

**Minority AIDs Initiative - TCE  
Program Specific Guidance**

**Overview of IPP Indicators  
Workforce Development (WD2), Screening (S1), and Referral (R1)**

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There is an online reference in the TRAC website – <https://www.cmhs-gpra.samhsa.gov>.

## **INTRODUCTION**

The CMHS Transformation Accountability (TRAC) Performance Reporting System has two components for performance data reporting, one consisting of consumer client-level indicators and the other consisting of agency-level indicators. The first of these, consumer/client-level performance indicators is similar to CSAT's GPRA and CSAP's data collection system - SA/HIV Prevention Initiative (HPI). All three data systems include indicators similarly focused on reporting client-level data through an array of indicators for each person served under the grant.

In addition to client-level indicators, the TRAC system also provides for another type of measure called "IPP" which stands for Infrastructure, Development, Prevention and Mental Health Promotion (IPP). These indicators may be selected by a program to provide 'agency-level' performance data. These data are complementary to the consumer/client-level performance data.

## **THE TRAC IPP OVERVIEW AND PURPOSE**

The purpose of IPP reporting is to allow the agency to obtain 'credit' and officially 'track' activities that are provided under the grant but are not specifically provided to 'enrolled' consumers/clients. The data are described as 'agency level' because they capture the organizational activity rather than consumer/client activity. IPP reporting provides for quarterly tracking on a limited number of agency-level activities.

## **REQUIRED INDICATORS**

Grantees must report results for required indicators as identified by the MAI-TCE Program. For the MAI-TCE Program these indicators consist of: Workforce Development (WD2), Screening (S1) and Referral (R1). Workforce development (WD2) pertains to infrastructure, while Screening (S1) and Referral (R1) pertain broadly to behavioral health – mental health and/or substance abuse treatment and for substance abuse prevention. A list of the MAI-TCE program's required indicators is provided in the TRAC system on the Status of Required data entry screen.

## **REPORTING PERIOD**

Grantees are required to report results at least **quarterly** for the life of the grant. Results should only be reported when complete. 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 an activity such as workforce development (WD2) the number trained as a result of the grant, the result should only be reported once, in the FFY quarter the training was completed by the training participants. 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.

## **DEADLINE FOR SUBMITTING DATA**

Results should be entered into the TRAC system as soon as possible after each activity is completed. At the latest, each activity must be entered into the TRAC system **NO LATER than one calendar month after the close of the FFY quarter** in which the activity was completed. The FFY runs from October 1<sup>st</sup> through September 30<sup>th</sup> each year. Thus, results for the first Quarter (October 1<sup>st</sup> – December 31<sup>st</sup>) must be reported by January 31<sup>st</sup>. Subsequent due dates are April 30<sup>th</sup>, July 31<sup>st</sup>, and October 31<sup>st</sup>.

To help grantees track results, a paper version of the Result Form is available for grantee use (see TRAC Appendix). However, any results recorded on paper must be entered in the TRAC system according to the TRAC IPP rules mentioned above.

See the TRAC IPP Data Entry Guide for specific instructions on how to enter data into the TRAC system. MAI-TCE Government Project Officers (GPOs) will be reviewing the data to monitor the progress of the grant.

## **PROGRAM SPECIFIC GUIDANCE**

MAI-TCE grantees will follow Program Specific Guidance provided by the MAI-TCE Program for all of their IPP reporting. Please see the Program Specific Guidance for the MAI-TCE program as posted on the TRAC website. *The overarching guidance that applies to the IPP*

section for MAI-TCE directs the MAI-TCE grantees to **think the words “including substance abuse treatment and substance abuse prevention” as a part of the definition wherever the IPP guide mentions ‘mental health (or) related’.** This guidance is of key importance for understanding the intent of reporting when reading the indicator specific materials that follow.

## MAI-TCE SELECTED IPP INDICATOR DETAILS AND EXAMPLES

### WORKFORCE DEVELOPMENT

WD2 THE <u>NUMBER OF PEOPLE</u> IN THE MENTAL HEALTH AND RELATED WORKFORCE TRAINED IN MENTAL HEALTH-RELATED PRACTICES/ACTIVITIES THAT ARE CONSISTENT WITH THE GOALS OF THE GRANT.
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#### *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 this FFY quarter. 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:** Case managers training  
**Result Description:** Consistent with the goals of the grant, 5 case-managers received training this quarter on motivational interviewing for persons living with HIV/AIDS and with a co-occurring mental health or substance use disorder.
- 2) **Result Name:** Clinical training  
**Result Description:** Consistent with the goals of the grant, 10 behavioral health staff received training on the neuropsychological consequences of HIV/AIDS.

#### *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.

## SCREENING (S)

<b>S1 THE <u>NUMBER OF INDIVIDUALS</u> SCREENED FOR MENTAL HEALTH OR RELATED INTERVENTIONS.</b>
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### *Intent/Key Points*

The intent is to capture information on individuals screened for mental health or related interventions as a result of the grant this FFY quarter. 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:** Screening in specialty clinic  
**Result Description:** As a result of the grant, we administered screening for mental health and substance use for 30 individuals prior to follow up [or new] appointments in the infectious disease clinic.
- 2) **Result Name:** Screening in primary care clinic  
**Result Description:** As a result of the grant, 37 primary care clients received SAMISS screening for mental illnesses and substance use problems prior to routine appointments this quarter.

### *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).<sup>i</sup>

## REFERRAL (R)

<b>R1</b> <b>THE <u>NUMBER OF INDIVIDUALS</u> REFERRED TO MENTAL HEALTH OR RELATED SERVICES.</b>
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### *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 this FFY quarter. 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 from specialty clinic  
**Result Description:** As a result of the grant, 40 individuals were screened for mental health and substance use and 5 were referred for further assessment within the agency and not under the grant or to partner agencies. In the process of screening, 2 additional people were referred for housing services, and income support for a total of 7 referred to resource/care outside of the grant and not enrolled.
- 2) **Result Name:** Referred from primary care clinic  
**Result Description:** As a result of the grant 6 people screened for substance use were referred for HIV or SA/HIV prevention services that are in the same agency but not under the grant or a different agency (and not under the MAI-TCE grant).

### *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).

## **FREQUENTLY ASKED QUESTIONS:**

### **1) Why was the TRAC IPP indicator system developed?**

Grantees had indicated that some activities supported by grant programs were not reflected in the data system and did not get ‘counted’ when using the “client level” indicators. Thus CMHS developed data reporting indicators for “agency level” activities that are otherwise not reflected in the data system.

### **2) Why are MAI-TCE projects required to report on IPP indicators? (S1, R1 and WD2)?**

With the IPP indicators, the counts can be quantified and monitored. Using the IPP, grantees provide quarterly ‘counts’ on the number of individuals screened, the number referred outside of the grant program, and the number of staff trained, allowing the program to monitor these activities. Screening and necessary referrals are essential but can often be ‘unseen’ activities. Similarly, workforce training (Workforce Development (WD2)) occurrences can be counted and quantified in IPP. The IPP more fully reflects MAI-TCE project and program activities.

### **3) How were the specific IPP indicators S1, R1 and WD2 selected for the MAI-TCE projects?**

These specific IPP indicators were selected based upon their ‘match’ with MAI-TCE’s required or allowed activities in the RFA (SM-11-006) and their commonality across the MAI-TCE projects. Also, recent experience has demonstrated that these indicators are direct, clear and easy to report.

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<sup>i</sup> Center for Mental Health Services: SAMHSA. (August 2008). [GPRAs Definitions, Instructions and Forms for the MHT-SIG Program](#). Prepared by: MANILA Consulting Group and Human Services Research Institute.