**SYSTEMS OF CARE MRSS Quarterly Report**

**Contract Number:** Click or tap here to enter text. **Name of Agency:** Click or tap here to enter text.

**Reporting Period:** Choose an item.

**Agency Point of Contact:** Click or tap here to enter text. **Point of Contact Email:** Click or tap here to enter text.

**Date Submitted:** Click or tap to enter a date.

**What are you being asked to report?**

1. **IPP GOALS**

IPP stands for: Infrastructure Development, Prevention and Mental Health Promotion indicators. These are indicators by which the Washington State Healthcare Authority (HCA) and the Substance Abuse and Mental Health Administration (SAMHSA) measure the overall success of grant activities as they align with systems of care mission and values.

Each quarter, all contractors must report on the following measures: Policy Development 1 (**PD1**), Workforce Development 2 (**WD2**), Workforce Development 5 (**WD5**), Types/Targets of Practices 3 (**T3**), Outreach 2 (**O2**), and Access 1 (**AC1**). Each reporting field includes a description of each measure. If you are unclear about how these should be defined and reported, please do not hesitate to contact your contract manager for technical assistance.

1. **Project Progress and Barriers/Challenges/Steps Taken**

Please let us know how your project is progressing, where you’ve encountered challenges, and whether you are in need of technical assistance or guidance for specific matters. We also welcome any success stories that you’d like to share.

**1. IPP Goals**

1. **PD1:** Number of Policy Changes completed as a result of the Systems of Care (SOC) grant. The intent is to report all policy changes that have been completed as a result of your contract under the SOC grant. The policy change should be reported once upon completion. Do not report policy change if the issue is under discussion but has not been formally approved. Please add additional lines, if needed.

|  |  |  |
| --- | --- | --- |
| Result Name | Result Description | Number (auto-filled by system) |
| 1. Click or tap here to enter text. | Click or tap here to enter text. | 1 |
| 2.Click or tap here to enter text. | Click or tap here to enter text. | 1 |
| 3.Click or tap here to enter text. | Click or tap here to enter text. | 1 |
| 4.Click or tap here to enter text. | Click or tap here to enter text. | 1 |
| 5.Click or tap here to enter text. | Click or tap here to enter text. | 1 |
| 6.Click or tap here to enter text. | Click or tap here to enter text. | 1 |
| 7.Click or tap here to enter text. | Click or tap here to enter text. | 1 |

Notes: Click or tap here to enter text.

1. **WD2:** Number of people in the mental health and related workforce trained in mental health-related practices consistent with the goal of SOC grant. 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 SOC grant goals. Please include total number of people trained per training program as it relates to your contract under the SOC grant. If one person receives several trainings for different topics, count the individual for each training by topic. If the same group of people must attend multiple trainings to complete one program, count each individual once. If the same individual is being trained for recertification quarterly, then count that person each quarter. On the Result Record, enter the data on the line titled “number.”

|  |  |  |
| --- | --- | --- |
| Result Name | Result Description | Number |
| 1.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 3.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 4.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 5.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 6.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 7.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Notes: Click or tap here to enter text.

1. **WD5**: Number of consumers/family members who provide mental health-related services as a result of the grant. 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. The individuals must be providing mental health-related services. This can be paid or unpaid positions. Enter the number of individuals per position/type/description. On the Result Record, enter the data on the line titled “number.”

|  |  |  |
| --- | --- | --- |
| Result Name | Result Description | Number |
| 1.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 3.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 4.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 5.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 6.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 7.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Notes: Click or tap here to enter text.

1. **T3**: The number of people receiving evidence-based mental health services as a result of the grant. The intent is to capture programs/organization/communities that implemented specific mental health–related practices/activities implemented consistent with the goals of the grant. 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.

|  |  |  |
| --- | --- | --- |
| Result Name | Result Description | Number |
| 1.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 3.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 4.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 5.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 6.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 7.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Notes: Click or tap here to enter text.

1. **O2**: The number of individuals contacted through program outreach efforts. 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 person is contacted five times, count this person as five contacts. On the Result Record, enter the data on the line titled “number.”

|  |  |  |
| --- | --- | --- |
| Result Name | Result Description | Number |
| 1.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 3.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 4.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 5.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 6.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 7.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. **AC1**: The number and percentage of individuals receiving mental health or related services after referral. 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 do not have any referrals that are receiving services in the quarter, then enter a No New Result for the quarter.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Result Name | Result Description | Numerator | Denominator | Percentage |
| 1.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 3.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 4.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 5.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 6.Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. Project Progress and Challenges/Barriers

Please provide a narrative description of the programmatic successes related to this contract as well as any challenges or barriers your agency has faced in the implementation. Describe what possible solutions might look like as well as any steps taken. Please include success stories if you would like.

Click or tap here to enter text.