

**Substance Abuse and Mental Health Services Administration (SAMHSA)
Center for Mental Health Services (CMHS)**

Infrastructure Development, Prevention and Mental Health Promotion (IPP)

Indicators

August 2022

ACCESS (AC)

AC1. The number and percentage of individuals receiving mental health or related services after referral.

ACCOUNTABILITY (A)

A1. [REVISED] The number of grant project activities in which fidelity is monitored as a result of the grant.

A2. The number of organizations that regularly obtain, analyze, and use mental–health related data as a result of the grant.

A3. [REVISED] The number of communities that enhance health information sharing for provision of services between agencies and programs.

A4. The number and percentage of work group/advisory group/council members who are consumers/family members.

A5. The number of consumers/family members representing consumer/family organizations who are involved in ongoing mental health–related planning and advocacy activities as a result of the grant.

A6. The number of consumers/family members who are involved in ongoing mental health–related evaluation oversight, data collection, and/or analysis activities as a result of the grant.

AWAWARENESS (AW)

AW1. The number of individuals exposed to mental health awareness messages.

FINANCING (F)

F1. [DROPPED]

F2. The number of financing policy changes completed as a result of the grant.

F3. The amount of pooled, blended, or braided funding used for mental health–related practices/activities that are consistent with the goals of the grant.

KNOWLEDGE / ATTITUDES / BELIEFS (NAB)

NAB1. The number and percentage of individuals who have demonstrated improvement in knowledge/attitudes/beliefs related to prevention and/or mental health promotion.

ORGANIZATIONAL CHANGE (OC)

OC1. The number of organizational changes made to support improvement of mental health–related practices/activities that are consistent with the goals of the grant.

OUTREACH (O)

O1. The number of individuals contacted through program outreach efforts.

O2. [DROPPED]

PARTNERSHIP / COLLABORATIONS (PC)

PC1. The number of organizations that entered into formal written inter-/intraorganizational agreements (e.g., Memoranda of Understanding [MOUs]/Memoranda of Agreement [MOAs]) to improve mental health–related practices/activities that are consistent with the goals of the grant.

PC2. The number of organizations collaborating/coordinating/sharing resources with other organizations as a result of the grant.

POLICY DEVELOPMENT (PD)

PD1. The number of policy changes completed as a result of the grant.

PD2. The number of organizations or communities that demonstrate improved readiness to change their systems in order to implement mental health–related practices that are consistent with the goals of the grant.

REFERRAL (R)

R1. The number of individuals referred to mental health or related services.

R2. [ADDED] The number of individuals referred to trauma-informed care services as a result of the grant

R3. [ADDED] The number of individuals referred to crisis or other mental health services for suicide risk, ideation, or behavior.

SCREENING (S)

S1. The number of individuals screened for mental health or related interventions.

S2. [ADDED] The number of individuals screened for trauma-related experiences as a result of the grant.

S3. [ADDED] The number of individuals screened for suicidal ideation as a result of the grant.

TRAINING (TR)

TR1. The number of individuals who have received training in prevention or mental health promotion.

TR2. [ADDED] The number of individuals trained in trauma-informed care practices as a result of the grant.

TR3. [ADDED] The number of individuals trained in suicide risk assessment as a result of the grant.

TR4. [ADDED] The number of individuals trained in diversity, equity, and inclusion as a result of the grant.

TYPES/TARGETS OF PRACTICES (T)

T1. The number of programs/organizations/communities that implemented specific mental–health related practices/activities that are consistent with the goals of the grant.

T2. The number of programs/organizations/communities that implemented evidence-based mental health–related practices/activities as a result of the grant.

T3. The number of people receiving evidence-based mental health–related services as a result of the grant.

T4. The number of programs/organizations/communities that implemented adaptations of evidence-based practices (EBPs) to incorporate the special needs of unique populations or settings as a result of the grant.

T5. [ADDED] The number of activities modified/adapted/changed to reflect trauma-informed practices to the populations being served by the grant.

T6. [ADDED] The number of activities modified/adapted/changed to reflect culturally appropriate practices to the populations being served by the grant.

T7. [ADDED] The number of individuals who died by suicide.

T8. [ADDED] The number of individuals who attempted suicide.

WORKFORCE DEVELOPMENT (WD)

WD1. [DROPPED]

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.

WD3. The number of people newly credentialed/certified to provide mental health–related practices/activities that are consistent with the goals of the grant.

WD4. [DROPPED]

WD5. The number of consumers/family members who provide mental health–related services as a result of the grant.