# National Child Traumatic Stress Initiative (NCTSI) Category I, II, and III Grants

SAMHSA's Center for Mental Health Services (CMHS) collects data from National Child Traumatic Stress Initiative (NCTSI) Category I, II, and III Grantees on their Infrastructure Development, Prevention, and Mental Health Promotion (IPP) activities. Every quarter, grantees must report on these *six* IPP indicators in SAMHSA's Performance Accountability and Reporting System (SPARS):

- **Workforce Development (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.
- **Partnerships/Collaborations (PC2):** The number of organizations collaborating/coordinating/sharing resources with other organizations as a result of the grant.
- **Accountability (A4):** The number and percentage of work group, advisory group, or council members who are people using services and their family members.
- **Types/Targets of Practices (T3):** The number of people receiving evidence-based mental health-related services because of the grant.
- **Training (TR1):** The number of people who have received training in prevention or mental health promotion.
- Screening (S1): The number of people screened for mental health or related interventions.

We created this program guidance document to help NCTSI Category I, II, and III Grantees meet their IPP data reporting requirements in SPARS. The guide provides information on:

- IPP reporting requirements and deadlines
- IPP reporting tips and resources
- Program guidance and examples for each IPP indicator
- How to submit IPP results in SPARS

## **IPP Reporting Requirements and Deadlines**

Grantees must report IPP data in SPARS during each quarter of the Federal fiscal year (FFY) calendar (October 1–September 30), even if there are no new IPP results to report for a given indicator. For new grantees, data submission starts in the second quarter after the beginning of the grant. Once a grantee submits its IPP data, its government project officer (GPO) will review each indicator and either approve the results or request revisions. Grantees have until midnight of the grantee revision deadline (see "Grantee Deadline to Revise Data" column in table 1) to submit revisions. After this deadline, the system does not allow data entry, GPO reviews, or grantee revisions.

Table 1. Quarter	y Reporting	Periods and Deadlines	ofor Submitting IPP Results
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Quarter	Quarterly Reporting Period	Grantee Deadline to Submit Data	GPO Review Deadline	Grantee Deadline to Revise Data	System Lock Date*
1st	October 1–December 31	January 31	February 28	March 31	April 1
2nd	January 1–March 31	April 30	May 31	June 30	July 1
3rd	April 1–June 30	July 31	August 30	September 30	October 1
4th	July 1–September 30	October 31	November 30	December 31	January 1

\* System does not accept data entry, GPO reviews, or grantee revisions after this date.



#### Program Guidance on Infrastructure Development, Prevention, and Mental Health Promotion Indicators NCTSI Category I, II, and III Grants

### **IPP Reporting Tips and Resources**

- Grantee must report each IPP result in the FFY quarter when it *completed* that activity. Do not enter information on activities that are in progress.
- CMHS understands that not every indicator will have a completed activity every quarter. If you have no activity to report for an indicator, however, you must enter a No New Result record in SPARS. To do so, select "If there were no new results, check this box" on the Result Record, then click the Save Add New or Save Finish button to complete the entry.

MB Number: 0930-0285; Expiration Date: 03/31/2020)	
	Save - Add New Save - Finish
<b>INSTRUCTIONS:</b> Enter one result per indicator on this data ent twice in one federal fiscal year quarter <sup>1</sup> . Note: Screen will refres	
Grant Number: SM000003 (CMHS Test Grant 3)	
Date Range Result Was Completed: FFY 2017 Quarter 3 (Apr. 1	2017 - Jun. 30 2017) 🔻
Indicator: Policy Development - PD1	•
PD1 - The <u>number of policy changes</u> completed as a result of the	grant.
<sup>1</sup> FFY QUARTER 1 (10/1- 12/31); FFY QUARTER 2 (1/1- 3/31); FFY QUARTER 3 (4/	/1- 6/30); FFY QUARTER 4 (7/1- 9/30)
If there were no new results, check this box: ☞	

- For more information on how to submit IPP results, review the *CMHS IPP How to Enter Results Guide for Grantees.* This guide and other resources are in the CMHS section of the SPARS Resource Library.
- Register for upcoming IPP trainings or view recorded trainings by navigating to the SPARS Training page.
- Contact your GPO for additional guidance about your IPP indicators. The SPARS Help Desk is also available to provide technical support and answer questions about SPARS user accounts, passwords, or submitting data to SPARS. Call the SPARS Help Desk at 1 (855) 322-2746 (toll free) or email <u>SPARS-Support@rti.org</u>.

## Workforce Development (WD2)

WD2 is 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.

The intent of WD2 is to capture information on improvements in the workforce in addressing mental health issues that are consistent with the goals of the grant.

### **Definitions of Key Terms**

- **Mental health-related:** mental health or the population of people with or at risk of mental health condition(s); also includes people with co-occurring mental health and substance use disorders.
- **Practices and activities:** treatment rehabilitation, prevention, mental health-related promotion and supportive services.
- Mental health workforce: people providing mental health prevention, treatment, rehabilitation, or recovery services.
- Related workforce: people providing ancillary support services to people who have—or are at risk for developing mental health condition(s).
- **Trained workforce:** people who were trained using a process guided by a curriculum (i.e., syllabus, agenda, training manual), within a structured timeframe, and with an identified trainer or training method.

### Examples of Trainings

- Evidence-based practices
- Consumer-operated services (family driven and/or youth guided services)
- Culturally-specific practices

- Suicide prevention programs
- Rural telehealth programs
- Anti-stigma campaigns

### Subcategories

The WD2 indicator has nine subcategories of mental health-related personnel:

- 1. **WD2a Mental Health Agency:** mental health agency personnel such as counselors, therapists, clinicians, and administrators.
- WD2b Child Welfare/Foster Care Agency: child welfare and/or foster care agency personnel, such as social workers, case managers, and administrators. Only include foster parents, birth parent(s), and youth if they are considered part of the mental health-related workforce.
- 3. **WD2c Juvenile Justice Agency:** juvenile justice agency personnel, such as probation officers, practitioners, and administrators.
- 4. **WD2d School:** school and other educational setting personnel, such as teachers, counselors, social workers, psychologists, and administrator.
- 5. **WD2e Substance Abuse Agency:** substance abuse agency personnel, such as counselors, therapists, clinicians, and administrators.
- 6. **WD2f Community-based Organization:** community-based organization personnel, such as advocates, case managers, practitioners, and administrators.
- 7. **WD2g First-responder Organization:** first-responder organization personnel, such as EMTs, practitioners, and administrators.
- 8. WD2h Health Care/Primary Care Organization: health care and/or primary care organization personnel, such as nurses, physicians, medical assistants, and administrators.
- 9. WD2i General Public/Other: other individuals who are trained as a member of the mental health- and related-workforce who cannot be categorized in any other subcategory. Be sure to describe how and in what capacity they are considered to be part of the mental health- and related-workforce.

### **Guidelines for Entering WD2 Results**

On the Result Form, enter the following information in the quarter when the workforce received and completed training.

- **Result Name:** Enter one of the nine subcategories (e.g., WD2a Mental Health Agency, WD2b Child Welfare/Foster Care Agency, WD2c Juvenile Justice Agency, etc).
- **Result Description:** Enter a two- to three-sentence description of who was trained, the type(s) of training provided, and the type of skills learned. Avoid using acronyms.
- Result Number: Enter the total number of mental health workforce members trained. Count the number of workers who complete the training, not the number of trainings.

If you have no activity to report for WD2, you must record this by checking "If there were no new results, check this box" on the Result Form.

## **Example of WD2 Result**

- Result Name: WD2d School
- **Result Description:** Twenty teachers completed a 2-hour training on administering the Behavior Rating Inventory of Executive Function (BRIEF) tool to assess cognition among children 5 to 18 years old.
- Result Number: 20

### Who to Count

- Count individuals who are mental health personnel or involved in the mental health-related workforce who attended workforce development trainings conducted because of the CMHS grant. Include people being trained to become part of the workforce.
- Some of the trainings may have people from multiple WD2 subcategories; count each person in only one category per training completed.
- Do not double count individuals in subcategories.
- If people attend multiple sessions within a quarter to complete a training, count them only once in the quarter for that particular training.
- If training sessions span two quarters, **count** them only in the quarter that the training was actually completed.

## **Partnerships/Collaborations (PC2)**

PC2 is the number of organizations collaborating, coordinating, or sharing resources with other organizations as a result of the grant.

The intent of PC2 is to report information on new relationships and partnerships developed because of the grant.

## **Definitions of Key Terms**

- **Organizations:** federal, state, local, and tribal agencies; programs; departments; non-profit agencies, grassroots organizations, or other entities providing mental health and related services
- Collaborating or coordinating: a process where two or more organizations work together toward common goals
- Sharing resources: allowing others to use available resources for improving outcomes or reaching goals.
  For example, resources include funding, personnel time, facilities, equipment, and information

## **Examples of Organizations**

- Peer-, youth-, or family member-run organizations
- Private provider entities
- Nongovernmental organizations
- o NCTSI partners, such as Child Welfare/Foster Care, Juvenile Justice, and Substance Abuse agencies

## **Guidelines for Entering PC2 Results**

On the Result Form, enter the following information in the quarter when the collaboration(s) took place.

- **Result Name:** Enter the name or type of collaboration.
- **Result Description:** Enter the names of the organizations and a description of the work or activities they collaborated on.
- **Result Number:** Enter the total number of organizations that participated in the collaboration (as the grantee, do not include yourself).

If you have no activity to report for PC2, you must record this by checking "If there were no new results, check this box" on the Result Form.

### **Example of PC2 Result**

- **Result Name:** Local Child Trauma Coalition
- **Result Description:** A childhood traumatic grief curriculum guide with CD-ROM was shared through our local child trauma coalition that has 10 member organizations.
- **Result Number:** 11 (in addition to the 10 member organizations, count the coalition as 1 of the resulting numbers.)

### What to Count

- Ask: What are the new relationships that have been created because of the grant?
- **Count** the number of organizations in the collaboration, not the number of resources shared.
- **Do not count** organizations reported in previous quarters.
- Only count new collaborations developed because of the grant, not collaborations existing before the grant award.

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- o If a new organization is added to an existing collaboration, only **count** the new organizations.
- **Count** the number of organizations that come together because of the grant, even if the grantee is not involved in the collaboration.
- o If one organization shares several resources, **count** it only once.
- o If one organization collaborates in several different partnerships, count that organization once.
- Count formal interagency agreements---memoranda of understanding (MOU) and memoranda of agreements (MOA)—as well as informal agreements.

# Accountability (A4)

A4 is the number and percentage of work group, advisory group, or council members who are people using services and their family members.

The intent of A4 is to capture the number of consumers, or people using services, and their family members who participate in work groups, advisory groups, or councils because of the grant.

## **Definitions of Key Terms**

- Work groups, advisory groups, or councils: groups of individuals who are working toward a common goal.
- **Consumers:** individuals who currently receive mental health services, have received mental health services in the past, or who are eligible to receive mental health services now but choose not to.
- Family members: members of a consumer'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 of an adult or child/youth, or non-family caregivers of a child/youth.

## **Guidelines for Entering A4 Results**

On the Result Form, enter the following information.

- **Result Name:** Enter the name of the work group, advisory group, or council.
- **Result Description:** Enter a two or three sentence description of the work group, advisory group, or council, including its general purpose and membership.
- **Numerator:** Enter the total number of people who are both a member of a work group, advisory group, or council and a consumer or family member.
- **Denominator:** Enter the total number of people who are work group, advisory group, or council members.

If you have no activity to report for A4, you must record this by checking "If there were no new results, check this box" on the Result Form.

## Example of A4 Result

- o Result Name: Evaluation Review Committee Membership
- Result Description: We have an Evaluation Review Committee to ensure that local evaluation activities are culturally competent, family-driven, and youth-guided. The committee consists of community members with some being consumers or family members. During this quarter, 10 (numerator) of the members were consumers or family members; the total membership was 25 (denominator).
- Numerator: 10
- **Denominator:** 25

## What to Count

- **Count** the numerator and denominator. The numerator should be less than or equal to the denominator.
- The **numerator** is the number of people who are both a member of a work group, advisory group, or council and a consumer or family member.
- The **denominator** is the total number of people who are work group, advisory group, or council members.
- Count the number of consumers who serve in a mental health-related position per quarter because of the grant. The position can be paid or unpaid.
- o If the group is sustained or ongoing, **report** the numbers each quarter in which the group is in existence.
- Enter No New Result if you have work group, advisory groups, or councils that do not have consumers or family members participating.

# Types/Targets of Practices (T3)

T3 is the number of people receiving evidence-based mental health-related services because of the grant.

The intent of T3 is to capture the number of people receiving evidence-based mental health-related services because of the grant.

## **Definitions of Key Terms**

- **Evidence-based:** interventions that are rigorously tested, have yielded consistent, replicable results, and have proven safe, beneficial, and effective for most people diagnosed with mental health condition(s).
- **Mental health-related:** mental health or the population of people with or the population of people with or at risk of mental health condition(s); also includes people with co-occurring substance abuse disorders.
- Family members: members of a consumer'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 of an adult or child/youth, or non-family caregivers of a child/youth.

### **Subcategories**

The T3 indicator has three subcategories for the primary child-clients receiving evidence-based mental healthrelated services:

- 1. **T3a Children in Child Welfare:** children receiving evidence-based services that are considered part of the child welfare system.
- 2. **T3b Children in Juvenile Justice:** children receiving evidence-based services that are considered part of the juvenile justice system.
- 3. **T3c Other Children:** children receiving evidence-based services who cannot be categorized in the other two subcategories.

## **Guidelines for Entering T3 Results**

On the Result Form, enter the following information in the quarter when the individual(s) first began receiving services.

- **Result Name:** Enter one of the three subcategories for primary child-clients receiving services (i.e., T3a Children in Child Welfare; T3b Children in Juvenile Justice; or T3c Other Children).
- **Result Description:** Describe who received the evidence-based service and what type of service was provided. Avoid using acronyms.
- **Result Number:** Enter the total number of persons who began receiving services during this quarter.

If you have no activity to report for T3, you must record this by checking "If there were no new results, check this box" on the Result Form.

## Example of T3 Result

- **Result Name:** T3b Children in Juvenile Justice
- **Result Description:** Fifty children in the juvenile justice system received evidence-based trauma services this quarter.
- o Result Number: 50

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### Who to Count

- Count all people who received services, including the primary child-client and other family members served if they are also the focus of the intervention. For example, count the child participating in Trauma-Focused Child Therapy and any parents, caregivers, or siblings who are also participating in the sessions.
  Only count people receiving services in the quarter they begin receiving services.
- Do not double count children receiving evidence-based services—include the child in only one category.
- Count people receiving services, not assessments. Assessments will be entered under the Screening (S1) indicator.

#### Category III Grantees:

The broader inclusion of people who are not the primary child-client means that the T3 result number may be larger than the number of client intakes entered into the data system.

Category III grantees can **count** the total number of children who receive trauma-informed treatment services, even if SAMHSA grant funds do not fully cover treatment costs. Government Performance and Results Act (GPRA)/National Outcome Measures (NOMs) data may also be collected for these children and reported using SAMHSA's Performance Accountability and Reporting System (SPARS).

#### Grantees not funding direct treatment:

Grantees not funding direct treatment may count trainings they deliver to mental health professional at other agencies who will provide evidence-based services. It is beneficial to obtain an agreement (e.g., MOU or MOA) from internal and external parties receiving such training that ensures they report to you the number of people they served because of the training they received from this grant program.

# Training (TR1)

TR1 is the number of people who have received training in prevention or mental health promotion.

The intent of TR1 is to capture information on people from the public (landlords, bus drivers, friends, employers, roommates, family members, students) other than the mental health workforce who have received training in prevention or mental health promotion because of the grant. The training may be outside these individuals' typical job duties.

## **Definitions of Key Terms**

- Training: engaging in a process guided by instructional objectives and a training manual (or other materials or resources), occurring within a structured timeframe, and guided by an identified trainer or training method. The training objective is to affect public awareness, knowledge, attitude, skills, or behaviors.
- Prevention: interventions that occur before the onset of a disorder that are intended to prevent or reduce the risk for the disorder or occur after the onset of the disorder in order to prevent or reduce the disorder's negative consequences.
- Mental health promotion: interventions aim to enhance the individual's ability to accomplish developmentally appropriate tasks and foster positive self-esteem, mastery, well-being, and social inclusion while strengthening the ability to cope with adversity.

## **Guidelines for Entering TR1 Results**

On the Result Form, enter the following information in the quarter when the training was provided and completed.

- **Result Name:** Enter the name or title of the training provided.
- **Result Description:** Enter a two or three sentence description of who was trained, the type of training provided, and the type of skills learned.
- **Result Number:** Enter the total number of participants trained. Count the number of people who received training, not the number of trainings.

If you have no activity to report for TR1, you must record this by checking "If there were no new results, check this box" on the Result Form.

## **Example of TR1 Result**

- Result Name: Teen dating violence training
- Result Description: Our agency provided a training on dating violence to twenty-five teens at a local high school. The training teaches youth to identify key characteristics of healthy versus unhealthy relationships and provides resources on who to contact in case they are in need of help.
- Result Number: 25

## Who to Count

- **Count** the number people, not the number of trainings.
- Do not count people who are members of the mental health workforce. These individuals are counted under WD2. Contact your GPO if you are unclear whether someone should be counted under TR1 or WD2. If you are reporting all your trainings under WD2, for Annual Goals enter "0" (zero) for this indicator.

- You may **count** people you are training in prevention or mental health promotion, even if the training is not a specific trauma intervention.
- If people attend multiple sessions within a quarter to complete a training, **count** them only once in the quarter for that particular training.
- If training sessions span two quarters, **count** them only in the quarter that the training was actually completed.

# Screening (S1)

S1 is the number of people screened for mental health or related interventions.

The intent of S1 is to capture information on number of persons screened for mental health or related interventions because of the grant in the given quarter, not the number of interventions.

## **Definitions of Key Terms**

- Screening: the initial identification of individuals who may need a specific intervention, and is not for monitoring or assessment
- **Mental health-related:** mental health or the population of people with or at risk of mental health conditions; also includes people with co-occurring substance use disorders
- Interventions: treatment, rehabilitation, prevention, mental health-related promotion and supportive services

## **Examples of Interventions**

- Evidence-based practices
- Consumer-operated services (family driven and/or youth guided services)
- Culturally-specific practices
- Suicide prevention programs
- Rural telehealth programs

### Subcategories

The S1 indicator has three subcategories for children screened by your grant:

- 4. S1a Children in Child Welfare: children screened who are considered part of the child welfare system.
- 5. **S1b Children in Juvenile Justice:** children screened who are considered part of the juvenile justice system.
- 6. S1c Other Children: children screened who cannot be categorized in the other two subcategories.

## **Guidelines for Entering S1 Results**

On the Result Form, enter the following information in the quarter when screening occurred.

- **Result Name:** Enter one of the three subcategories for children receiving screening (i.e., S1a Children in Child Welfare; S1b Children in Juvenile Justice; or S1c Other Children).
- **Result Description:** Enter a two or three sentence description of who was screened and the type of screening provided.
- **Result Number:** Enter the total number of children screened.

If you have no activity to report for S1, you must record this by checking "If there were no new results, check this box" on the Result Form.

### Example of S1 Result

- o Result Name: S1c Other Children
- **Result Description:** As a result of the grant, we administered the Trauma Symptom Checklist for Children (TSCC) to 100 children at a local, school-based clinic this quarter.
- Result Number: 100

### What to Count

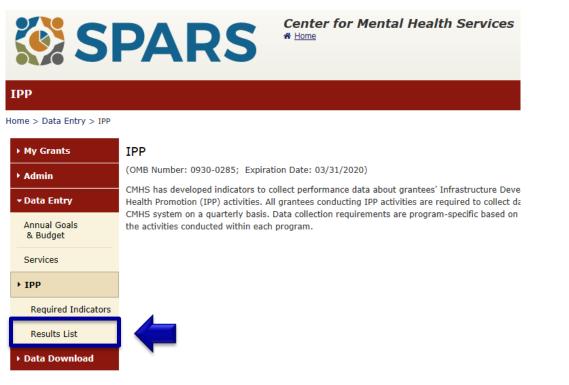
- **Count** the number of children screened, not the number of interventions
- Screening is for initial identification of those in need of intervention. Do not count routine follow-up for the purpose of monitoring a child's progress or status.
- **Do not double count** children screened—include the child in only one category.
- **Do not count** trainings performed to train other agencies in providing screening or assessments. These should be reflected under the WD2 indicator.

### How to Submit IPP Results in SPARS

To submit IPP results in SPARS, select **SPARS-CMHS** from the Quick Links section of the SPARS home page at <u>https://spars.samhsa.gov</u>.

SPARS	Search Search
Home	Data Entry & Reports Training Technical Assistance He
Welcome to SPARS!	
SAMHSA's Performance Accountability and	Reporting System
The Substance Abuse and Mental Health Services Administration (SAI entry, reporting, technical assistance request, and training system to su	MHSA) is proud to launch the SPARS website. SPARS is a new online data upport grantees in reporting timely and accurate data to SAMHSA.
Announcements	Quick Links
No Help Desk Services on January 17, 2018 Due to Inclement Weather No Help Desk Services on January 17, 2018 Due to Inclement Weather	SPARS-CSAT Enter data for Center for Substance Abuse Treatment grants.
New SPARS CSAP Features and Programs Released on January 8, 2018 On January 8, 2018, SPARS released new CSAP features to help grantees and POs enter and review data.	SPARS-CMHS Enter data for Center for Mental Health Services grants.
New SPARS CSAP Features Released on December 11, 2017	SPARS-CSAP Enter data for Center for Substance Abuse Prevention grants.

After logging in, you will see a menu bar on the left side of the home screen. Select the dropdown menu **Data Entry** > IPP > Results List.



September 13, 2018

To submit an IPP result in SPARS, click the **Add New Result** button.

Results List					
Home > Data Entry > IPP :	> Results List	🖨 Print	X Cancel	Save Previous	
▶ My Grants					
▶ Admin	ADD/FIND RES	ULTS			
<del>-</del> Data Entry	(OMB Number: 0930-0	285; Expiration Date: 03/31/2020)			
Annual Goals & Budget	ADD NEW RESU To enter a ne	JLT w result, select the Program and Grant (if applicable	) and then click	on the Add New Result	
Services	Program:	Garrett Lee Smith Campus Suicide Prevention Gr	ant Progra		
<b>-</b> IPP	Grant:	Garrett Lee Sinitir Campus Suicide Prevention Gr			
Required Indicators	Grant.	TR00015 - Name1575	~	Add New Result	
Results List					
→ Data Download		sults that need an action by you or to review previous ck on the Find Results button.	sly entered resu	ts, complete the selecti	