TRAC IPPS INDICATORS - COOPERATIVE AGREEMENT FOR EXPANSION AND IMPLEMENTATION

County/Grant:	Period of Performance: Start Date - End Date

Due Date: Date	January 15th April 15th July 15th October 15th	Send to: Mark Durgin durginm@upmc.edu and Kim Hall Hallk10@upmc.edu

TRAC IPPS INDICATOR	EXAMPLE	COUNTY COMMENTS
(PD1) The number of policy changes completed as a result of the grant.	EXAMPLE: Any changes the SLMT or individual CLTs make to policies at the state or county levels; counties which complete strategic plans, operational guidelines, etc; inclusion of SOC language in Block Grant documents, etc. What your county is doing differently and has become a polic change...who was involved and why? **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.	Please be specific as to the number and the names of the organizations regarding the policy changes. 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.
(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.	The 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. Examples could be staff or persons in county trained on Trauma Focused Cognitive Behavioral Therapy, High Fidelity Wraparound, Certifications, and recertification's in mental health practices.	Enter description (2-3 sentences) on 1) Who was trained including job title(s) 2) Number of people being trained; 3) What topic they were trained on. (Example: Trauma Informed Care Training: We trained 3 therapist, 1 pediatrician, 3 crisis workers, and 17 Children and Youth Staff how to provide Trauma Informed Care for youth with mental health problems.) Result Name: Enter the job title of the person or people trained Result Description: Enter description (2-3 sentences) on 1) who was trained 2) what topic they were trained on. Number: Enter the number of people trained in this particular training.
(WD5)The number of consumers/family members who provide mental health-related services	**Count** the unduplicated number of new young adults or family members who are providing mental health-related services and supports per quarter.	

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as a result of the grant.	related services and supports per quarter. Positions can be paid or unpaid. **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.	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) who provided the service and 2) what type of service was provided. Result Number: Enter the total number of people providing the service
(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.	EXAMPLE: MOUs developed at the county level between and among the child-serving systems. This would include but not be limited to: MOU's with agencies involved with SOC…or between agencies, etc.	Please be specific as to the number and the names of the organizations 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).