

SAMHSA System of Care Implementation, Implementation and Expansion, and Expansion and Sustainability Cooperative Agreements

Required Indicators

SAMHSA's Center for Mental Health Services (CMHS) developed 4 indicators to collect performance data on the System of Care Cooperative Agreements Grantees' Infrastructure Development, Prevention, and Mental Health Promotion (IPP) activities. CMHS requires System of Care grantees to collect and submit data on a *quarterly* basis on the following four indicators:

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

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

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

PC1 - The number of organizations that entered into formal written inter/intra-organizational agreements (e.g., MOUs/ MOAs) to improve mental health-related practices/activities that are consistent with the goals of the grant.

The guide is organized into three sections:

- Overview of data reporting requirements and deadlines
- Operational definitions and data entry guidelines for the 11 required indicators
- How to access help, tips, and resources

General Overview: Grantees must comply with three data submission components:

- 1) **Quarterly Data:** Grantees submit new data quarterly for each indicator based on the federal fiscal year (FFY) calendar. Submission of data for newly funded grantees, will begin the second quarter. After grantees submit data each quarter, the government project officer (GPO) will review the data and approve, disapprove, or request revisions.

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- 2) **Annual Goals:** Grantees submit annual performance goals for each indicator for each grant year. Based on the original, approved grant application, goals should be realistic and attainable. Grantees can update and revise their goals annually during the first quarter of each new FFY.
- 3) **Annual Budget Estimates:** For each grant year, grantees submit budget estimates for specific programmatic budget categories. These are estimates, not actual expenditures. Grantees can also update and revise budget estimates annually during the first quarter of each new FFY.

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Table 1. Quarterly Reporting Period and Deadlines for Submitting Indicator Data

Quarter	Quarterly Reporting Period	County Deadline to Submit Data	PA Care Partnership Deadline to Submit Data	GPO Review Deadline	Grantee Deadline to Revise Data	System-Lock Date*
1st	October 1–December 31	January 15	January 31	February 28	March 31	April 1
2nd	January 1–March 31	April 15	April 30	May 31	June 30	July 1
3rd	April 1–June 30	July 15	July 31	August 30	September 30	October 1
4th	July 1–September 30	October 15	October 31	November 30	December 31	January 1

* No further data entry, GPO reviews, or grantee revisions allowed.

Submission Requirements: Grantees submit new data quarterly for each indicator based on the FFY calendar, which runs from October 1 through September 30. Submission of data for newly funded grantees begins in the second quarter, January 1–March 31. After grantees submit data, the GPO will review and approve, disapprove, or request revisions. Grantees have until midnight of the grantee revision deadline (see “Grantee Deadline to Revise Data” column in Table 1) to submit final data revisions. Following the deadline, the data system locks for that particular quarter and does not allow any additional data entry or revisions.

Required Indicators: Tables 2 through 5 outline operational definitions and data entry guidelines for the 4 required indicators.

Each table explains the intent of the particular indicator, provides definitions of key terms related to the indicator, describes who or what grantees can count or not count, and gives useful examples.

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Table 2. IPP Indicator: Policy Development (PD1)

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

Intent & Key Terms	What To Count	Guidelines for Entering Data
<p>Intent: To report all policy changes that have been completed as a result of the grant.</p> <p>Key Terms: Policy is a written document directing an action or event; administrative or legislative in origin.</p> <p>Examples:</p> <ul style="list-style-type: none"> ▪ Directives ▪ Guidance ▪ Clinical practice guidelines ▪ Regulations ▪ Statutes ▪ Operational manuals ▪ Procedures ▪ Bylaws ▪ Strategic plans ▪ Mission statements ▪ Written decisions ▪ Standards <p>Financing policies are excluded.</p> <p>Change is the creation of a policy that did not previously exist; the documentation of a policy that existed in an undocumented form; or the elimination or alteration of a policy that previously existed and had</p>	<p>Count the policy change only once and only when the change has been completed.</p> <p>The policy may be reported if it has been completed, but not implemented, yet.</p> <p>Do not count the policy change if discussions have only begun about the policy but it has not been completed or approved.</p>	<p>On the Result Form, enter the following information in the quarter when the policy change was completed:</p> <p>Result Name: Enter the name or type of policy change.</p> <p>Result Description: Enter a description of 1) the organizations and 2) the completed policy change.</p> <p>Result Number: Enter one policy change per result record.</p> <p>Example: Result Name: Standards of care for (enter the population of focus) Result Description: The state established new standards of care for (list the population of focus) receiving recovery support services for co-occurring mental and substance use conditions. Result Number: 1</p>

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already been documented.

Completed means that the document exists in its final form and has been approved or passed by the party or parties with authority to do so.

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Table 3. IPP Indicator: Workforce Development (WD2)

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

Intent & Key Terms	What To Count	Guidelines for Entering Data
<p>Intent: is to capture information on improvements in the practice or activities of the workforce in addressing mental health issues and all aspects of SOC development and implementation.</p> <p>Key Terms:</p> <p>Practices/Activities include early identification, treatment, rehabilitation, prevention, wellness, peer and family supports, individualized service planning, culturally-competent treatment, medication management, suicide prevention, and evidence-based, practice-based or community-defined interventions.</p> <p>Workforce is composed of people who work with children and youth experiencing or at risk of experiencing mental health problems and their families. Workforce includes providers of mental health, rehabilitation, wellness, recovery, substance use, primary care, day care, respite, foster care, early childhood,</p>	<p>The unduplicated number of people trained in a training program. Include people who are being trained to become part of the workforce.</p> <p>If a person completes two separate training topics such as TF-CBT and wraparound, that person would be counted once for TF-CBT and once for wraparound for a total of two.</p> <p>If the same group of people must attend multiple trainings to complete one training program, count these people once.</p> <p>If the same individual is being trained for recertification quarterly, then count that person each quarter.</p> <p>If it is unclear if someone trained should be counted under WD2, contact your Government Project Officer</p>	<p>On the Result Form, enter the following information:</p> <p>Result Name: Enter the job title of the person or people trained</p> <p>Number: Enter the number of people trained in this particular training.</p> <p>Result Description: Enter description (2-3 sentences) on 1) who was trained 2) what topic they were trained on.</p> <p>EXAMPLE</p> <p>Result Name: Trauma Informed Care Training</p> <p>Result Description: We trained 3 therapists, 1 pediatrician, and 1 RN on how to provide trauma-informed care to youth experiencing mental health problems.</p> <p>Number: 5</p> <p>Result Name: Supervision of Peer Support Specialists</p> <p>Result Description: The Team Leader and Program Manager received training on how to supervise Peer Support Specialists</p>

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<p>juvenile justice; child welfare; vocational and educational, special education, and peer and family supports and services. Those not considered part of the mental health or related workforce should not be counted. For example, do not include general community members, administrative support staff, teachers and school staff for general education (can count Special Education teachers).</p> <p>Trained means workforce members are considered to have been trained when they have engaged in a process guided by a curriculum (e.g. syllabus, agenda, or other document describing the content and format of the information to be covered), taking place within a structured timeframe (e.g. a specific amount of time set aside for the training), and guided by an identified trainer or training method (e.g. a specific computer- based</p>		<p>who provide peer support services to youth this quarter.</p> <p>Number: 2</p>
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Table 4. IPP Indicator: Workforce Development (WD5)

WD5 is the **number of young adult consumers/family members** who provide mental health-related services as a result of the grant.

Intent & Key Terms	What To Count	Guidelines for Entering Data
<p>Intent: To capture information on young adult consumers or family members who provide mental health-related services and supports as a result of the grant.</p> <p>Key Terms: Young adult consumers who have experienced mental health services and supports.</p> <p>Family members may be members of a young adult’s immediate or extended family, family networks, or “adopted” family members (for example, <i>familismo</i> in Hispanic culture). Family members also may be friends, co-workers, or neighbors, or non-family caregivers of a young adult.</p> <p>Mental health-related peer services (and supports) include support groups, mentoring, system navigation, socialization activities, recreation, advocacy, training, recovery support, and other supportive services.</p>	<p>Count the unduplicated number of new young adults or family members who are providing mental health-related services and supports per quarter.</p> <p>Positions can be paid or unpaid.</p> <p>Do not count young adults/family members involved exclusively in planning and advocacy activities or mental health-related evaluation oversight, data collection, or analysis activities.</p> <p>Do not count the same person in more than one quarter.</p>	<p>On the Result Form, enter the following information in the quarter when the service was provided:</p> <p>Result Name: Enter the title or position of the persons(s) providing the service.</p> <p>Result Description: Enter a one to two sentence description on 1) who provided the service and 2) what type of service was provided.</p> <p>Result Number: Enter the total number of people providing the service.</p> <p>Example: Result Name: Hired 3 peer support specialists Result Description: We added a peer support specialist to three different treatment teams this quarter. Result Number: 3</p>

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Table 5. IPP Indicator: Partnership/Collaboration (PC1)

PC1 is the **number of organizations** that entered into formal written inter/intra-organizational agreements (e.g., MOUs/MOAs) to improve mental health-related practices and activities that are consistent with the goals of the grant.

Intent & Key Terms	What To Count	Guidelines for Entering Data
<p>Intent: To capture information on organizations that entered into formal written inter/intra-organizational agreements (e.g., MOUs/MOAs) to improve mental health-related practices and activities consistent with the goals of the grant.</p> <p>Key Terms: Organizations include state, local, and tribal agencies; bureaus; departments; non-profit agencies; private sector; or other major entities.</p> <p>A formal written inter/intra-organizational agreement is a document written between organizations to specify how parties will work together on an agreed upon project or objective. The document must be signed by representatives of both organizations.</p> <p>Mental health-related practices and activities include treatment, rehabilitation, prevention, mental health-related promotion, and supportive services.</p>	<p>Count the unduplicated number of new organizations that entered into <i>formal written</i> inter/intra-organizational agreements to improve mental health-related practices and activities in each quarter.</p> <p>If an organization has several agreements, only count the organization once,</p> <p>Count the organization that has entered into an agreement once and in the quarter that it is finalized.</p> <p>Do not count a previously counted organization, if the agreement is a renewals, or modifications of agreements.</p> <p>Do not count agreements that are still in the planning stages.</p> <p>Do not count your own organization in the number.</p>	<p>On the Result Form, enter the following information in the quarter in which the agreement was finalized:</p> <p>Result Name: Enter the name or type of agreement.</p> <p>Result Description: Enter a description of 1) the organizations involved, 2) the type of agreement established (e.g., MOU or MOA), 3) the purpose/objective of the agreement, and 4) the expiration date of the agreement.</p> <p>Result Number: Enter the total number of organizations that entered into the agreement (as the grantee, do not include yourself).</p> <p>Example: Result Name: MOU between state Department of Mental Health and Department of Children and Families</p> <p>Result Description: The state Department of Mental Health finalized an MOU with the Department of Children and Families. The purpose of the agreement is to establish a working group. The working group will identify innovative policy changes to increase the continuity of care for (enter the population of focus). The MOU will expire in September</p>

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<p>Examples: MOU/MOA with:</p> <ul style="list-style-type: none">▪ Child welfare agency to provide respite services▪ Juvenile justice agency to provide a training for wraparound credentialing▪ County health department to share office space used by peer support specialists▪ Behavioral health provider to refer population of focus for a specific evidence based treatment intervention▪ Local community organization that offers peer specialist training program for youth in the child welfare system.▪ Shared utilization data between mental health providers and juvenile justice.		<p>2016. Result Number: 1</p>
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Reporting Tips for Success

- Report quarterly data only for *completed* activities and trainings in the quarter when they were completed. Do not enter information on activities that are *in progress*.
- If you have no activities to report for a particular indicator, you must report that there has been **No New Result**.

QUESTIONS?

- If you need further support to understand the operational definitions of your required indicators or to set annual goals and budget estimates, **contact your GPO**.