</sup>

**Suicidal Behavior:** Includes suicide, suicide attempts, other suicidal behavior, and preparatory acts. Acts or preparation toward making a suicide attempt, but before potential for harm has begun, can include anything beyond a verbalization or thought, such as assembling a method (such as purchasing a gun, collecting pills) or preparing for one’s death by suicide (for example, writing a suicide note, giving away possessions).<sup>16</sup>

**Suicide Risk Assessment Training:** A suicide prevention training designed to help individuals recognize the warning signs of suicide, effectively engage with a person in emotional distress, and immediately respond, refer, and connect the person with resources and services. Training might be implemented in a variety of settings. It is 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 and knowledge about suicide risk assessment.

---

<sup>12</sup> O’Connor, E., B. Gaynes, B.U. Burda, et al. “Screening for Suicide Risk in Primary Care: A Systematic Evidence Review for the U.S. Preventive Services Task Force.” Rockville, MD: Agency for Healthcare Research and Quality, April 2013. (Evidence Syntheses, No. 103.) Table 1, Definitions of Suicide-Related Terms. Available at <https://www.ncbi.nlm.nih.gov/books/NBK137739/table/ch1.t1/>

<sup>13</sup> O’Connor, E., B. Gaynes, B.U. Burda, et al. “Screening for Suicide Risk in Primary Care: A Systematic Evidence Review for the U.S. Preventive Services Task Force.” Rockville, MD: Agency for Healthcare Research and Quality, April 2013. (Evidence Syntheses, No. 103.) Table 1, Definitions of Suicide-Related Terms. Available at <https://www.ncbi.nlm.nih.gov/books/NBK137739/table/ch1.t1/>

<sup>14</sup> Crosby, A.E., L. Ortega, and C. Melanson. *Self-directed Violence Surveillance: Uniform Definitions and Recommended Data Elements*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2011; Posner, K., M.A. Oquendo, M. Gould, et al. “Columbia Classification Algorithm of Suicide Assessment (C-CASA): Classification of Suicidal Events in the FDA’s Pediatric Suicidal Risk Analysis of Antidepressants.” *American Journal of Psychiatry*, vol. 164, no. 7, 2007, pp.1035–1043.

<sup>15</sup> O’Connor, E., B. Gaynes, B.U. Burda, et al. “Screening for Suicide Risk in Primary Care: A Systematic Evidence Review for the U.S. Preventive Services Task Force.” Rockville, MD: Agency for Healthcare Research and Quality; April, 2013. (Evidence Syntheses, No. 103.) Table 1, Definitions of Suicide-Related Terms. Available at <https://www.ncbi.nlm.nih.gov/books/NBK137739/table/ch1.t1/>

<sup>16</sup>O’Connor, E., B. Gaynes, B.U. Burda, et al. “Screening for Suicide Risk in Primary Care: A Systematic Evidence Review for the U.S. Preventive Services Task Force.” Rockville, MD: Agency for Healthcare Research and Quality; April 2013. (Evidence Syntheses, No. 103.) Table 1, Definitions of Suicide-Related Terms. Available at <https://www.ncbi.nlm.nih.gov/books/NBK137739/table/ch1.t1/>

**Systems:** A network of services and supports at the state, local, or tribal level organized to meet the needs of children, youth, and adults.<sup>17</sup>

## T

**Technical Assistance:** A negotiated series of activities designed to reach a valued outcome via sharing of information and expertise, instruction, skills training, transmission of working knowledge, consulting services, or the transfer of technical guidance or data.

**Trained:** Workforce members are considered to have been trained when they have engaged in a process guided by a curriculum (syllabus, agenda, training manual, or other documents describing the content and format of the information to be covered) taking place within a structured time frame (a specific amount of time set aside for the training within some time window), guided by an identified trainer or training method (such as a specific computer-based program).

**Training or training program:** Engaging in a process guided by a curriculum (syllabus, agenda, training manual, or other documents describing the content and format of the information to be covered) taking place within a structured time frame, guided by an identified trainer or training method. The goal of the training is to affect awareness, knowledge, attitude, skills, or behaviors; service model fidelity; or mental health consumer satisfaction or outcomes.

**Trauma:** SAMHSA defines trauma as the result of “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”<sup>18</sup>

**Trauma-Informed Care:** A service-delivery model that focuses on an understanding of and responsiveness to the impact of trauma. A trauma-informed approach promotes a culture of safety, empowerment, and healing that emphasizes the physical, psychological, and emotional safety of both providers of care and survivors of trauma and empowers survivors to rebuild a sense of control. Any organization can implement a trauma-informed framework. It requires that all staff be trained to be aware of trauma and avoid practices that might re-traumatize a survivor. Trauma-informed care includes interventions and support provided in a way that recognizes and responds to the risks and symptoms of experienced trauma.

For more information, see [SAMHSA’s concept of trauma and guidance for a trauma-informed approach 2014](#).

## W

**Work Group:** A group of people working toward a common goal. Roles can be paid or unpaid but should be formalized in governing documents for the organization.

---

<sup>17</sup> Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Community Mental Health Services for Children and Their Families Program.

<sup>18</sup> SAMHSA’s concept of trauma and guidance for a trauma-informed approach, 2014 [SAMHSA’s concept of trauma and guidance for a trauma-informed approach 2014](#)

## Appendix 2: IPP FAQ

### DEADLINES AND SUBMISSION REQUIREMENTS

#### What Is Infrastructure Development, Prevention, and Mental-Health Promotion (IPP)?

IPP indicators monitor activities implemented using grant funds to help improve mental-health access, awareness, capabilities, quality, and capacity. Some IPP indicators measure the number of clients who received mental-health screening, referral, diagnosis or treatment; however, many are measurements of organizations, program activities, or persons trained.

There are currently 39 indicators, which capture IPP activities and quantify a grant program's achievements. In response to GPRA requirements, SAMHSA has created 14 categories for measurement to be used by the CMHS grantees:

- Access (AC)
- Accountability (A)
- Awareness (AW)
- Financing (F)
- Knowledge/Attitudes/Beliefs (NAB)
- Organizational Change (OC)
- Outreach (O)
- Partnership/Collaborations (PC)
- Policy Development (PD)
- Referral (R)
- Screening (S)
- Training (TR)
- Types/Targets of Practices (T)
- Workforce Development (WD)

#### Do we have to report on all IPP indicators?

Most CMHS discretionary grantees are required to report on a cohort-specific set of IPP indicators, usually between 5 to 8. For more information about which IPP indicators are required for your grant, you can reference the [IPP Indicators by Program Cohort](#) document or ask your Government Project Officer (GPO). For definitions of the indicators and guidance on How do I report, please see the [Indicator-by-Indicator Guide](#) section of this guide.

#### How do I know which IPP indicators I need to report on quarterly?

For some CMHS grant cohorts, the information about the assigned IPP indicators is included in the Notice of (Grant) Award (NOA) or the Notice of Funding Opportunity (NOFO). You can also check the [IPP indicators by Program Cohort](#) Guidance document, ask your GPO or find this information on the SPARS website by going to CMHS Data Entry > Data Entry > IPP > Results List. Under Find Results, there are filter criteria labeled "Selected Indicators" that list your required IPP indicators.

### **When are my IPP results due?**

The quarterly reporting periods and deadlines are displayed in the chart below.

#### Quarterly Reporting Periods and Deadlines for Submitting IPP Results

<b>FFY Quarter</b>	<b>Quarterly Reporting Period</b>	<b>Grantee Deadline to Submit Data</b>	<b>GPO Review Deadline</b>	<b>Grantee Deadline to Revise Data</b>
1st	October 1–December 31	January 31	February 28	March 31
2nd	January 1–March 31	April 30	May 31	June 30
3rd	April 1–June 30	July 31	August 30	September 30
4th	July 1–September 30	October 31	November 30	December 31

### **Do we have to use or submit the paper IPP Result Form?**

No, the PDF (paper) version of the IPP Result Form is provided only as a template of what is in SPARS for the data entry screen. The reporting requirement is for the Reporting Period, IPP Indicator, IPP Result Name, Result Description, and Result Number (or Numerator and Denominator, as applicable) to be entered in SPARS. The paper form does not need to be used or submitted.

## **IPP DEFINITIONS AND RESULTS REQUIREMENTS**

### **AC1: For indicator AC1, how should I report the number of clients that have been referred in the current quarter if none of these clients have received services yet?**

AC1 (Access) is the number and percentage of individuals receiving mental health or related services after referral. In this indicator, the number of clients who have been referred for mental health or related services in the current quarter should be reported in the denominator. The number of clients who have been referred to AND are receiving services should be reported in the numerator in the quarter in which they received services regardless of the quarter in which they were referred. The denominator and the numerator do not have to and may not include the same individuals. For example, an individual referred in quarter 1 who began receiving services in quarter 2 is included in the denominator in quarter 1 and in the numerator in quarter 2.

### **R1: How do I count individuals in Indicator R1 (or R2 or R3) when we also collect Client-Level Measures (Services Activities) data?**

R1 (Referral) is the number of individuals referred by the grantee to mental-health or related services from a provider that is not under the same grant. The intent of R1 is not to report on internal referrals. Some direct-services level grantees are required to complete both NOMs and R1 indicator. In this case, the R1 result will be clients who received referrals to external providers, regardless of whether they also received direct services from the grantee. For more information on who can be counted under R1, see the [Referral](#) section in this guide.

### **R1, R3: If we are required to report on both R1 and R3, do we need to separate individuals referred for crisis services (R3) and not duplicate with R1?**

Individuals referred under R3 can/should be reported also under R1 if both indicators are assigned to your grant cohort. When both indicators are assigned, R3 is a subset of R1 and individuals receiving the specific referral meeting the criteria for R3 should also be counted under the total number referred (R1).

### **R1: For R1 (number of individuals referred to mental-health or related services), is the number to be collected or reported the number of referrals a grantee MAKES TO another service provider or RECEIVES FROM another service provider?**

R1 (and similarly R2 and R3), is the number of referrals made by the grantee to another service provider, not the number of people who were referred to the grantee by another service provider.

### **S1: We have had confusion about what counts as a screening: is it the Qualtrics survey screening into or out of the project? Or is it any screening (such as suicide ideation)?**

You will want to check with your GPO for clarification; programs could have specific requirements for which screenings are considered to be “consistent with the goals of the grant” or “as a result of the grant.”

Note that if your grant is collecting S1 (or S2 or S3), you are counting the number of people being screened, not the number of screenings. Any screenings being conducted should be in relation to the purpose of your grant. A client can receive three different screenings at one visit but should be counted only once per quarter, as the measure is counting the number of individuals, not screenings.

**TR, WD2: For training, can we count those already trained prior to the grant, for example, as part of their license/certification?**

For training indicators (such as TR1, TR2, TR3, TR4, and WD2), count only persons trained as a result of the grant; the training must be during the period of grant implementation.

**TR1, WD2: Can you confirm that TR1 and WD2 are no longer mutually exclusive?**

The training indicators (such as TR1, TR2, TR3, TR4) now count all persons trained, including those who are part of the mental-health and related workforce. This means that if you are assigned both TR1 and WD2, for example, individuals who are part of the workforce will be counted twice, once under TR1 and once under WD2. See the [Training \(TR\)](#) and [Workforce Development \(WD\)](#) pages of the [Indicator-by-Indicator](#) section of this guide for further examples of whom to count under which indicators.

**T7, T8: It feels weird to collect the number of people who attempted or died by suicide. Wouldn't you want your goal to be 0?**

Many of the IPP indicators were written to respond to specific requirements set for in legislation or information that needs to be in reports to Congress. Knowing the number of people who attempted or died by suicide is important for planning and implementing suicide prevention programs. The goal should always be entered as 0 (zero) for these two indicators (T7 and T8).

**WD2: What do you mean by “related workforce” with regard to mental health?**

See the [Appendix 1: Glossary](#) of this guide for definitions and examples and what this means.

**WD3: If someone is already a certified mental health provider but gets trained on a specific intervention, does that count as being newly certified?**

If the completed training adds a new certification, then the person can be counted as newly certified. However, if the person is certified and the completed training is only one part of continuing education or one requirement towards a new certification, then no, they should not be counted.

## **ANNUAL GOALS FOR IPP**

### **How should I set annual goals for a “snapshot” indicator?**

Grantees should enter the goal for each individual quarter as the annual goal. For example, if a grantee enters 75% as their annual goal for the A4 IPP indicator, the grantee should attempt to reach an outcome of at least 75% for each quarter. If the grantee reports 25% for each individual quarter of the FFY, the annual goal of 75% was never met for the year. Similarly, for example the annual goal for A2 IPP indicator, if a grantee enters 4 as their annual goal for the number of organizations, the grantee should attempt to have 4 organizations actively obtaining, analyzing or using mental health related data in every quarter of the year.

### **When can I revise my annual goals?**

Annual goals can be revised and updated in SPARS during the first quarter of each fiscal year, from October 1 to December 31.

### **Do we have to provide an explanation of why we set the annual goals as entered into SPARS?**

SPARS entry of annual goals does not require or have a place to enter explanations. Any explanations or details would have been included in the original grant application or should be included in submitted narrative progress reports. If the GPO is unclear as to the logic behind the annual goal, they might not approve the annual goal and request further information or changes.

### **What happens if we don't meet our annual goals?**

Your GPO will be reviewing your annual goals and the progress you've made towards them every quarter, when reviewing and approving the results you've entered into SPARS. Not meeting the goals will be a topic of discussion during your check-ins with your GPO. Depending on the circumstances, potential outcomes include technical assistance, site visit(s), a corrective action plan, offset of grant funds for continuation, reduction or disapproval of carryover or no cost extension requests, etc.



## REPORTING IPP RESULTS IN SPARS

### **Can we upload our IPP data rather than use the data entry system?**

No. You must submit IPP data via online data entry in SPARS. There is no batch upload functionality for IPP results.

### **Is there a form to use to complete my IPP results on paper?**

There is a paper version of the IPP Result Form available for download on SPARS in both the [Resource Library](#) and the [Data Collection Tool Resources Page](#). If the paper form is used, data will still have to be entered in SPARS to comply with SAMHSA requirements. The paper form does not have to be completed, retained, or submitted to SAMHSA and is provided only as a template.

### **How do I submit my quarterly IPP results in SPARS?**

For detailed instructions on How do I enter your IPP results, refer to the [SPARS Data Entry Process For IPP Results](#) section of this guide. There are also recorded videos that walk through SPARS data entry posted on the [SPARS Training Page](#). In addition, IPP Data Entry training will be available on the SPARS website in late 2022. Please watch the [Announcements](#) on the SPARS home page for information on upcoming training or the availability of recorded SPARS training.

### **How do I enter zero for an IPP indicator?**

The system does not accept 0 for any indicator. You must enter a “No New Result” record in the system when an activity for an indicator did not occur during the quarter by selecting the No New Result option during data entry of the IPP result.

### **How do I check my grant’s IPP Performance?**

You can run the [CMHS Performance Report \(TPR\)](#) that is available in SPARS to track your grant’s program performance for a selected FFY. The TPR can be used by project directors, grantee staff, GPOs, and other CMHS staff to monitor how CMHS grantees are progressing toward their annual SPARS data entry requirements and the program annual or cumulative goal targets for each required IPP indicator.

You can also run the [IPP Performance Report](#) that is available in SPARS to help improve your performance in managing and collecting your IPP data. Key features of the report data include the sum of results, the goal, and the results-to-goal rate for the selected FFY period and are available to project directors, grantee staff, GPOs, and other CMHS staff. GPOs and CMHS staff with government or administrative access also have access to information about grantee program-level performance.

### **I need to delete or change some IPP data. How can I do that?**

If you are entering data in the current quarter and need to edit a result, you can do so from the IPP Results List by selecting **Edit**. You can also delete a result from the IPP Results List by selecting **Del**. For further information on How do I access the Results List, refer to the [SPARS Data Entry Process For IPP Results](#) section of this guide. Deletion or editing of a result from a previous quarter must be confirmed by a GPO, as explained below.

## **How do I delete an indicator if I have made a mistake in the previous quarter and the GPO already approved the entry?**

Deletion or editing of an approved IPP indicator results entry must be confirmed by the GPO. Grantees should fill out the CMHS Annual Goals and IPP Request Form [Coming Soon] for the Results that need editing or removal and send it to their GPO. After receiving it, the GPO will send the form to the Help Desk, who will be able to delete or roll back the entry to enable appropriate reentry by the grantee.

## **If I have similar results to enter, can I duplicate any of the information in SPARS?**

You should not use the same “Result Name” in SPARS for multiple entries in the same FFY quarter. It is also expected that the “Result Description” will be similar, but not the same, across multiple IPP result entries in the same quarter. Result descriptions should not exceed 550 characters. For more information on what should be included in the result descriptions, see the [Indicator-by-Indicator Guide](#) section of this guide.

After an initial result has been entered, you have the option of using that “Result Name” for subsequent quarters. When you view indicators entered in a previous quarter, you will see the **Copy Result Name to New Quarter** button. Click that button to duplicate the result name from a previous quarter to the new quarter. This will create a new result for the new quarter using the same result name, but you will have to describe the results and the number completed in the current quarter. It is recommended that grantees write the result description and review for accuracy outside of SPARS, so that the process of entering into SPARS involves copying approved text from a document.

## **What happens if my GPO disagrees with the IPP results I submitted?**

Each Result entered is reviewed by your GPO. For example, the GPO may note that the requirements for How do I enter a results description or guidance on what to include or exclude were not met. The GPO will enter an agreement or disagreement for each Result. You will then have to go into SPARS to review and edit that Result Record. If the GPO disagrees with a Result and requires that you edit it, the message *Pending Grantee’s Revision* will appear in the Status column. Click **Edit** to view and edit the Result and read the GPO’s remarks. A GPO might also disagree with your IPP Result but not require you to update it, in which case the status of that IPP Result will be *GPO Disagrees*. No further action is needed.

For more information about the status of your IPP Results, refer to the [SPARS Data Entry Process For IPP Results](#) section of this guide.

For more information on what and How do I count for an IPP indicator or what to write in the results description, see the [Indicator-by-Indicator Guide](#) section.

## **The indicator (A4, AC1, NAB1) says report the number and percentage, but where do I enter the percentage?**

SPARS calculates percentages for indicators that require a percentage; grantees are required to enter the numerator and denominator, and SPARS automatically calculates the percentage. For more information on How do I enter percentage indicators, refer to the [SPARS Data Entry Process For IPP Results](#) section.

## GENERAL

### **What is the Government Performance and Results Act (GPRA) of 1993?**

GPRA is a public law that was passed by Congress in 1993. GPRA was enacted to improve stewardship in the federal government and to link resources and management decisions with program performance. GPRA requires that all federal departments:

- Develop a strategic plan specifying what it will accomplish over a 3- to 5-year period
- Set annual performance targets related to their strategic plan
- Report annually on the degree to which the targets set in the previous year were met, and
- Conduct regular evaluations of their programs and use performance monitoring data to understand their successes and opportunities for improvement.

The GPRA Modernization Act of 2010 updated some aspects of the 1993 GPRA. It placed greater emphasis on setting goals, cross-organizational collaboration, and improving programs using performance metrics. As part of this federal mandate, all SAMHSA grantees are required to collect and report performance data using approved measurement tools.

### **How are the data in SPARS used?**

Data collected through SPARS are used to monitor the progress of SAMHSA's discretionary grants, serve as a decision-making tool on funding, and improve the quality of services provided through the programs. SPARS provides real-time performance monitoring of SAMHSA's discretionary grant portfolio and allows SAMHSA to provide timely, accurate information to stakeholders and Congress. The system includes data entry, data validation and verification, data management, data utilization, data analysis support, and automated reporting.

### **How do I get a SPARS account?**

Notify your organization's Project Director, Alternate Project Director, or Authorized CMHS Representative that you need a SPARS account. Project leadership should use the [Add/Remove SPARS Users form](#) to request an account. Once the form is completed, your Project Director or Authorized CMHS Representative will need to submit the completed form to the SPARS Help Desk ([SPARSHelpDesk@mathematica-mpr.com](mailto:SPARSHelpDesk@mathematica-mpr.com)).

Once SPARS receives the required information, Help Desk staff will set up an account, and then you will receive login credentials via email. Grantees who have multiple roles or who work on grants with more than one organization may require multiple accounts that use different login information.

### **I am a project director of a new grant. How do I get a SPARS account?**

As of October 2022, once a new grant is awarded by SAMHSA, a user account for the project director of the grant as listed in the NIH eRA system is automatically created in SPARS. The project director will be notified via email by the SPARS Help Desk that their SPARS user account has been created. The project director will also be given instructions to complete the [Add/Remove SPARS Users form](#) to create SPARS user accounts for additional grantee staff. If you are the project director of a new grant and haven't received notification of your grant and user account being established in SPARS within one month of your grant project start date, please contact the SPARS Help Desk ([SPARSHelpDesk@mathematica-mpr.com](mailto:SPARSHelpDesk@mathematica-mpr.com)) with your grant ID and issue.

**Can we download the IPP and NOMs training videos and use those copies internally on our own training platform to train staff who are not doing direct data entry in SPARS?**

Yes, the materials published on the SPARS site are available for you to use for your own staff training as needed. If the staff you would like to train do not have SPARS accounts, then you will need to save the materials locally to your own machine or system and share from there.

## Appendix 3: Summary Table of Indicator Guidance

The following table provides a quick summary of key characteristics of the indicators, including category (such as financing or workforce development), changes made in this version of the indicators, what is counted (for example, individuals or organizations), what is the key requirement to meet before counting (for example, whether the individual had been referred for mental-health services), what is the type of the indicator reported (for example, a number or percentage calculated from numerator and denominator), how is the year totaled? (for example, snapshot indicator that cannot be totaled or one that can be summed), and whether the indicator represents a measurement of organizational infrastructure or a service provided.

Category	Code	Changes	Indicator	Counting	Requirement	Type	Annual Total Method
ACCESS (AC)	AC1	No change	The number and percentage of people receiving mental-health or related services after referral	People	Services after referral	Percentage	Percentage, Cumulative
ACCOUNTABILITY (A)	A1	Revised	The number of grant project activities in which fidelity is monitored as a result of the grant	Activities	Fidelity monitored	Number	Snapshot
ACCOUNTABILITY (A)	A2	Revised guidance	The number of organizations that regularly obtain, analyze, and use mental-health related data as a result of the grant	Organizations and Communities	Obtain, analyze, or use data	Number	Snapshot
ACCOUNTABILITY (A)	A3	Revised	The number of communities that enhance health information sharing for provision of services between agencies and programs	Organizations and Communities	Enhance information sharing	Number	Cumulative
ACCOUNTABILITY (A)	A4	Revised guidance	The number and percentage of work group, advisory group, or council members who are consumers or family members	Individuals	Consumers or family members as advisory council	Percent	Percentage, Snapshot
ACCOUNTABILITY (A)	A5	Revised guidance	The number of consumers or family members representing consumer or family organizations who are involved in ongoing mental-health-related planning and advocacy activities as a result of the grant	Individuals	Consumers or family members representing organizations	Number	Snapshot
ACCOUNTABILITY (A)	A6	Revised guidance	The number of consumers or family members who are involved in ongoing mental-health-related evaluation oversight, data collection, or analysis activities as a result of the grant	Individuals	Consumers or family members involved in data or evaluation	Number	Snapshot

Category	Code	Changes	Indicator	Counting	Requirement	Type	Annual Total Method
AWARENESS (AW)	AW1	No change	The number of people exposed to mental-health-awareness messages	Individuals	Exposed to mental-health messages	Number	Cumulative
FINANCING (F)	F1	Dropped	[DROPPED]				
FINANCING (F)	F2	No change	The number of financing policy changes completed as a result of the grant	Changes	Financing policy changed	Number	Cumulative
FINANCING (F)	F3	No change	The amount of pooled, blended, or braided funding used for mental-health-related practices or activities consistent with the goals of the grant	Funding	Pooled, blended, or braided funding	Number	Cumulative
KNOWLEDGE, ATTITUDES, BELIEFS (NAB)	NAB1	No change	The number and percentage of individuals who have demonstrated improvement in knowledge, attitudes, or beliefs related to prevention and or mental-health promotion	Individuals	Improvement in knowledge, attitudes, or beliefs	Percentage	Percentage, Cumulative
ORGANIZATIONAL CHANGE (OC)	OC1	No change	The number of organizational changes made to support improvement of mental-health-related practices and activities consistent with the goals of the grant	Changes	Organization changed	Number	Cumulative
OUTREACH (O)	O1	No change	The number of people contacted through program outreach efforts	Individuals	Contacted for outreach	Number	Cumulative
OUTREACH (O)	O2	Dropped	[DROPPED]				
PARTNERSHIPS OR COLLABORATIONS (PC)	PC1	No change	The number of organizations that entered into formal written inter- or intra-organizational agreements to improve mental-health-related practices or activities consistent with the goals of the grant	Organizations or Communities	Entered MOU/MOA	Number	Cumulative
PARTNERSHIPS OR COLLABORATIONS (PC)	PC2	Revised guidance	The number of organizations collaborating, coordinating, or sharing resources with other organizations as a result of the grant	Organizations or Communities	Collaborating or coordinating	Number	Snapshot

Category	Code	Changes	Indicator	Counting	Requirement	Type	Annual Total Method
POLICY DEVELOPMENT (PD)	PD1	No change	The number of policy changes completed as a result of the grant	Changes	Policy changed	Number	Cumulative
POLICY DEVELOPMENT (PD)	PD2	No change	The number of organizations or communities that demonstrate improved readiness to change their systems in order to implement mental-health-related practices that are consistent with the goals of the grant	Organizations or Communities	Improved readiness	Number	Cumulative
REFERRAL (R)	R1	No change	The number of individuals referred to mental-health or related services	Individuals	Referred for mental health	Number	Cumulative
REFERRAL (R)	R2	Added	The number of individuals referred to trauma-informed care services as a result of the grant	Individuals	Referred for trauma-informed mental health	Number	Cumulative
REFERRAL (R)	R3	Added	The number of individuals referred to crisis or other mental-health services for suicide risk, ideation, or behavior	Individuals	Referred for crisis mental health	Number	Cumulative
SCREENING (S)	S1	No change	The number of individuals screened for mental-health or related interventions	Individuals	Screened for mental health	Number	Cumulative
SCREENING (S)	S2	Added	The number of individuals screened for trauma-related experiences as a result of the grant	Individuals	Screened for trauma-related mental health	Number	Cumulative
SCREENING (S)	S3	Added	The number of individuals screened for suicide ideation as a result of the grant	Individuals	Screened for suicide ideation	Number	Cumulative
TRAINING (TR)	TR1	Revised guidance	The number of individuals who have received training in prevention or mental-health promotion	Individuals	Trained in mental health	Number	Cumulative
TRAINING (TR)	TR2	Added	The number of individuals trained in trauma-informed care practices as a result of the grant	Individuals	Trained in trauma-informed mental health	Number	Cumulative
TRAINING (TR)	TR3	Added	The number of individuals trained in suicide risk assessment as a result of the grant	Individuals	Trained in suicide risk assessment	Number	Cumulative

Category	Code	Changes	Indicator	Counting	Requirement	Type	Annual Total Method
TRAINING (TR)	TR4	Added	The number of individuals trained in diversity, equity, and inclusion as a result of the grant	Individuals	Trained in DEI	Number	Cumulative
TYPES/TARGETS OF PRACTICES (T)	T1	Revised guidance	The number of programs, organizations, or communities that implemented evidence-based mental-health-related practices or activities as a result of the grant	Organizations and Communities	Implemented mental-health practices	Number	Snapshot
TYPES/TARGETS OF PRACTICES (T)	T2	Revised guidance	The number of programs, organizations, or communities that implemented evidence-based mental-health-related practices or activities as a result of the grant	Organizations and Communities	Implemented mental health EBP	Number	Snapshot
TYPES/TARGETS OF PRACTICES (T)	T3	No change	The number of people receiving evidence-based mental-health-related services as a result of the grant	Individuals	Newly received EBP service	Number	Cumulative
TYPES/TARGETS OF PRACTICES (T)	T4	Revised guidance	The number of programs, organizations, or communities that implemented adaptations of evidence-based practices to incorporate the special needs of unique populations or settings as a result of the grant	Organizations and Communities	Implemented adapted mental-health EBP	Number	Snapshot
TYPES/TARGETS OF PRACTICES (T)	T5	Added	The number of activities modified, adapted, or changed to reflect trauma-informed practices to the populations being served by the grant	Activities	Modified to reflect trauma	Number	Cumulative
TYPES/TARGETS OF PRACTICES (T)	T6	Added	The number of activities modified, adapted, or changed to reflect culturally appropriate practices to the populations being served by the grant	Activities	Modified to reflect culture	Number	Cumulative
TYPES/TARGETS OF PRACTICES (T)	T7	Added	The number of individuals who died by suicide	Individuals	Died by suicide	Number	Cumulative



Category	Code	Changes	Indicator	Counting	Requirement	Type	Annual Total Method
TYPES/TARGETS OF PRACTICES (T)	T8	Added	The number of individuals who attempted suicide	Individuals	Attempted suicide	Number	Cumulative
WORKFORCE DEVELOPMENT (WD)	WD1	Dropped	[DROPPED]				
WORKFORCE DEVELOPMENT (WD)	WD2	No change	The number of people in the mental-health and related workforce trained in mental-health-related practices or activities consistent with the goals of the grant	Individuals	Workforce trained in mental health	Number	Cumulative
WORKFORCE DEVELOPMENT (WD)	WD3	No change	The number of people newly credentialed or certified to provide mental-health-related practices or activities consistent with the goals of the grant	Individuals	Workforce credentialed	Number	Cumulative
WORKFORCE DEVELOPMENT (WD)	WD4	Dropped	[DROPPED]				
WORKFORCE DEVELOPMENT (WD)	WD5	Revised guidance	The number of consumers or family members who provide mental-health-related services as a result of the grant	Individuals	Consumers or family members providing service	Number	Snapshot