# Center for Mental Health Services

# Infrastructure, Development, Prevention and Mental Health Promotion

# OVERVIEW OF INDICATORS GUIDE


**CMHS**

Center for Mental Health Services
SAMHSA

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# GENERAL OVERVIEW

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

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

1) **Data Reporting Deadlines and Submission Requirements** – this section explains the requirements for reporting indicators, the reporting period and the deadline for submitting data to the SPARS system.

2) **Result Record Components** – this section provides information on the parts of the result record that must be completed in the SPARS system.

3) **Infrastructure/Prevention & Mental Health Promotion Categories and Indicators** – this section summarizes the data collection indicators you are required to collect. You must report results for required indicators (e.g., PD1, PD2, etc.) using the Result Record. For reporting purposes, indicators are organized by category (e.g., Policy Development, Workforce Development, etc.).

4) **Indicator Intent/Key Points, Examples, & Definitions** – this section is organized as follows:

| | |
|---|---|
| **Intent/Key Points** | Describes the intent of the indicator. Clarifies how to count or record certain results. |
| **Examples** | Offers example Result Name and Result Descriptions for each indicator. |
| **Definitions** | Provides definitions for key terms in each indicator. |

# DATA REPORTING DEADLINES AND SUBMISSION REQUIREMENTS

### REQUIRED INDICATORS

You must report results for required indicators only. Required indicators are designated by CMHS program leads to reflect critical activities expected to be completed as part of the grant program (e.g., as specified within the Request for Application, RFA). This reporting requirement applies to all grants within a program for a given cohort (e.g., all grants awarded in federal fiscal year, FFY, 2009 for the Jail Diversion Program are required to report on the same indicators). You should report on all activities that are conducted as a result of the CMHS grant as outlined in the RFA, grant application, and through ongoing discussion with the grantee's Government Project Officer (GPO).

A list of your grant's required indicators is available in the SPARS system on the Status of Required data entry screen.

### REPORTING PERIOD

You are required to report results at least ***quarterly*** for the life of the grant. Results should only be reported when complete and should match the indicator requested. The date the result was completed determines in which federal fiscal year (FFY) quarter the result is reported. For example, if a grantee is reporting a policy change that is a result of the CMHS grant (PD1), the result should only be reported once, in the FFY quarter the policy change was completed. Discussion and planning of an activity to be implemented do not count as completion of the activity; activities should not be reported during the discussion and planning stages, but only once completed.

### DEADLINES FOR SUBMITTING DATA

Results should be entered into the SPARS system as soon as possible after each activity is completed. At the latest, each activity must be entered into the SPARS system **one month after the quarter** in which the activity was completed. The FFY runs from October 1st through September 30th of each year. Once the quarter locks no further data entry, review or edits can be made for the quarter.

| **IPP results completed between:** | **Grantee must enter into SPARS by:** | **GPO review and grantee revisions must be completed by:** | **SPARS System will lock on this date** |
|---|---|---|---|
| October 1 – December 31 | January 31st | March 31st | April 1st |
| January 1 – March 31 | April 30th | June 30th | July 1st |
| April 1 – June 30 | July 31st | September 30th | October 1st |
| July 1 – September 30 | October 31st | December 31st | January 1st |

CMHS program staff will be reviewing the data entered to monitor the progress of the grant.

Please refer to SPARS System Overview and How to Enter Results Guide for specific instructions on how to enter data into the SPARS system.

# RESULT RECORD COMPONENTS

Each result must be reported in the FFY quarter in which that particular activity is completed. If you have no activity for a particular indicator in a quarter, you must enter a No New Result record in the SPARS system. Here are the components you need to complete 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 Intent/Key Points, Examples and Definitions" section of this guide. **Do not use the name of the indicator as part of the Result Name**.

**Result Description** – Provide a description of the result that includes enough detail for someone unfamiliar with your project to understand the specifics of what you accomplished, how it relates to the goals of the grant program, why it is meaningful, and how it differs from the other results you report. Examples of Result Descriptions are provided in the "Indicator Intent/Key Points, Examples and Definitions" section of this guide.

**Number** – *Do not enter a number in this field for the following indicators: PD1; WD4; F1, F2, F3; OC1; A4; NAB1; and AC1*. For all other indicators, provide the number of changes associated with this result that have occurred as a result of the grant during the designated FFY quarter. See the underlined phrase for each indicator in the "Categories and Indicators" section of this document to understand the number to include in this field for results associated with each indicator.

**Numerator and Denominator–** *This applies to indicator A4; NAB1; and AC1 only; leave this blank for all other indicators*. Provide the numerator and denominator associated with this result that occurred as a result of the grant during the designated FFY quarter. Using the numerator and denominator, the SPARS system will calculate the percent change. See the underlined phrase for A4, NAB1, and AC1 in the "Categories and Indicators" section of this document to understand the percent change associated with each indicator.

**Amount of Funding** – *This applies to indicators F1and F3 only; leave this blank for all others.* Provide the amount of funding that was obtained or allocated during the designated FFY quarter, as a result of the grant, for a particular mental health-related practice/activity.

# INFRASTRUCTURE CATEGORIES AND INDICATORS

**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 that are consistent with the goals of the grant.

**WORKFORCE DEVELOPMENT (WD)**
WD1. The number of organizations or communities implementing mental health-related training programs 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.

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

WD4. The number of changes made to credentialing and licensing policies in order to incorporate expertise needed to improve mental health-related practices/activities.

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

**FINANCING (F)**
F1. The amount of additional funding obtained for specific mental health-related practices/activities that are consistent with the goals of the grant.

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 that are consistent with the goals of the grant.

**ORGANIZATIONAL CHANGE (OC)**
OC1. The number of organizational changes made to support improvement of mental health-related practices/activities that are consistent with the goals of the grant.

**PARTNERSHIP/COLLABORATIONS (PC)**

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.

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

**ACCOUNTABILITY (A)**

A1. The number of organizations making changes to accountability mechanisms in order to improve mental health-related practices/activities that are consistent with the goals of the grant.

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

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.

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

A5. 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. 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.

**TYPES/TARGETS OF PRACTICES (T)**

T1. The number of programs/organizations/communities that implemented specific mental-health related practices/activities that are consistent with the goals of the grant.

T2. 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. 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.

# PREVENTION AND MENTAL HEALTH PROMOTION INDICATORS

**AWARENESS (AW)**
AW1. The number of individuals exposed to mental health awareness messages.

**TRAINING (TR)**
TR1. The number of individuals who have received training in prevention or mental health promotion.

**KNOWLEDGE/ATTITUDES/BELIEFS (NAB)**
NAB1. The number and percentage of individuals who have demonstrated improvement in knowledge/attitudes/beliefs related to prevention and/or mental health promotion.

**SCREENING (S)**
S1. The number of individuals screened for mental health or related interventions.

**OUTREACH (O)**
O1. The number of individuals contacted through program outreach efforts.

O2. The total number of contacts made through program outreach efforts.

**REFERRAL (R)**
R1. The number of individuals referred to mental health or related services.

**ACCESS (AC)**
AC1. The number and percentage of individuals receiving mental health or related services after referral.

# INDICATOR INTENT/KEY POINTS, EXAMPLES AND DEFINITIONS

## POLICY DEVELOPMENT (PD)

### PD1 THE NUMBER OF POLICY CHANGES COMPLETED AS A RESULT OF THE GRANT.

### *Intent/Key Points*

The intent is to report all policy changes that have been completed as a result of the grant. The policy change should only be reported once and only when the change has been completed. Do not report the policy change if discussions have only begun about the policy but it has not been completed or approved. The policy may be reported if it is not yet implemented. One policy change is reported per Result Record; therefore it is not necessary to enter information on the line titled "number".

### *Examples*

1) **Result Name:** Statute – State Passed Law
**Result Description:** The County put a policy in place that all community centers must implement a national suicide plan.
**Number:** 1 (auto-filled by the system)

2) **Result Name:** Clinical Practice Guidelines
**Result Description:** Our organization put procedures in place to implement clinical practice guidelines regarding children's residential services.
**Number:** 1 (auto-filled by the system)

### *Definitions*

**Policy** – a written document directing an action or event; administrative or legislative in origin. Examples include formal, written documents identified as: directives, guidance, clinical practice guidelines, regulations, statutes, operations manuals, procedures, bylaws, strategic plans, mission statements, written decisions, or standards. [1] Financing policies are excluded here and should be included under indicator F2.

**Change –** the creation of a policy that did not previously exist; the documentation of a policy that existed in an undocumented form; or the elimination or alteration of a policy that previously existed and had already been documented.[2]

**Completed –** exists in its final form and has been approved or passed by the party or parties with authority to do so.[3]

**Grant** – report only on the grant identified by the Grant ID listed on the Result Record.

**POLICY DEVELOPMENT (CONTINUED)**

**PD2 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.**

### *Intent/Key Points*

The intent is to capture information on organizations/communities improved readiness to change their systems by implementing specific mental health-related practices that are consistent with the goals of the grant. Count the number of organizations/communities, not the number of changes to a system. For example, if an organization makes two changes to their system this FFY quarter, count the organization once. You must have a way to measure improved readiness to change already in place such as a measurement instrument or program criteria. On the Result Record, enter the data on the line titled "number".

### *Examples*

1) **Result Name:** Community Readiness Assessment
**Result Description:** Two communities in our program demonstrated readiness to change by increasing their score on the Community Readiness Assessment this quarter.
**Number:** 2

2) **Result Name:** Comprehensive State Plan
**Result Description:** As outlined in our Request for Proposal, our organization demonstrated improved readiness to change by completing our comprehensive state plan this quarter.
**Number:** 1

### *Definitions*

**Organizations** – may include state agencies, bureaus, departments, or other major subdivisions; counties, cities, or tribal agencies/bureaus/departments; or agencies providing mental health or related services to people who have or are at risk for developing mental health needs. The latter includes consumer, youth, or family member run organizations; private provider entities; and non-governmental organizations.[4]

**Communities** – a group of people living in the same locality and under the same district or government.[5]

**Improved Readiness to Change** – to change a system over time; generally occurs in stages and improvement readiness can be made by moving from one stage to another.

Prochaska and DiClemente's stages of change may be used as a model. The stages are as follows: pre-contemplation; contemplation; preparation; action; maintenance; and termination.[6]

**Systems** – a network of services and supports at the state, local or tribal level organized to meet the needs of children, youth and adults.[7]

**Mental Health-Related** – pertaining to mental health or the population of people with or at risk of mental illness; also includes people with co-occurring substance abuse disorders. When people with or at risk of mental illness are the population of focus, a wide array of subject areas may be considered to be mental health-related by virtue of the connection with this population. Under such circumstances, mental health-related areas may include, for example, (but are not limited to) those pertaining to physical health, co-occurring disorders (mental illness and substance abuse disorders), housing, employment, criminal or juvenile justice involvement, child welfare, education, social and family relationships, independent living skills, peer support, financial well-being, etc.

**Practices** – includes treatment, rehabilitation, prevention, mental health-related promotion and supportive services (e.g., evidence-based practices; consumer-operated services [family driven and/or youth guided services]; culturally-specific practices; suicide prevention programs; rural telehealth programs, etc.; and anti-stigma campaigns).[8]

## WORKFORCE DEVELOPMENT (WD)

**WD1 THE NUMBER OF ORGANIZATIONS OR COMMUNITIES IMPLEMENTING MENTAL HEALTH-RELATED TRAINING PROGRAMS AS A RESULT OF THE GRANT.**

### *Intent/Key Points*

The intent is to capture information on organizations/communities outside of your organization implementing mental health-related training programs as a result of the grant. The training programs must be for people with mental illness or at risk of mental illness, not the general public. Describe the trainings without using acronyms. The training programs must be implemented and not in the planning stages. On the Result Record, enter the data on the line titled "number".

### *Examples*

1) **Result Name:** Referral Process Training
**Result Description:** A goal of our grant is to implement a referral process for people with mental illnesses in the Jail Diversion program in thirty counties. In this quarter, and as a result of the grant, five of those counties instituted new staff training programs regarding referrals. Note: You could apply this result name to a future quarter if additional counties instituted training in future quarters.
**Number:** 5

2) **Result Name:** Wellness Recovery Action Plan Training
**Result Description:** Two organizations implemented a Wellness Recovery Action Plan Training this quarter. The goal was to train staff on how to help consumers incorporate wellness goals into service plans.
**Number:** 2

### *Definitions*

**Organizations** – may include state agencies, bureaus, departments, or other major subdivisions; counties, cities, or tribal agencies/bureaus/departments; or agencies providing mental health or related services to people who have or are at risk for developing mental health needs. The latter includes consumer, youth, or family member run organizations; private provider entities; and non-governmental organizations.[9]

**Communities** – a group of people living in the same locality and under the same district or government.[10]

**Mental Health-Related** – pertaining to mental health or the population of people with or at risk of mental illness; also includes people with co-occurring substance abuse disorders. When people with or at risk of mental illness are the population of focus, a wide array of subject areas may be considered to be mental health-related by

virtue of the connection with this population. Under such circumstances, mental health-related areas may include, for example, (but are not limited to) those pertaining to physical health, co-occurring disorders (mental illness and substance abuse disorders), housing, employment, criminal or juvenile justice involvement, child welfare, education, social and family relationships, independent living skills, peer support, financial well-being, etc.

**Training Programs** – engaging in a process guided by a curriculum (e.g., a syllabus, agenda, training manual, or other documents describing the content and format of the information to be covered), taking place within a structured timeframe, guided by an identified trainer or training method. The goal of the training is to impact provider awareness, knowledge, attitude, skills or behaviors; service model fidelity; or mental health consumer satisfaction or outcomes.[11]

**Grant** – report only on the grant identified by the Grant ID listed on the Result Record.

**WORKFORCE DEVELOPMENT (CONTINUED)**

**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 Points*

The intent is to capture information on improvements in the workforce in addressing mental health issues (such as intensive services, trauma informed care or assessment) that are consistent with the goals of the grant. Count the number of people trained per training program. 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. If it is unclear to you whether someone trained should be counted under WD2 or TR1, contact your Government Project Officer. On the Result Record, enter the data on the line titled "number".

### *Examples*

1) **Result Name:** Vocational Rehabilitation Specialists
   **Result Description:** We trained three Vocational Rehabilitation Specialists on how to improve the intensive services they provide this quarter.
   **Number:** 3

2) **Result Name:** Supervision of Peer Support Specialists
   **Result Description:** The Team Leader and Program Manager received training on how to supervise Peer Support Specialists who provide mental health services to consumers this quarter.
   **Number:** 2

### *Definitions*

**Mental Health-Related** – pertaining to mental health or the population of people with or at risk of mental illness; also includes people with co-occurring substance abuse disorders. When people with or at risk of mental illness are the population of focus, a wide array of subject areas may be considered to be mental health-related by virtue of the connection with this population. Under such circumstances, mental health-related areas may include, for example, (but are not limited to) those pertaining to physical health, co-occurring disorders (mental illness and substance abuse disorders), housing, employment, criminal or juvenile justice involvement, child welfare, education, social and family relationships, independent living skills, peer support, financial well-being, etc.

**Practices/Activities** – includes treatment, rehabilitation, prevention, mental health-related promotion and supportive services (e.g., evidence-based practices; consumer-operated services [family driven and/or youth guided services]; culturally-specific practices; suicide prevention programs; rural telehealth programs, etc.; and anti-stigma campaigns).[12]

**Workforce** – composed of people who provide mental health prevention, treatment, rehabilitation, or recovery services. The related workforce is composed of people who provide ancillary support services to people who have mental health needs or are at risk for developing mental health needs. For example, 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 are all 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. Additionally, 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 and related workforce.[13]

**Trained** – workforce members are considered to have been trained when they have engaged in a process guided by a curriculum (e.g., a syllabus, agenda, training manual, or other documents describing the content and format of the information to be covered), taking place within a structured timeframe (i.e. a specific amount of time set aside for the training within some window of time), guided by an identified trainer or training method (e.g., a specific computer-based program).[14]

**Grant** – report only on the grant identified by the Grant ID listed on the Result Record.

**WORKFORCE DEVELOPMENT (CONTINUED)**

**WD3 THE NUMBER OF PEOPLE CREDENTIALED/CERTIFIED TO PROVIDE MENTAL HEALTH-RELATED PRACTICES/ACTIVITIES THAT ARE CONSISTENT WITH THE GOALS OF THE GRANT.**

### *Intent/Key Points*

The intent is to capture information on the number of people newly credentialed/certified who provide specific mental health-related practices/activities consistent with the goals of the grant. Count the number of people, not the number of credentials/certifications. For example, one person may have several credentials, but they should only be counted once. The credentials/certifications must be completed. On the Result Record, enter the data on the line titled "number".

### *Examples*

1) **Result Name:** Additional Licensures
   **Result Description:** Four new psychiatrists were licensed this quarter to provide services in the grantee community.
   **Number:** 4

2) **Result Name:** Peer Support Specialist
   **Result Description:** The agency sent three individuals this quarter to a six-month training to receive certification as a peer support specialist.
   **Number:** 3

### *Definitions*

**Credentialed/Certified** – licenses or certified trainings that provide qualifications for mental health-related practices/activities; often a test must be passed. Examples include: Certified Co-occurring Disorders Professional (CCDP); Licensed Clinical Social Worker (LCSW); Academy of Certified Social Workers (ACSW); and Certified Clinical Mental Health Counselor (CCMHC).

**Mental Health-Related** – pertaining to mental health or the population of people with or at risk of mental illness; also includes people with co-occurring substance abuse disorders. When people with or at risk of mental illness are the population of focus, a wide array of subject areas may be considered to be mental health-related by virtue of the connection with this population. Under such circumstances, mental health-related areas may include, for example, (but are not limited to) those pertaining to physical health, co-occurring disorders (mental illness and substance abuse disorders), housing, employment, criminal or juvenile justice involvement, child welfare, education, social and family relationships, independent living skills, peer support, financial well-being, etc.

**Practices/Activities** – includes treatment, rehabilitation, prevention, mental health-related promotion and supportive services (e.g., evidence-based practices; consumer-operated services [family driven and/or youth guided services]; culturally-specific practices; suicide prevention programs; rural telehealth programs, etc.; and anti-stigma campaigns).[15]

**Grant** – report only on the grant identified by the Grant ID listed on the Result Record.

**WORKFORCE DEVELOPMENT (CONTINUED)**

**WD4 THE NUMBER OF CHANGES MADE TO CREDENTIALING AND LICENSING POLICIES IN ORDER TO INCORPORATE EXPERTISE NEEDED TO IMPROVE MENTAL HEALTH-RELATED PRACTICES/ACTIVITIES.**

### *Intent/Key Points*

The intent is to capture information on changes made to credentialing and licensing policies in order to incorporate expertise needed to improve mental health-related practices/activities consistent with the goals of the grant. Do not report results for WD4 under PD1. The change must be completed and not in the planning stages. One change is reported per Result Record; therefore it is not necessary to enter text on the line titled "number".

### *Examples*

1) **Result Name:** School Psychologist Credentialing Policy
**Result Description:** The School Board changed the credentialing requirements for school psychologists this quarter. The County now requires school psychologists to have a master degree in a social service field.
**Number:** 1 (auto-filled by system)

2) **Result Name:** Licensed Community Health Worker Requirement
**Result Description:** The Department of State Health Services created a new requirement for licensed community health workers this quarter; a certified (6 CEU) course on behavioral change related to substance abuse and mental health.
**Number:** 1 (auto-filled by system)

### *Definitions*

**Change to Policy** – the creation of a policy that did not previously exist; the documentation of a policy that existed in an undocumented Record; or the elimination or alteration of a policy that previously existed and had already been documented. [16]

**Credentialing and Licensing Policy** – a written document directing the need for licenses or certified trainings that provide qualifications for mental health-related practices/activities; often a test must be passed. Examples include: Certified Co-occurring Disorders Professional (CCDP); Licensed Clinical Social Worker (LCSW); Academy of Certified Social Workers (ACSW); and Certified Clinical Mental Health Counselor (CCMHC).

**Mental Health-Related** – pertaining to mental health or the population of people with or at risk of mental illness; also includes people with co-occurring substance abuse disorders. When people with or at risk of mental illness are the population of focus, a wide array of subject areas may be considered to be mental health-related by

virtue of the connection with this population. Under such circumstances, mental health-related areas may include, for example, (but are not limited to) those pertaining to physical health, co-occurring disorders (mental illness and substance abuse disorders), housing, employment, criminal or juvenile justice involvement, child welfare, education, social and family relationships, independent living skills, peer support, financial well-being, etc.

**Practices/Activities** – includes treatment, rehabilitation, prevention, mental health-related promotion and supportive services (e.g., evidence-based practices; consumer-consumer-operated services [family driven and/or youth guided services]; culturally-specific practices; suicide prevention programs; rural telehealth programs, etc.; and anti-stigma campaigns).[17]

**Grant** – report only on the grant identified by the Grant ID listed on the Result Record.

**WORKFORCE DEVELOPMENT (CONTINUED)**

**WD5 THE NUMBER OF CONSUMERS/FAMILY MEMBERS WHO PROVIDE MENTAL HEALTH-RELATED SERVICES AS A RESULT OF THE GRANT.**

## *Intent/Key Points*

The intent is to capture information on consumers/family members who provide mental health-related services as a result of the grant. Do not include consumers/family members involved exclusively in planning and advocacy activities or mental health-related evaluation oversight, data collection, and/or analysis activities. These consumers/family members would be counted under indicators A5 and A6 respectively. These individual must be providing mental health related services. This can be paid or unpaid positions. On the Results Record, enter the data on the line titled "number".

## *Examples*

1) **Result Name:** Veterans/Family Members providing MH Related Services
**Result Description:** A veteran with depression was hired as a Veterans Outreach Specialist this quarter.
**Number:** 1

2) **Result Name:** Hired Peer Support Specialist
**Result Description:** We added a peer support specialist to three treatment teams this quarter.
**Number:** 3

## *Definitions*

**Consumers** – adults, older adults, children, or youth who currently receive mental health services, have received mental health services in the past, or are eligible to receive mental health services but choose not to. It is understood and respected that many people who meet one or more of these criteria may choose to identify with a term other than "consumer". Count the number of consumers who are serving in a mental health-related position per quarter as a result of the grant. The position can be paid or unpaid.[18]

**Family Members** – may be members of an adult or child/youth consumer's immediate or extended family. Additionally, members of consumers' extended family networks or "adopted" family members (e.g., familismo in Hispanic culture) are considered family members. Family members may also be friends, co-workers, or neighbors of an adult or child/youth consumer, or non-family caregivers of a child/youth consumer. Count the number of family members who are serving in a mental health-related position per quarter as a result of the grant. The position can be paid or unpaid.[19]

**Mental Health-Related** – pertaining to mental health or the population of people with or at risk of mental illness; also includes people with co-occurring substance abuse disorders. When people with or at risk of mental illness are the population of focus, a wide array of subject areas may be considered to be mental health-related by virtue of the connection with this population. Under such circumstances, mental health-related areas may include, for example, (but are not limited to) those pertaining to physical health, co-occurring disorders (mental illness and substance abuse disorders), housing, employment, criminal or juvenile justice involvement, child welfare, education, social and family relationships, independent living skills, peer support, financial well-being, etc.

**Services** – includes treatment, rehabilitation, prevention, mental health-related promotion and supportive services (e.g., evidence-based practices; consumer-operated services [family driven and/or youth guided services]; culturally-specific practices; suicide prevention programs; rural telehealth programs, etc.; and anti-stigma campaigns).[20]

## FINANCING (F)

**F1 THE AMOUNT OF ADDITIONAL FUNDING OBTAINED FOR SPECIFIC MENTAL HEALTH-RELATED PRACTICES/ACTIVITIES THAT ARE CONSISTENT WITH THE GOALS OF THE GRANT.**

### *Intent/Key Points*

The intent is to capture information on the **additional** amount of additional funding used for mental health-related practices/activities consistent with the goals of the grant. The intention is to report how the grant has been used to increase the overall permanent funding base. Permanent funding refers to monies that are expected to continue indefinitely. Include the name of the practice or activity that is being funded. Enter the total amount of **additional** funding during the quarter in which it was obtained. On the Result Record, enter the data on the line titled "amount of funding".

### *Examples*

1) **Result Name:** New Permanent Funding
**Result Description:** The state legislature allocated 3 million new dollars for youth transition services.
**Amount of Funding:** $3,000,000

2) **Result Name:** Mental Health-related Funding
**Result Description:** We were able to provide TA to providers to help them better understand how to bill Medicaid. We were able to be reimbursed an additional $60,000.
**Amount of Funding:** $60,000

### *Definitions*

**Amount of Funding** – amount of funding for mental health-related practices/activities acquired during this quarter as a result of the grant. The intention is how the grant has been used to increase the overall permanent funding base. Permanent funding refers to monies that are expected to continue indefinitely.

**Mental Health-Related** – pertaining to mental health or the population of people with or at risk of mental illness; also includes people with co-occurring substance abuse disorders. When people with or at risk of mental illness are the population of focus, a wide array of subject areas may be considered to be mental health-related by virtue of the connection with this population. Under such circumstances, mental health-related areas may include, for example, (but are not limited to) those pertaining to physical health, co-occurring disorders (mental illness and substance abuse disorders), housing, employment, criminal or juvenile justice involvement, child welfare, education, social and family relationships, independent living skills, peer support, financial well-being, etc.

**Practices/Activities** – includes treatment, rehabilitation, prevention, mental health-related promotion and supportive services (e.g., evidence-based practices; consumer-operated services [family driven and/or youth guided services]; culturally-specific practices; suicide prevention programs; rural telehealth programs, etc.; and anti-stigma campaigns).[21]

**Grant** – report only on the grant identified by the Grant ID listed on the Result Record.

**FINANCING (CONTINUED)**

**F2 THE NUMBER OF FINANCING POLICY CHANGES COMPLETED AS A RESULT OF THE GRANT.**

### *Intent/Key Points*

The intent is to capture information on changes to financing policies to fund and/or improve mental health-related practices/activities as a result of the grant. The change must be completed and not in the planning stages. One financing policy change is reported per Result Record; therefore you do not need to enter text on the line titled "number". A change to a financing policy is report exclusively under this indicator and therefore not reported under PD1 (general policies).

### *Examples*

1) **Result Name:** Flex Fund Account Policy
**Result Description:** A policy was created to establish a flex fund account that can be used to pay for the following: 1) medications if a consumer runs out; 2) pest control fees if a consumer is about to be evicted; and 3) taxi vouchers to get medical appointments if the team is unable to provide transportation.
**Number:** 1 (auto-filled by system)

2) **Result Name:** Medicaid State Plan
**Result Description:** 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.
**Number:** 1 (auto-filled by system)

### *Definitions*

**Financing Policy** – a written document directing one or more of the following: 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; or other changes regarding financing of specific types of services or activities or that increase efficiency.[22]

**Mental Health-Related** – pertaining to mental health or the population of people with or at risk of mental illness; also includes people with co-occurring substance abuse disorders. When people with or at risk of mental illness are the population of focus, a wide array of subject areas may be considered to be mental health-related by virtue of the connection with this population. Under such circumstances, mental health-related areas may include, for example, (but are not limited to) those pertaining to physical health, co-occurring disorders (mental illness and substance abuse disorders), housing, employment, criminal or juvenile justice involvement, child

welfare, education, social and family relationships, independent living skills, peer support, financial well-being, etc.

**Practices/Activities** – includes treatment, rehabilitation, prevention, mental health-related promotion and supportive services (e.g., evidence-based practices; consumer-operated services [family driven and/or youth guided services]; culturally-specific practices; suicide prevention programs; rural telehealth programs, etc.; and anti-stigma campaigns).[23]

**Grant** – report only on the grant identified by the Grant ID listed on the Result Record.

**FINANCING (CONTINUED)**

**F3 THE AMOUNT OF POOLED, BLENDED, OR BRAIDED FUNDING USED FOR MENTAL HEALTH-RELATED PRACTICES/ACTIVITIES THAT ARE CONSISTENT WITH THE GOALS OF THE GRANT.**

### *Intent/Key Points*

The intent is to capture information on grantee's pooled, blended or braided funding with other organizations used for mental health-related practices/activities consistent with the goals of the grant. In the description, provide an explanation of the source of funding and the activities that are being conducted with these funds. In the result description, itemize the funding for each funding source. On the line titled "amount of funding", report the **total amount** of funding obtained, not the number of organization that have pooled, blended, braided funding.

### *Example*

1) **Result Name:** Wrap Around Services for Adjudicated Youth
**Result Description:** Funding from the public school system ($100,000), county mental health department ($100,000), and juvenile justice department ($50,000) has been pooled to provide wrap around services to adjudicated youth. The total amount of pooled funding equals $250,000.
**Amount of Funding:** $250,000

### *Definitions*

**Amount** – newly added funding from all sources that are pooled/blended/braided to support mental health services and supports. Include all permanent sources of funding. Permanent funding refers to monies that are expected to continue indefinitely. Exclude funding that is not non-permanent and has been promised but not delivered.

**Pooled, Blended or Braided Funding** – pooled or blended are funds from multiple sources (e.g., Medicaid, mental health, child welfare, and education) combined into a single pool that is used to pay providers. Braided are funds from various sources that are 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.

**Organizations** – may include state agencies, bureaus, departments, or other major subdivisions; counties, cities, or tribal agencies/bureaus/departments; or agencies providing mental health or related services to people who have or are at risk for developing mental health needs. The latter includes consumer, youth, or family

member run organizations; private provider entities; and non-governmental organizations.[24]

**Mental Health-Related** – pertaining to mental health or the population of people with or at risk of mental illness; also includes people with co-occurring substance abuse disorders. When people with or at risk of mental illness are the population of focus, a wide array of subject areas may be considered to be mental health-related by virtue of the connection with this population. Under such circumstances, mental health-related areas may include, for example, (but are not limited to) those pertaining to physical health, co-occurring disorders (mental illness and substance abuse disorders), housing, employment, criminal or juvenile justice involvement, child welfare, education, social and family relationships, independent living skills, peer support, financial well-being, etc.

**Practices/Activities** – includes treatment, rehabilitation, prevention, mental health-related promotion and supportive services (e.g., evidence-based practices; consumer-operated services [family driven and/or youth guided services]; culturally-specific practices; suicide prevention programs; rural telehealth programs, etc.; and anti-stigma campaigns).[25]

**Grant** – report only on the grant identified by the Grant ID listed on the Result Record.

## ORGANIZATIONAL CHANGE (OC)

**OC1 THE NUMBER OF ORGANIZATIONAL CHANGES MADE TO SUPPORT IMPROVEMENT OF MENTAL HEALTH-RELATED PRACTICES/ACTIVITIES THAT ARE CONSISTENT WITH THE GOALS OF THE GRANT.**

### *Intent/Key Points*

The intent is to capture information on organizational changes made to support improvement of mental health-related practices/activities consistent with the goals of the grant. The change must be completed and not in the planning stages. One organizational change is reported per Result Record, therefore it is not necessary to enter text on the line titled "number", the system will auto-fill the number 1

### *Examples*

1) **Result Name:** Creation of an Office of Cultural Competence and Diversity
**Result Description:** We created an Office of Cultural Competence and Diversity with three FTEs that report to the director this quarter.
**Number:** 1 (auto-filled by system)

2) **Result Name:** Creation of New Forensic Staff Positions
**Result Description:** We created two new forensic services staff positions: 1) Community Clinician (1.0 FTE) and 2) Veterans Outreach Specialist (1.0 FTE) this quarter.
**Number:** 1 (auto-filled by system)

### *Definitions*

**Organizations** – may include state agencies, bureaus, departments, or other major subdivisions; counties, cities, or tribal agencies/bureaus/departments; or agencies providing mental health or related services to people who have or are at risk for developing mental health needs. The latter includes consumer, youth, or family member run organizations; private provider entities; and non-governmental organizations.[26]

**Change** – something that is created, eliminated, or altered within or between organizations. Organizational changes include the following: 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 (e.g., substantial hiring of consumer/youth/family members, substantial increases in racial/ethnic/cultural diversity of staff); or other changes of similar import.[27]

**Improvement** – to bring into a more desirable condition consistent with grant program goals.

**Mental Health-Related** – pertaining to mental health or the population of people with or at risk of mental illness; also includes people with co-occurring substance abuse disorders. When people with or at risk of mental illness are the population of focus, a wide array of subject areas may be considered to be mental health-related by virtue of the connection with this population. Under such circumstances, mental health-related areas may include, for example, (but are not limited to) those pertaining to physical health, co-occurring disorders (mental illness and substance abuse disorders), housing, employment, criminal or juvenile justice involvement, child welfare, education, social and family relationships, independent living skills, peer support, financial well-being, etc.

**Practices/Activities** – includes treatment, rehabilitation, prevention, mental health-related promotion and supportive services (e.g., evidence-based practices; consumer-operated services [family driven and/or youth guided services]; culturally-specific practices; suicide prevention programs; rural telehealth programs, etc.; and anti-stigma campaigns).[28]

**Grant** – report only on the grant identified by the Grant ID listed on the Result Record.

## PARTNERSHIP/COLLABORATIONS (PC)

**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.**

### *Intent/Key Points*

The intent is to capture information on organizations that entered into **formal written** inter/intra-organizational agreements (e.g., MOUs/MOAs) to improve mental health-related practices/activities consistent with the goals of the grant. The agreement must be finalized and not in the planning stages. Describe the agreement, what is being accomplished and who has entered into the partnership. If one organization has several agreements, then the organization should be counted once per agreement. **Use one result record per agreement**. Include organizations counted for PC1 under PC2. On the Result Record, enter the data on the line titled "number". You count the agreement once and in the quarter that it is finalized; you do not need to repeat it every quarter. Do not count your organization in the number.

### *Example*

1) **Result Name:** MOA between the State University and Community Suicide Hotline
**Result Description:** This quarter we finalized a formal agreement with the State University. Our suicide hotline refers people to the State University crisis service center.
**Number:** 1

### *Definitions*

**Organizations** – may include state agencies, bureaus, departments, or other major subdivisions; counties, cities, or tribal agencies/bureaus/departments; or agencies providing mental health or related services to people who have or are at risk for developing mental health needs. The latter includes consumer, youth, or family member run organizations; private provider entities; and non-governmental organizations.[29]

**Formal Written Inter/Intra-Organizational Agreements** – a document written between organizations to specify how parties will work together on an agreed upon project or objective. The document must be signed by representatives of both organizations.

**Mental Health-Related** – pertaining to mental health or the population of people with or at risk of mental illness; also includes people with co-occurring substance abuse disorders. When people with or at risk of mental illness are the population of focus, a wide array of subject areas may be considered to be mental health-related by

virtue of the connection with this population. Under such circumstances, mental health-related areas may include, for example, (but are not limited to) those pertaining to physical health, co-occurring disorders (mental illness and substance abuse disorders), housing, employment, criminal or juvenile justice involvement, child welfare, education, social and family relationships, independent living skills, peer support, financial well-being, etc.

**Practices/Activities** – includes treatment, rehabilitation, prevention, mental health-related promotion and supportive services (e.g., evidence-based practices; consumer-operated services [family driven and/or youth guided services]; culturally-specific practices; suicide prevention programs; rural telehealth programs, etc.; and anti-stigma campaigns).[30]

**Grant** – report only on the grant identified by the Grant ID listed on the Result Record.

**PARTNERSHIP/COLLABORATION (CONTINUED)**

**PC2 THE NUMBER OF ORGANIZATIONS COLLABORATING/COORDINATING/SHARING RESOURCES WITH OTHER ORGANIZATIONS AS A RESULT OF THE GRANT.**

## *Intent/Key Points*

The intent is to capture information on the organizations collaborating/coordinating/ sharing resources with other organizations as a result of the grant. Describe who the organizations are and what they are collaborating on. Count the number of organizations, not the number of resources shared. 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. Note: PC1 includes formal agreements only. PC2 includes BOTH formal and not necessarily formal agreements. On the Result Record, enter the data on the line titled "number". Count the number of organizations in the quarter in which they first began collaborating/coordinating/or sharing the resources. Do not repeat every quarter unless there is a new group collaborating/coordinating/or sharing the resources.

## *Examples*

1) **Result Name:** Service Referral Coordination
   **Result Description:** All youth and family programs (10 in all) serving the local area are participating on a taskforce to increase coordination of service referrals.
   **Number:** 10

2) **Result Name:** Jail Diversion Partnership
   **Result Description:** Six new partners came together to establish the Connecticut Veterans Jail Diversion Program without a formal MOU.
   **Number:** 6

## *Definitions*

**Organizations** – may include state agencies, bureaus, departments, or other major subdivisions; counties, cities, or tribal agencies/bureaus/departments; or agencies providing mental health or related services to people who have or are at risk for developing mental health needs. The latter includes consumer, youth, or family member run organizations; private provider entities; and non-governmental organizations.[31]

**Collaborating/Coordinating** – process where two or more organizations work in partnership together toward a common set of goals.

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

## ACCOUNTABILITY (A)

**A1 THE NUMBER OF ORGANIZATIONS MAKING CHANGES TO ACCOUNTABILITY MECHANISMS IN ORDER TO IMPROVE MENTAL HEALTH-RELATED PRACTICES/ACTIVITIES THAT ARE CONSISTENT WITH THE GOALS OF THE GRANT.**

### *Intent/Key Points*

The intent is to capture information on the organizations that make changes to accountability mechanisms in order to improve mental health practices/activities consistent with the goals of the grant. Count the number of unduplicated organizations, not the number of accountability mechanisms. Provide a description of each organization on the Result Record in the Result Description and describe the change taking place. Include accountability mechanism policy changes completed as a result of the grant that are included in PD1. On the Result Record, enter the data on the line titled "number".

### *Example*

1) **Result Name:** Semi Annual Service Review
**Result Description:** Our organization established a regular review process (semi-annual) in which a group of give community members assess the services provided.
**Number:** 1

### *Definitions*

**Organizations** – may include state agencies, bureaus, departments, or other major subdivisions; counties, cities, or tribal agencies/bureaus/departments; or agencies providing mental health or related services to people who have or are at risk for developing mental health needs. The latter includes consumer, youth, or family member run organizations; private provider entities; and non-governmental organizations.[32]

**Accountability Mechanisms** – setting up systems and/or procedures to regularly obtain/analyze data on mental health-related results; or establishing workgroups, advisory groups, councils, etc. that monitor and or provide oversight.

**Mental Health-Related** – pertaining to mental health or the population of people with or at risk of mental illness; also includes people with co-occurring substance abuse disorders. When people with or at risk of mental illness are the population of focus, a wide array of subject areas may be considered to be mental health-related by virtue of the connection with this population. Under such circumstances, mental health-related areas may include, for example, (but are not limited to) those pertaining to physical health, co-occurring disorders (mental illness and substance abuse disorders), housing, employment, criminal or juvenile justice involvement, child

welfare, education, social and family relationships, independent living skills, peer support, financial well-being, etc.

**Practices/Activities** – includes treatment, rehabilitation, prevention, mental health-related promotion and supportive services (e.g., evidence-based practices; consumer-operated services [family driven and/or youth guided services]; culturally-specific practices; suicide prevention programs; rural telehealth programs, etc.; and anti-stigma campaigns).[33]

**Grant** – report only on the grant identified by the Grant ID listed on the Result Record.

**ACCOUNTABILITY (CONTINUED)**

**A2 THE NUMBER OF ORGANIZATIONS THAT REGULARLY OBTAIN, ANALYZE, AND USE MENTAL-HEALTH RELATED DATA AS A RESULT OF THE GRANT.**

### *Intent/Key Points*

The intent is to capture information on organizations that regularly obtain, analyze, and use mental health related data as a result of the grant. Count the number of organizations that ***initiate or enhance*** the data collection. Report data only in the quarter in which you first started getting data. On the Result Record, enter the data on the line titled "number".

### *Example*

1) **Result Name:** Seclusion and Restraint Reporting
**Result Description:** Six organizations began regularly and systematically reporting the use of seclusion and restraint.
**Number:** 6

### *Definitions*

**Organizations** – may include state agencies, bureaus, departments, or other major subdivisions; counties, cities, or tribal agencies/bureaus/departments; or agencies providing mental health or related services to people who have or are at risk for developing mental health needs. The latter includes consumer, youth, or family member run organizations; private provider entities; and non-governmental organizations.[34]

**Regularly, Obtain, Analyze and Share Data** – receiving or collecting data on a scheduled, repeated, and ongoing basis that is systematically reviewed to facilitate program, organization, or state agency/department planning; to facilitate consumer choice or shared decision-making; or to improve the quality or efficiency of services. Data are any quantitative or qualitative information collected through specified methods and procedures.[35]

**Mental Health-Related** – pertaining to mental health or the population of people with or at risk of mental illness; also includes people with co-occurring substance abuse disorders. When people with or at risk of mental illness are the population of focus, a wide array of subject areas may be considered to be mental health-related by virtue of the connection with this population. Under such circumstances, mental health-related areas may include, for example, (but are not limited to) those pertaining to physical health, co-occurring disorders (mental illness and substance abuse disorders), housing, employment, criminal or juvenile justice involvement, child welfare, education, social and family relationships, independent living skills, peer support, financial well-being, etc.

**Results** – achievements that can include outputs (e.g., # trained) and outcomes (e.g., increased awareness; improved mental health treatment and services).

**Grant** – report only on the grant identified by the Grant ID listed on the Result Record.

**ACCOUNTABILITY (CONTINUED)**

**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.**

### *Intent/Key Points*

The intent is to capture information on the communities that establish management information/information technology system links across multiple agencies to share service population and service delivery data as a result of the grant. Describe the communities and agencies. Count the number of communities, not the number links or number of agencies to which the community is linked. Report data only in the quarter in which you first start the activity. On the Result Record, enter the data on the line titled "number".

### *Example*

1) **Result Name:** Child Mental Health Data Sharing
**Result Description:** Our grant community created a joint database accessible to local juvenile justice, child welfare, and mental health agencies.
**Number:** 3

### *Definitions*

**Communities** – a group of people living in the same locality and under the same district or government.[36]

**MIS System** – a planned system of collecting, processing, storing and disseminating data in the form of information needed to carry out the functions of management.

**IT System** – the study, design, development, implementation, support or management of computer-based information systems, particularly software applications and computer hardware.[37]

**Links** – to join; connect; unite.

**Service Population and Service Delivery Data** – quantitative or qualitative information collected through specified methods and procedures regarding the population served and services provided by this grant. [38]

**ACCOUNTABILITY (CONTINUED)**

**A4 THE NUMBER AND PERCENTAGE OF WORK GROUP/ADVISORY GROUP/COUNCIL MEMBERS WHO ARE CONSUMERS/FAMILY MEMBERS.**

### *Intent/Key Points*

The intent is to capture the number of work group/advisory group/council members who are consumers/family members as a result of the grant. Provide the number of people who are both a work group/advisory group/council member AND a consumer/family member (numerator), and the total number of people who are work group/advisory group/council members (denominator). If the advisory group is sustained, report the numbers again the next quarter. On the Result Record, enter the data on the lines titled "numerator" and "denominator". The SPARS system will calculate the percentage. The numerator should be less than or equal to the denominator. If you have work group/advisory groups/ councils that do not have consumers/family members participating then you need to enter a No New Result record.

### *Example*

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

### *Definitions*

**Work Group/Advisory Group/Council Members** – a group of people working toward a common goal.

**Consumers** – adults, older adults, children, or youth who currently receive mental health services, have received mental health services in the past, or are eligible to receive mental health services but choose not to. It is understood and respected that many people who meet one or more of these criteria may choose to identify with a term other than "consumer." Count the number of consumers who are serving in a mental health-related position per quarter as a result of the grant. The position can be paid or unpaid.[39]

**Family Members** – may be members of an adult or child/youth consumer's immediate or extended family. Additionally, members of consumers' extended

family networks or "adopted" family members (e.g., familismo in Hispanic culture) are considered family members. Family members may also be friends, co-workers, or neighbors of an adult or child/youth consumer, or non-family caregivers of a child/youth consumer. Count the number of consumers who are serving in a mental health-related position per quarter as a result of the grant. The position can be paid or unpaid.[40]

**ACCOUNTABILITY (CONTINUED)**

**A5 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.**

## *Intent/Key Points*

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. Count the number of consumer/family members, not the number of organizations or advocacy activities. If one consumer/family member represents two organizations, count that person once. On the Result Record, enter the data on the line titled "number".

## *Example*

1) **Result Name:** Stakeholder Advisory Council
**Result Description:** The team formed an advisory council this quarter that is composed of four clients in the program, three family members of clients in the program, and five service providers in the community. The goal of the advisory council is to provide guidance in planning, provide a forum to hear and address client grievances, and to advocate to the community.
**Number:** 7

## *Definitions*

**Consumers** – adults, older adults, children, or youth who currently receive mental health services, have received mental health services in the past, or are eligible to receive mental health services but choose not to. It is understood and respected that many people who meet one or more of these criteria may choose to identify with a term other than "consumer." Count the number of consumers who are serving in a mental health-related position per quarter as a result of the grant. The position can be paid or unpaid.[41]

**Family Members** – may be members of an adult or child/youth consumer's immediate or extended family. Additionally, members of consumers' extended family networks or "adopted" family members (e.g., familismo in Hispanic culture) are considered family members. Family members may also be friends, co-workers, or neighbors of an adult or child/youth consumer, or non-family caregivers of a child/youth consumer. Count the number of consumers who are serving in a mental health-related position per quarter as a result of the grant. The position can be paid or unpaid.[42]

**Organizations** – may include state agencies, bureaus, departments, or other major subdivisions; counties, cities, or tribal agencies/bureaus/departments; or agencies providing mental health or related services to people who have or are at risk for developing mental health needs. The latter includes consumer, youth, or family member run organizations; private provider entities; and non-governmental organizations.[43]

**Mental Health-Related** – pertaining to mental health or the population of people with or at risk of mental illness; also includes people with co-occurring substance abuse disorders. When people with or at risk of mental illness are the population of focus, a wide array of subject areas may be considered to be mental health-related by virtue of the connection with this population. Under such circumstances, mental health-related areas may include, for example, (but are not limited to) those pertaining to physical health, co-occurring disorders (mental illness and substance abuse disorders), housing, employment, criminal or juvenile justice involvement, child welfare, education, social and family relationships, independent living skills, peer support, financial well-being, etc.

**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.

**ACCOUNTABILITY (CONTINUED)**

**A6 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.**

## *Intent/Key Points*

The intent is to capture information on consumers/family members who are involved in mental health-related evaluation oversight, data collection, and/or analysis activities as a result of the grant. Count the number of consumer/family members, not the number of activities. If one consumer/family member is involved in several activities, count that person once. On the Result Record, enter the data on the line titled "number".

## *Examples*

1) **Result Name:** Family Assessment of Child Community Outreach Program
**Result Description:** Fourteen family members were involved in assessing the strengths and weakness of our community outreach program. The purpose of the assessment was to understand whether our outreach program is culturally appropriate and relevant.
**Number:** 14

2) **Result Name:** Consumers/Family Members & Evaluation Advisory Board
**Result Description:** Four consumers/family members participated in the activities of the Evaluation Advisory Board for the Veterans Jail Diversion Program.
**Number:** 4

## *Definitions*

**Consumers** – adults, older adults, children, or youth who currently receive mental health services, have received mental health services in the past, or are eligible to receive mental health services but choose not to. It is understood and respected that many people who meet one or more of these criteria may choose to identify with a term other than "consumer." Count the number of consumers who are serving in a mental health-related position per quarter as a result of the grant. The position can be paid or unpaid.[44]

**Family Members** – may be members of an adult or child/youth consumer's immediate or extended family. Additionally, members of consumers' extended family networks or "adopted" family members (e.g., familismo in Hispanic culture) are considered family members. Family members may also be friends, co-workers, or neighbors of an adult or child/youth consumer, or non-family caregivers of a child/youth consumer. Count the number of consumers who are serving in a mental

health-related position per quarter as a result of the grant. The position can be paid or unpaid.[45]

**Mental Health-Related** – pertaining to mental health or the population of people with or at risk of mental illness; also includes people with co-occurring substance abuse disorders. When people with or at risk of mental illness are the population of focus, a wide array of subject areas may be considered to be mental health-related by virtue of the connection with this population. Under such circumstances, mental health-related areas may include, for example, (but are not limited to) those pertaining to physical health, co-occurring disorders (mental illness and substance abuse disorders), housing, employment, criminal or juvenile justice involvement, child welfare, education, social and family relationships, independent living skills, peer support, financial well-being, etc.

**Evaluation Oversight** – the supervision of assessing the strengths and weaknesses of programs, policies, personnel, products, and organizations to improve their effectiveness.[46]

**Data Collection** - a process of preparing and collecting data; to obtain information to keep on record, to make decisions about important issues, to pass information on to others. Data are quantitative or qualitative information collected through specified methods and procedures.

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

## TYPES/TARGETS OF PRACTICES (T)

**T1** **THE NUMBER OF PROGRAMS/ORGANIZATIONS/COMMUNITIES THAT IMPLEMENTED SPECIFIC MENTAL-HEALTH RELATED PRACTICES/ACTIVITIES THAT ARE CONSISTENT WITH THE GOALS OF THE GRANT.**

### *Intent/Key Points*

The intent is to capture programs/organization/communities that implemented specific mental health-related practices/activities implemented consistent with the goals of the grant. On the Result Record, enter the data on the line titled "number".

### *Examples*

1) **Result Name:** Cultural Competence Therapy
**Result Description:** Consistent with the goals of the grant, our program implemented Cultural Competence Therapy this quarter.
**Number:** 1

2) **Result Name:** Veteran's Homecoming Experiences
**Result Description:** Consistent with the goals of the grant. Practice this quarter.
**Number:** 3

### *Definitions*

**Programs** – providing mental health or related services for distinct groups of consumers. Often specific staff and resources are allocated to a specific program.[47]

**Organizations** – may include state agencies, bureaus, departments, or other major subdivisions; counties, cities, or tribal agencies/bureaus/departments; or agencies providing mental health or related services to people who have or are at risk for developing mental health needs. The latter includes consumer, youth, or family member run organizations; private provider entities; and non-governmental organizations.[48]

**Communities** – a group of people living in the same locality and under the same district or government.[49]

**Mental Health-Related** – pertaining to mental health or the population of people with or at risk of mental illness; also includes people with co-occurring substance abuse disorders. When people with or at risk of mental illness are the population of focus, a wide array of subject areas may be considered to be mental health-related by virtue of the connection with this population. Under such circumstances, mental health-related areas may include, for example, (but are not limited to) those pertaining to physical health, co-occurring disorders (mental illness and substance abuse disorders), housing, employment, criminal or juvenile justice involvement, child

welfare, education, social and family relationships, independent living skills, peer support, financial well-being, etc.

**Practices/Activities** – includes treatment, rehabilitation, prevention, mental health-related promotion and supportive services (e.g., evidence-based practices; consumer-operated services [family driven and/or youth guided services]; culturally-specific practices; suicide prevention programs; rural telehealth programs, etc.; and anti-stigma campaigns).[50]

**Implemented** – delivered mental health-related practices to individuals (e.g., consumers, family members, and people at risk).

**Grant** – report only on the grant identified by the Grant ID listed on the Result Record.

**TYPES/TARGETS OF PRACTICES (CONTINUED)**

**T2 THE NUMBER OF PROGRAMS/ORGANIZATIONS/COMMUNITIES THAT IMPLEMENTED EVIDENCE-BASED MENTAL HEALTH-RELATED PRACTICES/ACTIVITIES AS A RESULT OF THE GRANT.**

### *Intent/Key Points*

The intent is to capture programs/organizations/communities that implemented evidence-based only mental health-related practices/activities as a result of the grant. This indicator focuses on evidence-based practices and activities only. On the Result Record, enter the data on the line titled "number".

### *Examples*

1) **Result Name:** Drug Court Program
   **Result Description:** Our organization implemented "Integrated treatment for Co-occurring Disorders" for use in association with our drug court program.
   **Number:** 1

2) **Result Name:** Assertive Community Treatment (ACT)
   **Result Description:** The agency implemented ACT for people with severe and persistent mental illness and a history of chronic homelessness.
   **Number:** 1

### *Definitions*

**Programs** – providing mental health or related services for distinct groups of consumers. Often specific staff and resources are allocated to a specific program.[51]

**Organizations** – may include state agencies, bureaus, departments, or other major subdivisions; counties, cities, or tribal agencies/bureaus/departments; or agencies providing mental health or related services to people who have or are at risk for developing mental health needs. The latter includes consumer, youth, or family member run organizations; private provider entities; and non-governmental organizations.[52]

**Communities** – a group of people living in the same locality and under the same district or government.[53]

**Evidence-Based Mental Health-Related Practices/Activities** – 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.[54]

**Grant** – report only on the grant identified by the Grant ID listed on the Result Record.

**TYPES/TARGETS OF PRACTICES (CONTINUED)**

**T3 THE NUMBER OF PEOPLE RECEIVING EVIDENCE-BASED MENTAL HEALTH-RELATED SERVICES AS A RESULT OF THE GRANT.**

### *Intent/Key Points*

The intent is to capture the number of people receiving evidence-based mental health-related services as a result of the grant. Count the number of people only in the first quarter they received the evidence-based practice (EBP) or service. If an individual is discharged from services and then returns you would count them again in the quarter they return to receiving services. On the Result Record, name the EBP that was received and enter the data on the line titled "number". Please spell out EBPs; do not use acronyms.

### *Examples*

1) **Result Name:** Evidence-Based Child Trauma Services
   **Result Description:** Fifty individuals received evidenced-based child trauma services this quarter.
   **Number:** 50

### *Definitions*

**Evidence-Based** – 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.[55]

**Mental Health-Related** – pertaining to mental health or the population of people with or at risk of mental illness; also includes people with co-occurring substance abuse disorders. When people with or at risk of mental illness are the population of focus, a wide array of subject areas may be considered to be mental health-related by virtue of the connection with this population. Under such circumstances, mental health-related areas may include, for example, (but are not limited to) those pertaining to physical health, co-occurring disorders (mental illness and substance abuse disorders), housing, employment, criminal or juvenile justice involvement, child welfare, education, social and family relationships, independent living skills, peer support, financial well-being, etc.

**TYPES/TARGETS OF PRACTICES (CONTINUED)**

**T4 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.**

### *Intent/Key Points*

The intent is to capture information on programs/organizations/communities that implemented adaptations of EBPs to incorporate the special needs of unique populations or settings as a result of the grant. Count the number of programs/organizations/communities, not the number of EBPs implemented or types of populations incorporated. If one organization implements several EBPs, count that organization once. On the Result Record, enter the data on the line titled "number".

### *Examples*

1) **Result Name:** Rural Community PACT Team
**Result Description:** Our organization, implemented an evidenced-based PACT. Since 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.
**Number:** 1

2) **Result Name:** Supportive Employment for the Hmong Community
**Result Description:** The evidenced-based practice materials for Hmong families were adapted to serve the family as a unit rather than an individual. The revised practice was implemented into 8 new communities in this quarter.
**Number:** 8

### *Definitions*

**Programs** – providing mental health or related services for distinct groups of consumers. Often specific staff and resources are allocated to a specific program.[56]

**Organizations** – may include state agencies, bureaus, departments, or other major subdivisions; counties, cities, or tribal agencies/bureaus/departments; or agencies providing mental health or related services to people who have or are at risk for developing mental health needs. The latter includes consumer, youth, or family member run organizations; private provider entities; and non-governmental organizations.[57]

**Communities** – a group of people living in the same locality and under the same district or government.[58]

**Implementing** – actively delivering mental health-related practices to individuals (e.g., consumers, family members, and people at risk).[59]

**Adaptations of Evidence-Based Practices (EBPs)** – adjusting 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.[60]

**Special Needs of Unique Populations or Settings** – the needs of a population in which many diagnoses or issues can be categorized under an umbrella. Examples include individuals with medical, behavior, developmental, learning, or mental health issues.

## AWARENESS (AW)

**AW1 THE NUMBER OF INDIVIDUALS EXPOSED TO MENTAL HEALTH AWARENESS MESSAGES.**

### *Intent/Key Points*

The intent is to capture information on individuals exposed to mental health awareness messages presented as part of social marketing campaigns as a result of the grant. The intent is not to increase awareness of your grant, but rather to increase awareness of mental health anti-stigma, suicide prevention, etc. Count the number of individuals, not the number of awareness messages. On the Result Record, enter the data on the line titled "number".

### *Examples*

1) **Result Name:** Live Broadcast Town Hall Meeting
**Result Description:** Our anti-stigma campaign held a Town Hall meeting that was also broadcasted 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, feedback/responses directly related to this broadcast, and logins to the internet viewing site.
**Number:** 25,000

2) **Result Name:** Network of Care Website
**Result Description:** A new website was implemented this quarter to educate the public on our Network of Care Program. The website contains messages that people recover from mental illness, that treatment works and how to find culturally appropriate services. The number provided is based on the number of hits received on the website.
**Number:** 15,000

### *Definitions*

**Exposed** – education through media campaigns, websites, printed materials, public service announcements, speakers, etc. This does not apply to individual messages presented during direct service provision.

**Mental Health Awareness Messages** – messages that pertain to the support of people with or at risk of a mental health diagnosis. Examples include suicide prevention, anti-stigma campaigns, behavioral and physical health, and social marketing.

## TRAINING (TR)

**TR1 THE NUMBER OF INDIVIDUALS WHO HAVE RECEIVED TRAINING IN PREVENTION OR MENTAL HEALTH PROMOTION.**

### *Intent/Key Points*

The intent is to capture information on individuals from the public (landlords, bus drivers, friends, employers, roommates, family members) other than the mental health workforce who have received training **in prevention or mental health promotion** as a result of the grant. The training may be outside of these individuals' typical job duties. Do not include individuals who are reported under WD2 and therefore members of the mental health workforce. If you are unclear whether someone should be counted under TR1 or WD2, contacted your Government Project Officer for assistance. Count the number of individuals, not the number of trainings. On the Result Record, enter the data on the line titled "number".

### *Example*

1) **Result Name:** Pest Control Company
**Result Description:** 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 to best interact with residents with severe mental illness.
**Number:** 25

### *Definitions*

**Training** – engaging in a process guided by instructional objectives, training manual or other materials/resources taking place within a structured timeframe, guided by an identified trainer or training method. The goal of the training is to impact public awareness, knowledge, attitude, skills or behaviors.

**Prevention** – interventions that occur prior to the onset of a disorder that are intended to prevent or reduce risk for the disorder or that occur after the onset of the disorder in order to prevent or reduce negative consequences of the disorder[61]

**Mental Health Promotion** – interventions that aim to enhance the ability to achieve developmentally appropriate tasks and a positive sense of self-esteem, mastery, well-being, and social inclusion and to strengthen the ability to cope with adversity.[62]

## KNOWLEDGE/ATTITUDES/BELIEFS (NAB)

**NAB1 THE NUMBER AND PERCENTAGE OF INDIVIDUALS WHO HAVE DEMONSTRATED IMPROVEMENT IN KNOWLEDGE/ATTITUDES/BELIEFS RELATED TO PREVENTION AND/OR MENTAL HEALTH PROMOTION.**

### *Intent/Key Points*

The intent is to capture information on individuals who have demonstrated improvement in knowledge/attitudes/beliefs related to prevention and/or mental health promotion as a result of the grant. You must have a measurement instrument or program criteria in place to assess demonstrated improvement. Count the number of individuals, not the number of improvements in knowledge/attitudes/beliefs. Provide the number of individuals who have demonstrated improvement (numerator) and the total number of individuals exposed to prevention or promotion efforts (denominator). On the Result Record, enter the data on the lines titled "numerator" and "denominator." You numerator should be less than or equal to your denominator. The SPARS system will calculate the percentage.

### *Example*

1) **Result Name:** Suicide Knowledge Among Community Members
   **Result Description:** Our organization trains community members on the knowledge of suicide. During this quarter, 14 (numerator) out 23 (denominator) community members showed improvement on the SPEAKS instrument which demonstrates improvement in knowledge/attitudes/beliefs regarding suicide.
   **Numerator:** 14
   **Denominator:** 23
   **Percentage:** 60 (calculated by the system)

### *Definitions*

**Demonstrated Improvement** – to bring into a more desirable group.[63] Must have a standardized way of assessing improvement such as an instrument that has a Likert scale. Grantees must determine what would demonstrate improvement on the scale (e.g., moving from one category to another). For questions on how to choose an instrument or how to demonstrate improvement using a scale, please consult your CMHS Government Project Officer.

**Knowledge** – expertise and skills acquired regarding prevention and/or mental health promotion through experience or education; must be demonstrated by a test.

**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. Attitudes typically develop on the ABC model (affect, behavior, and cognition). The affective response is an emotional response that expresses an individual's degree of preference.

The behavioral intention is a verbal indication or typical behavioral tendency of an individual. The cognitive response is a cognitive evaluation of prevention and/or mental health promotion that constitutes an individual's beliefs about it.

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

**Prevention** – interventions that occur prior to the onset of a disorder that are intended to prevent or reduce risk for the disorder or that occur after the onset of the disorder in order to prevent or reduce negative consequences of the disorder.[64]

**Mental Health Promotion** – interventions that aim to enhance the ability to achieve developmentally appropriate tasks and a positive sense of self-esteem, mastery, well-being, and social inclusion and to strengthen the ability to cope with adversity.[65]

## SCREENING (S)

**S1 THE NUMBER OF INDIVIDUALS SCREENED FOR MENTAL HEALTH OR RELATED INTERVENTIONS.**

### *Intent/Key Points*

The intent is to capture information on individuals screened for mental health or related interventions as a result of the grant. Count the number of individuals, not the number of interventions. Screening is for initial identification of those in need for intervention; it does not include routine follow-up for the purpose of monitoring a consumer's progress or status. On the Result Record, enter the data on the line titled "number".

### *Examples*

1) **Result Name:** Health Fair Depression Screens
**Result Description:** We administered The Geriatric Depression Scale to 400 individuals at the Waterford Health Fair this quarter.
**Number:** 400

2) **Result Name:** Jail Diversion Screening of Veterans
**Result Description:** Thirty-seven justice-involved veterans were screened for mental illnesses this quarter.
**Number:** 37

### *Definitions*

**Screened** – identifying or differentiating individuals who may be in need of specific interventions according to an established criteria.

**Mental Health Related** – pertaining to mental health or the population of people with or at risk of mental illness; also includes people with co-occurring substance abuse disorders. When people with or at risk of mental illness are the population of focus, a wide array of subject areas may be considered to be mental health-related by virtue of the connection with this population. Under such circumstances, mental health-related areas may include, for example, (but are not limited to) those pertaining to physical health, co-occurring disorders (mental illness and substance abuse disorders), housing, employment, criminal or juvenile justice involvement, child welfare, education, social and family relationships, independent living skills, peer support, financial well-being, etc.

**Interventions** – includes treatment, rehabilitation, prevention, mental health-related promotion and supportive services (e.g., evidence-based practices; consumer-operated services [family driven and/or youth guided services]; culturally-specific practices;

suicide prevention programs; rural telehealth programs, etc.; and anti-stigma campaigns).[66]

## OUTREACH (O)

**O1** **THE NUMBER OF INDIVIDUALS CONTACTED THROUGH PROGRAM OUTREACH EFFORTS.**

### *Intent/Key Points*

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, i.e., an individual who started services, but had not been seen in a while. General appointment reminders and contacts as a part of services would not count. Outreach is not the same as awareness. Count the number of individuals, not the number of contacts. For example, if a homeless individual is contacted five times, count that individual once. On the Result Record, enter the data on the line titled "number".

### *Example*

1) **Result Name:** River-walk Effort - Individuals
   **Result Description:** As a result of the grant and during this quarter, we spoke with 50 homeless persons to encourage participation by potential service recipients.
   **Number:** 50

### *Definitions*

**Contacted** – making a connection with individuals. Contacts can be made on the streets, via telephone, in different program settings, at drop-in centers, or in community settings.

**Outreach** – strategy designed to increase access and participation in treatment service for the population at focus.

**OUTREACH (CONTINUED)**

**O2 THE TOTAL NUMBER OF CONTACTS MADE THROUGH PROGRAM OUTREACH EFFORTS.**

### *Intent/Key Points*

The intent is to capture information on total contacts made 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, i.e., an individual who started services, but had not been seen in a while. General appointment reminders and contacts as a part of services would not count. Count the total number of contacts made, not the number of individuals contacted. For example, if one homeless person is contacted five times, count this person as five contacts. On the Result Record, enter the data on the line titled "number".

### *Examples*

1) **Result Name:** Meals on Wheels
   **Result Description:** Through Meals on Wheels, we made 45 contacts this quarter with older adults with serious mental illnesses that were otherwise not engaged in services.
   **Number:** 45

2) **Result Name:** River-walk Effort - Contacts
   **Result Description:** We made 150 contacts (spoke with 50 homeless persons three times each) to encourage participation by potential service recipients.
   **Number:** 150

### *Definitions*

**Contacted** – making a 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 individuals who are shut in to see if they are in need of immediate services.

**Outreach** – strategy designed to increase access and participation in treatment service for the population at focus.

## REFERRAL (R)

**R1** **THE NUMBER OF INDIVIDUALS REFERRED TO MENTAL HEALTH OR RELATED SERVICES.**

### *Intent/Key Points*

The intent is to capture information on individuals referred to mental health or related services outside of the grant program as a result of the grant. Count the number of individuals, not the number of services On the Result Record, enter the data on the line titled "number".

### *Examples*

1) **Result Name:** Referred Veterans
**Result Description:** Forty justice-involved veterans were referred for jail diversion and trauma recovery services during the quarter.
**Number:** 40

2) **Result Name:** Hurricane Sandy Referrals
**Result Description:** Following hurricane Sandy, our program screened individuals in the community for post-traumatic stress disorder symptoms. As a result of this screening, we referred 50 individuals for mental health services this quarter.
**Number:** 50

### *Definitions*

**Referred** – recommending an individual for mental health or related services

**Mental Health-Related** – pertaining to mental health or the population of people with or at risk of mental illness; also includes people with co-occurring substance abuse disorders. When people with or at risk of mental illness are the population of focus, a wide array of subject areas may be considered to be mental health-related by virtue of the connection with this population. Under such circumstances, mental health-related areas may include, for example, (but are not limited to) those pertaining to physical health, co-occurring disorders (mental illness and substance abuse disorders), housing, employment, criminal or juvenile justice involvement, child welfare, education, social and family relationships, independent living skills, peer support, financial well-being, etc.

**Services** – includes treatment, rehabilitation, prevention, mental health-related promotion and supportive services (e.g., evidence-based practices; consumer-operated services [family driven and/or youth guided services]; culturally-specific practices; suicide prevention programs; rural telehealth programs, etc.; and anti-stigma campaigns).[67]

## ACCESS (AC)

### AC1 THE NUMBER AND PERCENTAGE OF INDIVIDUALS RECEIVING MENTAL HEALTH OR RELATED SERVICES AFTER REFERRAL.

### *Intent/Key Points*

The intent is to capture information on individuals receiving mental health or related services after referral as a result of the grant. Count the number of individuals receiving mental health or related services after referral, not the number of services. Provide the number of individuals who have been referred AND are receiving mental health or related services (numerator) and the total number of individuals referred (denominator). On the Result Record, enter the data on the lines titled "numerator" and "denominator". The numerator should be less than or equal to the denominator. If you don't have any referrals that are receiving services in the quarter, then enter a No New Result for the quarter. You cannot enter zeros on the regular result form.

### *Example*

1) **Result Name:** Program Referrals
**Result Description:** 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) individuals are receiving services out of the 20 (denominator) individuals that were referred.
**Numerator:** 13
**Denominator:** 20
**Percentage:** 65 (calculated by the system)

### *Definitions*

**Mental Health or Related** – pertaining to mental health or the population of people with or at risk of mental illness; also includes people with co-occurring substance abuse disorders. When people with or at risk of mental illness are the population of focus, a wide array of subject areas may be considered to be mental health-related by virtue of the connection with this population. Under such circumstances, mental health-related areas may include, for example, (but are not limited to) those pertaining to physical health, co-occurring disorders (mental illness and substance abuse disorders), housing, employment, criminal or juvenile justice involvement, child welfare, education, social and family relationships, independent living skills, peer support, financial well-being, etc.

**Services** – includes treatment, rehabilitation, prevention, mental health-related promotion and supportive services (e.g., evidence-based practices; consumer-operated services [family driven and/or youth guided services]; culturally-specific practices; suicide prevention programs; rural telehealth programs, etc.; and anti-stigma campaigns).[68]

**Referral** – recommending an individual for mental health or related services.

# GLOSSARY

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

***Change to a Policy –*** the creation of a policy that did not previously exist; the documentation of a policy that existed in an undocumented Record; or the elimination or alteration of a policy that previously existed and had already been documented.

***Change*** – something that is created, eliminated, or altered within or between organizations. Organizational changes include the following: 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 (e.g., substantial hiring of consumers/youth/family members, substantial increases in racial/ethnic/cultural diversity of staff); or other changes of similar import.

***Communities*** – a group of people living in the same locality and under the same district or government.

***Completed –*** exists in its final Record and has been approved or passed by the party or parties with authority to do so.

***Consumers*** - adults, older adults, children, or youth who currently receive mental health services, have received mental health services in the past, or are eligible to receive mental health services but choose not to. It is understood and respected that many people who meet one or more of these criteria may choose to identify with a term other than "consumer". Count the number of consumers who are serving in a mental health-related position per quarter as a result of the grant. The position can be paid or unpaid.

***Contacted*** – making a connection with individuals. Contacts can be made on the streets, via telephone, in different program settings, at drop-in centers, or in community settings.

***Credentialed/Certified*** – licenses or certified trainings that provide qualifications for mental health-related practices/activities; often a test must be passed. Examples include: Certified Co-occurring Disorders Professional (CCDP); Licensed Clinical Social Worker (LCSW); Academy of Certified Social Workers (ACSW); and Certified Clinical Mental Health Counselor (CCMHC).

***Data Collection*** - a process of preparing and collecting data; to obtain information to keep on record, to make decisions about important issues, to pass information on to others. Data are quantitative or qualitative information collected through specified methods and procedures.

***Evidence-Based*** *or* ***Evidence Based Mental Health-Related Practices/Activities*** – 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.

***Family Members*** - may be members of an adult or child/youth consumer's immediate or extended family. Additionally, members of consumers' extended family networks or "adopted" family members (e.g., familismo in Hispanic culture) are considered family members. Family members may also be friends, co-workers, or neighbors of an adult or child/youth consumer, or non-family caregivers of a child/youth consumer. Count the number of family members who are serving in a mental health-related position per quarter as a result of the grant. The position can be paid or unpaid.

***Grant*** - report only on the grant identified by the Grant ID listed on the Result Record.

***Implemented or Implementing*** – delivered (or actively delivering) mental health-related practices to individuals (e.g., consumers, family members, people at risk).

***Improvement*** – to bring into a more desirable condition consistent with grant program goals.

***Interventions*** – includes treatment, rehabilitation, prevention, mental health-related promotion and supportive services (e.g., evidence-based practices; consumer-operated services [family driven and/or youth guided services]; culturally-specific practices; suicide prevention programs; rural telehealth programs, etc.; and anti-stigma campaigns).

***Mental Health-Related*** – pertaining to mental health or the population of people with or at risk of mental illness; also includes people with co-occurring substance abuse disorders. When people with or at risk of mental illness are the population of focus, a wide array of subject areas may be considered to be mental health-related by virtue of the connection with this population. Under such circumstances, mental health-related areas may include, for example, (but are not limited to) those pertaining to physical health, co-occurring disorders (mental illness and substance abuse disorders), housing, employment, criminal or juvenile justice involvement, child welfare, education, social and family relationships, independent living skills, peer support, financial well-being, etc.

***Organizations*** - may include state agencies, bureaus, departments, or other major subdivisions; counties, cities, or tribal agencies/bureaus/departments; or agencies providing mental health or related services to people who have or are at risk for developing mental health needs. The latter includes consumer, youth, or family member run organizations; private provider entities; and non-governmental organizations.

***Outreach*** – strategy designed to increase access and participation in treatment service for the population at focus.

***Policy*** – a written document directing an action or event; administrative or legislative in origin. Examples include formal, written documents identified as: directives, guidance, clinical practice guidelines, regulations, statutes, operations manuals, procedures, bylaws,

strategic plans, mission statements, written decisions, or standards. Financing policies are excluded here and should be included under indicator F2.

***Practices or Practices/Activities*** – includes treatment, rehabilitation, prevention, mental health-related promotion and supportive services (e.g., evidence-based practices; consumer-operated services [family driven and/or youth guided services]; culturally-specific practices; suicide prevention programs; rural telehealth programs, etc.; and anti-stigma campaigns).

***Prevention*** – interventions that occur prior to the onset of a disorder that are intended to prevent or reduce risk for the disorder or that occur after the onset of the disorder in order to prevent or reduce negative consequences of the disorder.

***Programs*** – providing mental health or related services for distinct groups of consumers. Often specific staff and resources are allocated to a specific program.

***Referral or Referred*** – recommending an individual for mental health or related services.

***Screened*** – identifying or differentiating individuals who may be in need of specific interventions according to an established criteria.

***Services*** – includes treatment, rehabilitation, prevention, mental health-related promotion and supportive services (e.g., evidence-based practices; consumer-operated services [family driven and/or youth guided services]; culturally-specific practices; suicide prevention programs; rural telehealth programs, etc.; and anti-stigma campaigns).

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

***Training*** – engaging in a process guided by instructional objectives, training manual or other materials/resources taking place within a structured timeframe, guided by an identified trainer or training method. The goal of the training is to impact public awareness, knowledge, attitude, skills or behaviors.

***Training Programs –*** engaging in a process guided by a curriculum (e.g., a syllabus, agenda, training manual, or other documents describing the content and format of the information to be covered), taking place within a structured timeframe, guided by an identified trainer or training method. The goal of the training is to impact provider awareness, knowledge, attitude, skills or behaviors; service model fidelity; or mental health consumer satisfaction or outcomes.

***Workforce*** – composed of people who provide mental health prevention, treatment, rehabilitation, or recovery services. The related workforce is composed of people who

provide ancillary support services to people who have mental health needs or are at risk for developing mental health needs. For example, 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 are all 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. Additionally, 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 and related workforce.

# ACCESSING HELP

For technical support or questions about SPARS, please contact the SPARS Help Desk.

**Telephone:** 1-855-322-2746
**Email:** SPARS-support@rti.org
**Hours:** M-F 8:00 AM – 7:00 PM (EST/EDT)

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