Template 20 – CMHSOC Quarterly Report Template

Agency: CMHSOC Site:

**Report Period:**   **Prepared By:**

**Submitted Date:**

# PART 1 - IMPLEMENTATION NARRATIVE

*Please provide a brief narrative summary of quarterly activity in each domain, highlights, not comprehensive. Please limit Part 1 to no more than 7 pages.*

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| --- | --- | --- | --- | --- | --- |
| 1. Has your strategic plan been completed or updated this quarter? Yes  No | | | | | |
| * 1. Please describe progress on one (only one) specific strategic plan goal or objective during this quarter. | | | | | |
| 1. **Child/Family Supports and Services**:    1. Have any new barriers to referrals or enrollments been identified this quarter? Yes  No   Please describe one specific way during the quarter your team addressed a previous or newly-identified barrier.   * 1. Is the full array of services required by the grant readily available (available within a week and transportation is not a barrier) to children, youth, and families served by the grant? Yes  No   If no, please list the services that are not available or easily accessible and briefly discuss one strategy to make one of those services available and accessible.   * 1. What nontraditional mental health services, such as respite, peer services, pet therapy, art therapy, equine therapy, or others have been provided this reporting period?   2. Have any new nontraditional mental health services been started this reporting period? Yes  No   If yes, please list.   * 1. Please provide one specific example from this quarter of how collaboration among child serving agencies led to better access, care management, treatment, or outcomes for the youth or family. | | | | | |
| 1. **System Level Coordination/Infrastructure and Management Structure:**   Which of the following are attending your coordinating council meetings this quarter? | | | | | |
| * 1. Families with lived experience   2. Youth   3. Managing Entity   4. Children’s Mental Health providers   5. DCF Regional SAMH staff   6. Child Welfare      + DCF Regional staff      + CBC Lead Agency      + Case Management Organization      + Investigation Staff | | | * 1. Education/SEDNET   2. Juvenile Justice   3. Department of Health  Local law enforcement   4. Community Partners (faith, recreation)   5. Primary Health   6. Other   Please specify: | | |
| How many full meetings of your coordinating council took place over this quarter?  What changes took place, if any, in the membership of the governance council this quarter?  Please briefly describe any new linkages that have been instituted this quarter that address the development of infrastructure in your community that are not through a formal MOU/MOA. | | | | | |
| 1. **Cultural and Linguistic Competence:**    1. During this reporting period, have providers made changes to policies, procedures or services to address the CLC needs of the population being served? Yes  No   If yes, please describe one change made this quarter.   * 1. Please share one example of efforts made during this reporting period to include diverse populations in site activities (i.e., appropriate translation of materials)   2. Were any new cultural/linguistic barriers identified this quarter that would impede access to appropriate services? Yes  No   Please describe one specific way during this quarter your team is addressing a previous or newly-identified barrier. | | | | | |
| 1. **Family-Driven, Youth-Guided Practice:**    1. Using **one** of the examples below, provide a brief example from this quarter illustrating family-driven, youth-guided practice:    * How providers attempted to contact the family outside normal business hours.    * How providers met with families in the community or an area comfortable to them.    * How providers met with families at convenient times, e.g., after hours or on weekends.    * How families were given options to choose which services they want to participate in.    1. Please describe one specific way this quarter that your team is addressing a previous or newly identified barrier, including outdated policies, to family-driven or youth-guided practice.    2. Please describe one way this quarter that families and youth were involved in the governance and oversight of grant activities or in the planning and implementation of activities.    3. How many family members were engaged in the coordinating council/governance meetings?    4. How many youth members were engaged in the coordinating council/governance meetings?    5. Please describe one specific effort made this quarter at recruitment of family or youth for governance.    6. Describe one significant barrier to family involvement in your governance structure that was encountered this quarter. How will you address it?    7. Describe one significant barrier to youth involvement in your governance structure that was encountered this quarter. How will you address it?   Please attach as an appendix any meeting minutes from this quarter indicating family and youth input, standing agenda items for family and youth input, and how it was used in governance and planning. | | | | | |
| 1. **Social Marketing/Public Education Campaign:**    1. Share one of your social marketing campaign efforts since the last report.    2. For January – March report only – What efforts have you made in planning for the next National Children’s Mental Health Awareness Day?    3. Please describe one specific element of your strategy for marketing grant services and access to care to community partners, families, and youth, and your progress on it during this period.    4. Please describe one specific element of your strategy, different from the above, for marketing system of care values and principles to families, youth, community partners, and system partners, and your progress on it during this period. | | | | | |
| 1. **Sustainability:**    1. Have you completed or are you in the process of developing a finance/sustainability plan to sustain the local SOC structure after the completion of the grant? Completed  In Progress  Please briefly describe one specific area of progress this quarter. | | | | | |
| 1. Please briefly describe one specific lesson learned or accomplishment your community has experienced this reporting period that you would like to share with others. | | | | | |
| 1. What if any additional support or technical assistance do you need from the CHMSOC state level team or the designated SOC technical assistance point of contact? | | | | | |
| 1. **Referrals and Services Received** (Served at Start + New Enrollments – Discharges = Currently Served at End) | | | | | |
| Children / Youth Currently Being Served at Start of Quarter | New Referrals Received During the Quarter | New Children / Youth Enrolled During the Quarter | | Children / Youth Discharged During the Quarter | Children / Youth Currently Served at End of Quarter |
|  |  |  | |  |  |
| 1. How many children/youth were referred this quarter from a CAT Team waiting list or following a Baker Act? Please comment on how well referral processes are working. | | | | | |
| 1. How many children/youth with SED who are returning from some sort of residential placement (SIPP, DJJ, Group Home) were identified and referred as appropriate? Please comment on how well referral processes are working. | | | | | |
| 1. How many children/youth and their families are currently receiving Wraparound care management? | | | | | |
| 1. How many families are appropriate for respite services? How many received informal respite services (extended family, friends, other parents)? Reimbursed respite services? Please comment on adequacy of respite capacity. | | | | | |
| 1. How many families are appropriate for peer support services? How many received reimbursed peer support services? Are informal/natural supports being identified and used from the community? (For example, friends, family, support group, church, etc.) Please comment on how well natural supports and/or certified peer recovery support specialists were utilized in Wraparound. | | | | | |
| 1. How many youth are appropriate for peer support services? How many receive reimbursed peer support services? Are informal/natural supports being identified and used from the community? (For example, friends, family, support group, church, etc.) | | | | | |

**Part 2 - Quarterly Incidental Summary**:

*Please provide the following details on Incidental Expenses.*

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| --- | --- | --- |
| **Quarterly Incidental Expenses** | | |
| **Type of Expense** | Number of Clients Receiving | **Grant Dollars Spent** |
| Transportation |  |  |
| Vehicle repairs |  |  |
| Child Care |  |  |
| Rent |  |  |
| Other: Specify |  |  |
| Other: Specify |  |  |
| TOTAL |  |  |

|  |  |  |
| --- | --- | --- |
| **Total Program to Date Incidental Expenses** | | |
| **Type of Expense** | Number of Clients Receiving | **Grant Dollars Spent** |
| Transportation |  |  |
| Vehicle repairs |  |  |
| Child Care |  |  |
| Rent |  |  |
| Other: Specify |  |  |
| Other: Specify |  |  |
| TOTAL |  |  |

Note: If there were incidental expenses that do not fall into one of the categories, please briefly describe what was purchased with these funds.

**SAMHSA Performance Accountability and Reporting System (SPARS)**

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

IPP QTR #:

DATES:

REGION:

***PLEASE NOTE: REPORT IPP DATA FOR THIS QUARTER ONLY; REPORT IPP DATA FOR COMPLETION OF NUMBERS***

***AND NOT FOR ACTIVITIES THAT ARE IN THE PLANNING PROCESS; DO NOT USE ACRONYMS! THANK YOU!***

|  |  |  |  |
| --- | --- | --- | --- |
| **IPP INDICATOR** | **RESULT #** | **RESULT NAME** | **RESULT DESCRIPTION** |
| PD1 - The number of policy changes completed as a result of the grant. Policy changes/new policies are only counted once when the change has been completed.  Each policy change should be addressed as a separate item. | Enter 1 for each policy change | Enter the name or type of policy change/creation and the date the change was completed. | Enter a description of the organization(s) involved and the completed policy change or creation. |
|  | | | |
| **TOTAL # from Result column:** |  |  |  |
|  | | | |
| **IPP INDICATOR** | **RESULT #** | **RESULT NAME** | **RESULT DESCRIPTION** |
| 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 | Enter the total number of organizations entering into each agreement | Enter the name or type of agreement (MOU, MOA, etc). | Enter a description of the organizations who entered into the agreement, the purpose/ objective of the agreement, and the date it expires. |
|  | | | |
| **TOTAL # from Result column:** |  |  |  |
|  | | | |
| **IPP INDICATOR** | **RESULT #** | **RESULT NAME** | **RESULT DESCRIPTION** |
| 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. | Unduplicated number trained at each event | Enter the name of the training. | Enter the job titles or roles in the mental health workforce for the trainees. |
|  | | | |
| **TOTAL # from Result column:** |  |  |  |
|  | | | |
| **IPP INDICATOR** | **RESULT #** | **RESULT NAME** | **RESULT DESCRIPTION** |
| WD5 – The number of consumers/family members *who provide mental health-related services* as a result of the grant. |  | Enter the title or position of the consumer/family member providing mental health related services as a result of the grant. | Enter a description of type of mental health related services that were provided. |
|  | | | |
| **TOTAL # from Result column:** |  |  |  |
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**Appendix A: SPARS IPP Report Instructions**

The Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Mental Health Services (CMHS) developed 4 indicators to collect performance data on the System of Care Cooperative Agreements Grantees’ Infrastructure Development, Prevention, and Mental Health Promotion (IPP) activities. CMHS requires System of Care grantees to collect and submit data on a *quarterly* basis on the four indicators. The goals for each indicator are in the following table.

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| --- | --- | --- | --- |
| **SPARS Indicator** | **Grant Year 2**  (9/30/2017 – 9/30/2018) | **Grant Year 3**  (9/30/2018 – 9/30/2019) | **Grant Year 4**  (9/30/2019 – 9/30/2020) |
| PD1 - The number of policy changes completed as a result of the grant. | 4 | 5 | 5 |
| 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. | 25 | 20 | 20 |
| WD2 – The number of people in the mental health and related workforce trained in mental health- related practices/activities that are consistent with the goals of the grant. | 2,000 | 1,500 | 1,000 |
| WD5 – The number of consumers/family members who provide mental health-related services as a result of the grant. | 60 | 65 | 65 |

**Required Indicators:** Tables 1 through 4 outline operational definitions and data entry guidelines for the 4 required indicators.

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

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

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| --- | --- | --- |
| Table 1: Policy Development (PD1) is the number of policy changes completed as a result of the grant. | | |
| Intent and Key Terms | **What To Count** | Guidelines for Entering Data | |
| Intent: To report all policy changes that have been completed as a result of the grant.  Key Terms:  Policy is a written document directing an action or event; administrative or legislative in origin.  Examples:   * Directives * Guidance * Clinical practice guidelines * Regulations * Statutes * Operational manuals * Procedures * Bylaws * Strategic plans * Mission statements * Written decisions * Standards   Financing policies are excluded.  Change is the creation of a policy that did not previously exist; the documentation of a policy that existed in an undocumented form; or the elimination or alteration of a policy that previously existed and had already been documented  Completed means that the document exists in its final form and has been approved or passed by the party or parties with authority to do so. | **Count** the policy change only once and only when the change has been completed.  The policy may be reported if it has been completed, but not implemented, yet.  **Do not count** the policy change if discussions have only begun about the policy but it has not been completed or approved. | On the Result Form, enter the following information in the quarter when the policy change was completed:  Result Name: Enter the name or type of policy change.  Result Description: Enter a description of 1) the organizations and 2) the completed policy change.  Result Number: Enter one policy change per result record.  *EXAMPLE:*  Result Name: Standards of care for (enter the population of focus)  Result Description: The state established new standards of care for (list the population of focus) receiving recovery support services for co-occurring mental and substance use conditions.  Result Number: 1 | |

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| --- | --- | --- | --- |
| Table 2: WD2 - The number of people in the mental health and related workforce trained in mental health-related practices/activities that are consistent with the goals of the grant. | | | |
| Intent & Key Terms | **What To Count** | Guidelines for Entering Data | |
| Intent: is to capture information on improvements in the practice or activities of the workforce in addressing mental health issues and all aspects of SOC development and implementation.  Key Terms:  Practices/Activities include early identification, treatment, rehabilitation, prevention, wellness, substance use/abuse, peer and family supports, individualized service planning, culturally-competent treatment, medication management, suicide prevention, and evidence-based, practice-based or community-defined interventions.  Workforce is composed of people who work with children and youth experiencing or at risk of experiencing mental health problems and their families. Workforce includes providers of mental health, rehabilitation, wellness, recovery, substance use, primary care, day care, respite, foster care, early childhood, juvenile justice; child welfare; vocational and educational, special education, and peer and family supports and services SOC grant coordinators are also part of the workforce. Those not considered part of the mental health or related workforce should not be counted. For example, do not include general community members, administrative support staff, teachers and school staff for general education (can count Special Education teachers).  Trained means workforce members are considered to have been trained when they have engaged in a process guided by a curriculum (e.g. syllabus, agenda, or other document describing the content and format of the information to be covered), taking place within a structured timeframe (e.g. a specific amount of time set aside for the training), and guided by an identified trainer or training method (e.g. a specific computer- based)  Trainings do not have to be conducted by or coordinated by grant staff. They can be conducted and/or coordinated by system partners. | The unduplicated number of people trained in a training program. Include people who are being trained to become part of the workforce.  If a person completes two separate training topics such as TF-CBT and wraparound, that person would be counted once for TF-CBT and once for wraparound for a total of two. A SOC grant funded site, family, or youth coordinator attending a conference that includes at least one session on system of care development or implementation can be counted once for the entire conference.  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.  **Do not count every** individual trained simply because they are involved in a program or event with children/youth. The individuals must be part of the defined workforce. For example, conducting Mental Health First Aid sessions with staff for summer camps, library reading programs, sports programs, bible school and other church programs, and Scouting programs is valuable, but the participants are not in the Mental Health workforce.  If it is unclear if someone trained should be counted under WD2, contact the grant project staff at HQW.SAMH.SOCFlorida@ myflfamilies.com | On the Result Form, enter the following information:  Result Name: Enter the name of the training.  Number: Enter the number of people trained in this particular training.  Result Description: Enter description (2-3 sentences) on who was trained and their job title or role in the mental health workforce.  *EXAMPLE*  Result Name: Trauma Informed Care Training  Result Description: We trained 3 therapists, 1 pediatrician, and 1 RN on how to provide trauma-informed care to youth experiencing mental health problems.  Number: 5  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 peer support services to youth this quarter.  Number: 2 | |
| Table 3: IPP Indicator: Workforce Development (WD5), the number of young adult consumers/family members who provide mental health-related services as a result of the grant. | | | |
| Intent & Key Terms | **What To Count** | | Guidelines for Entering Data |
| Intent: To capture information on young adult consumers or family members who provide mental health-related services and supports as a result of the grant.  Key Terms:  Young adult consumers who have experienced mental health services and supports.  A “family member” is someone who has served in some type of caregiver role for a child/young adult with behavioral health issues.  Family members may be members of the child/ young adult’s immediate or extended family, family networks, or “adopted” family members (for example, *familismo* in Hispanic culture). Family members also may be friends, co-workers, or neighbors, or non-family caregivers of a young adult.  Mental health-related peer services (and supports) include support groups, mentoring, system navigation, socialization activities, recreation, advocacy, training, recovery support, and other supportive services. Specific examples include:   * Leading a support group. * Providing a peer service formally or informally such as system navigation, mentoring, education (IEP, how to access services, where to find info on behavioral health diagnosis, etc.). * Young adults may lead wellness activities in groups: creating music, cooking demonstration, life skills, and recreation activities. * Respite. * Attending medical appointments or IEP meetings with the family. * Providing training such as WRAP or Youth Mental Health First Aid Training | **Count** the unduplicated number of **new** young adults or family members who are providing mental health-related services and supports per quarter.  Positions can be paid or volunteer.  **Do not count** young adults/family members involved exclusively in planning and advocacy activities or mental health-related evaluation oversight, data collection, or analysis activities.  **Do not count** the same person in more than one quarter.  **Do not count** someone who received training simply because they have lived experience. The individual must be **providing** a peer service or support.  **Do not count someone** If they are an adult consumer peer who is solely serving adults over 21.  **Do not count someone i**f the peer is being paid for through another grant. | | On the Result Form, enter the following information in the quarter when the service was provided:  Result Name: Enter the title or position of the persons(s) providing the service.  Result Description: Enter a one to two sentence description on 1) what type of service was provided and 2) is the provider a consumer or family member.  Result Number: Enter the total number of people providing the service.  *EXAMPLE:*  Result Name: Hired 3 peer support specialists  Result Description: We added a peer support specialist to three different treatment teams this quarter. Two are parents of a child with behavioral health issues, one received behavioral health services as a child.  Result Number: 3 |

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| **Table 4: PC1 is the number of organizations that entered into formal written inter/intra –organizational agreements (e.g. MOUs/MOAs) to improve mental health related practices and activities that are consistent with the goals of the grant.** | | |
| **Intent & Key Terms** | **What To Count** | **Guidelines for Entering Data** |
| **Intent:** To capture information on organizations that entered into formal written inter/intra-organizational agreements (e.g., MOUs/MOAs) to improve mental health-related practices and activities consistent with the goals of the grant.  **Key Terms:**  **Organizations** include state, local, and tribal agencies; bureaus; departments; non-profit agencies; private sector; or other major entities.  A **formal written inter/intra-organizational agreement** is a document written between organizations to specify how parties will work together on an agreed upon project or objective. The document must be signed by representatives of both organizations.  **Mental health-related** **practices and activities** include treatment, rehabilitation, prevention, mental health-related promotion, and supportive services.  **Examples:**  MOU/MOA with:   * Child welfare agency to provide respite services * Juvenile justice agency to provide a training for wraparound credentialing * County health department to share office space used by peer support specialists * Behavioral health provider to refer population of focus for a specific evidence based treatment intervention * Local community organization that offers peer specialist training program for youth in the child welfare system. * Shared utilization data between mental health providers and juvenile justice. | **Count** the unduplicated number of new organizations that entered into *formal written* inter/intra-organizational agreements to improve mental health-related practices and activities in each quarter.  If an organization has more than one agreement and each agreement covers a different geographical area, each agreement counts. For example, if the site area is four counties and an agreement is formalized with each of the four county Health Departments, count each agreement.  **Count** the organization that has entered into an agreement once and in the quarter that it is finalized.  **Do not count** a previously counted organization, if the agreement is a renewals, or modifications of agreements.  **Do not count** agreements that are still in the planning stages.  **Do not count** your own organization in the number. | On the **Result Form,** enter thefollowing information in the quarter in which the agreement was finalized:  **Result Name:** Enter the name or type of agreement.  **Result Description:** Enter a description of 1) the organizations involved, 2) the type of agreement established (e.g., MOU or MOA), 3) the purpose/objective of the agreement, and 4) the expiration date of the agreement.  **Result Number:** Enter the total number of organizations that entered into the agreement (as the grantee, do not include yourself).  ***EXAMPLE:***  **Result Name:** MOU between state Department of Mental Health and Department of Children and Families  **Result Description:** The state Department of Mental Health finalized an MOU with the Department of Children and Families. The purpose of the agreement is to establish a working group. The working group will identify innovative policy changes to increase the continuity of care for (enter the population of focus). The MOU will expire in September 2016.  **Result Number:** 1 |