

Project LAUNCH TRAC IPP Indicators Data Entry Guidance

AT-A-GLANCE

TRAC IPP		Guidelines for Data Collection	Data Collection Tools: Examples	Result Name Examples	Result Description Examples	Frequently Asked Questions
Workforce Development						
<p>WD2: The number of people in the mental health and related workforce trained in specific mental health-related practices/activities as a result of the grant.</p>	<p>WD2 includes LAUNCH-funded training for direct service providers on how to implement a particular evidence-based program or practice (e.g., a LAUNCH-supported training for teachers on the Incredible Years; a LAUNCH-supported training for pediatricians on use of the ASQ-SE). It may also include trainings designed to increase providers’ awareness and understanding of healthy child development or social, emotional and behavioral issues of children or families, insofar as training is this area is consistent with (and in the service of meeting) the goals of the grant. This measure does not include trainings for administrative-level staff such as agency heads or agency managers unless the training is on a specific evidence-based practice and is going to impact the delivery of services to young children/families in a clear way. Please note that to qualify, a training needs to have an identified trainer or training method and a curriculum (e.g., syllabus, agenda, training manual).</p> <p><i>Workforce</i> includes people who provide mental health prevention and treatment services, as well as primary care providers, early care and education providers, school personnel, child welfare staff, peer support program staff and “others who provide services to persons with</p>	<p>Capture information on improvements in the workforce in addressing mental health issues that are consistent with the goals of the grant this Federal Fiscal Year (FFY) quarter. Be sure to count the number of people trained per training program. Include people who are being trained to become part of the workforce. If one person receives several trainings for different topics count the individual only once in each quarter. (Unduplicated counts <i>within</i> quarter). If the same individual receives training again in other quarters, he/she should be counted again. On the Result Form, enter the data on the line titled “number”.</p>	<p>Count of trainees</p> <p>Attendance sheets</p> <p>Pre-Post training survey</p>	<p>Trauma-Informed training for ECE staff at Bright Horizon Centers</p> <p>ASQ & ASQ-SE Training for Primary Care Clinic Staff</p> <p>Mental Health First Aid</p> <p>SITCAP</p>	<p>EXAMPLE 1: Consistent with the goals of the grant, Center Directors, teachers, teacher aids, and para-professional staff received training on how to respond to child trauma.</p> <p>Social workers and physicians at 10 community-based health centers were trained on types of trauma, impact of trauma and trauma screening tools (Name of screening instruments).</p> <p>EXAMPLE 2: Consistent with the goals of the grant, nine (9) Healthy Futures staff received training on how to provide mental health consultation and services to consumers this quarter. The training topics included: building and cultivating relationships, healthy child development, classroom observation, social,</p>	<p>Question 1: Must the “curriculum” mentioned be that of a publishable, purchasable type? If not, what, if any, is the definition? Answer: TRAC does not require that the training materials must be publishable or purchasable, but does provide guidance and requirements (see TRAC manual). Beyond that, you should use your judgment to determine whether the training activity and materials include information or provide experience that improves the individual’s professional capacity to understand, work with, treat, or help young children and their families (e.g. meets goals of your grant). If so, then you may</p>

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	<p>mental health needs.” (If you have questions about whether individuals you’ve trained or a particular training would be included in this definition of workforce, please send the question to your GPO and we’ll provide a response).</p> <p>Some mental health consultation may be appropriate to include as training as part of WD2. For example, if a teacher or group of teachers or child care staff received training from a mental health consultant on behavior management techniques or a particular intervention.</p> <p>While most work with parents is more likely to fall under the evidence-based services indicator (T3), some parent training may be appropriate for WD2, such as training parents to be group leaders for parent cafés, or training parents so they can lead a parenting support intervention. WD2 does not include parent training activities such as a parent-focused EBP (e.g., a group focused on developing positive parenting practices or healthy discipline) or a public education activity for parents. When in doubt, consult with your GPO.</p> <p>When entering WD2 data into TRAC, you can either enter each training as a separate result or include all training in one result. Either way, provide brief information in the Results Description Box that tells us who was trained and the focus/topic of the training.</p>				<p>emotional and behavioral issues of children or families, and effective communication.</p> <p>EXAMPLE 3: Consistent with the goals of the grant, the state level project held ASQ and ASQ-SE trainings in three locations throughout the state.</p> <p>Home visitors received infant mental health training to use with the families with whom they work.</p> <p>Pre-K and Afterschool Program teachers received basic training on developing relationships with children and classroom management techniques.</p> <p>EXAMPLE 4: Consistent with the goals of the grant, a certified trainer from Promoting First Relationships (PFR), an evidence-based home visiting practice, conducted a 3-day workshop for LAUNCH staff and community service providers.</p>	<p>include. We rely on you to use your discretion; when in doubt, please check with your GPO for guidance.</p> <p>Question 2 - The definition of “trainings” in the manual mentions a ‘structured timeframe’ as a ‘specific amount of time set aside within some window of time.’ Can we assume that workshops with clear content intended as professional development would comply? Answer: Yes.</p> <p>Question 3 – If the LAUNCH grantee trains the paraprofessional to train the ECE teacher who then provides the screening- can we count those children under screening? Or do we count only the paraprofessional under WD2? Answer: If you are able to get counts of the number of children screened by the ECE teacher as a result of this grant,</p>

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					Trainees included 3 main Public Health Nurses who will deliver LAUNCH PFR services.	then they should be included under S1. "Duplicate counting" across indicators is acceptable; the paraprofessional can be counted under WD2 and the children under S1.
Partnership/Collaboration						
<p>PC2: The number of organizations collaborating, coordinating and/or sharing resources with other organizations as a result of the grant.</p>	<p>This indicator refers to collaborations that occur <i>as a result of the grant</i>. The intent is to capture information on the organizations collaborating/coordinating/sharing resources with other organizations as a result of the grant this FFY quarter. Also captures information where partner organizations come together as collaborators as a result of LAUNCH even if LAUNCH isn't involved in the collaboration (see example 2).</p> <p>ONLY new collaborations are reported into TRAC each quarter. Existing partnerships should not be included. If an organization was previously a partner but a new individual within that organization joined forces with PL in a meaningful and different way than previous partners, that can be included.</p> <p>On the Result Form, enter the data on the line titled "number".</p>	<p>Describe who the organizations are and what they are collaborating on, such as councils. Enter the total number of partners on State and Local Councils once at the start of the grant, then each quarter only enter the number of NEW partners. Count the number of organizations, not the number of resources shared. If one organization shares several resources with another, count the collaborating organizations only once. Count organizations with MOUs or MOAs and other examples of coordination, collaboration, and sharing. Collaborations are not limited only to the Councils; workgroups and other collaborations that result from the LAUNCH work</p>	<p>Total number of collaborating organization on State and Local Young Child Wellness Councils</p> <p>Partner agencies that are subcontracted with LAUNCH (IF not already counted as part of the Council)</p> <p>Members of workgroups or advisory boards (if not already included through Councils)</p> <p>Organizations sharing resources</p>	<p>Trauma Informed Workgroup</p>	<p>EXAMPLE 1: As a result of the grant and during this quarter, Project LAUNCH joined a Task Force on Service Coordination and began working with three new partners: the Westland Youth Center, the Boys and Girls Club and the Pediatric Psychology Clinic.</p> <p>EXAMPLE 2: As a result of their work on the Project LAUNCH Local Council, Behavioral Health Associates and Pediatric Health Care Center worked on piloting an integrated behavioral health and primary care program.</p> <p>EXAMPLE 3: This quarter we had 5 new collaborative partners: two on our state Council, two on local Council</p>	<p>Question: The state and local organizations have strong pre-existing relationships we are wondering how to interpret this particular indicator. For instance, we recognize that Family Medical Center staff members are new to many of these connections but how should we count new relationships within existing partnerships?</p> <p>Answer: You should make your best estimate based on the "spirit of" the indicator, which is to assess whether the grant has made a difference in terms of creating meaningful and fruitful collaborative relationships with other organizations. So,</p>

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		may also be included. When in doubt about applicability check with your GPO.			and one on the Mental Health Consultation Task Force.	if you feel that as a result of the grant the relationship with that other agency has changed significantly, then they should be counted even if there was a pre-existing relationship with other parts or members of the organization.
Accountability (A)						
<p>A4: The number and percentage of work groups/advisory group/council members who are consumers/family members.</p>	<p>The intent is to capture the number of work group/advisory group/council members who are consumers/family members as a result of the grant this FFY quarter.</p> <p>Your Results Description should provide information about the groups on which consumers/family members served.</p> <p>On the Result Form, enter the data on the lines titled “numerator” and “denominator” For the number of parents/consumers/family members out of the total number of Council/workgroup/advisory board members.</p>	<p>Enter the total number of people on the work group/advisory board/Council – including parent/consumer representatives (numerator), divided by the total number of work group/advisory group/Council members who are parents/consumers (denominator).</p> <p>If the work group/advisory group/council is ongoing, such as the State and local Young Child Wellness Councils, report the numbers each quarter.</p>	<p>Count number of parents and family members on State Young Child Wellness Council</p> <p>Count number of parents and family members on local Council</p> <p>Count number of parents on focus groups</p> <p>Count number of consumers/family members on advisory board</p>	<p>State Young Child Wellness Council</p> <p>Local Young Child Wellness Council</p> <p>Parent Advisory Board</p>	<p>EXAMPLE 2: The Ready at Five Systems Implementation Partnership Committee guides the Project LAUNCH local-level strategic planning and activities as part of its charge to enhance systems of early intervention and pediatric medical homes in the city. During this quarter, the total membership consisted of 23 (denominator) with 1 (numerator) being consumers/family members.</p> <p>EXAMPLE 1: As a result of the grant, our organization has an Evaluation Review Committee to ensure local evaluation activities are culturally competent, family driven and youth-guided. During this quarter, the total membership</p>	

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					consisted of 25 with 10 of those members being consumers/family members.	
Types/Targets of Practice (T)						
<p>T3: The number of people receiving evidence-based mental health-related services as a result of the grant.</p>	<p>The intent is to capture people receiving evidence-based mental health-related services as a result of the grant this FFY quarter.</p> <p>For a practice that meets the criteria for evidence-based mental health-related service but is not a widely known or recognized evidence-based practice, provide supporting explanation in the Results Description Box. (see example 3)</p> <p>Some types of mental health consultation could be included in T3, assuming that the mental health consultant has been adequately trained and demonstrates fidelity to best practices in mental health consultation. For example, if a mental health consultant has worked with a primary care provider, child care provider, and/or family to observe, assesses, and share feedback/recommendations regarding a specific child or family, this child/family may be included in your T3 count. Similarly, if a mental health consultant is working with a day care provider or classroom teacher in such a way that the teacher/provider changes his/her behavior/interactions with children/classroom environment as a result of the consultation, then the children impacted by that mental health consultation may be included in your T3 count.</p>	<p>Enter the number of <u>individuals</u> who received services, not services provided; that is, an unduplicated count of individuals within each quarter. E.g. if a child participated in an Incredible Years group in a community center and also was in a classroom at school where the Good Behavior Game (a classroom-based preventive intervention) was being implemented as a result of LAUNCH, you would only include this child once. Do the best you can with the data you have available to provide an unduplicated count within each quarter.</p>	<p>Count the number of children</p> <p>Count the number of Parents</p> <p>Count the number of family members</p>	<p>Incredible Years</p> <p>PAT Home Visiting Program</p>	<p>EXAMPLE 1: As a result of this grant, during this quarter 26 children were served by Incredible Years.</p> <p>EXAMPLE 2: As a result of the grant and during this quarter, eight parents began participating in a Strengthening Multi-ethnic Families group at the Westside Baptist Church.</p> <p>EXAMPLE 3: Thirty children and parents/caregivers received Promoting First Relationships (PFR) home visiting services. PFR is an evidence-based, early intervention service that is based on attachment theory to promote trusting/secure caregiver-child relationships and the child's healthy social emotional development. Public health nurses in Walker County Health Services deliver PFR.</p>	<p>Question 1: If you have a child that receives a service twice a year – do you just count them once? Answer: <u>Within</u> each quarter that you are reporting TRAC data we want an unduplicated count of individuals who have received evidence based services. Duplicate counts are okay across quarters. So count a child only once within a quarter, regardless of number of times seen; but count that child each quarter that he/she was seen.</p> <p>Question 2: The parenting classes are a series of 14 sessions within one EBP. Can we count once or more than once if it crosses quarters? Answer: Count the number of individuals receiving services each quarter,</p>

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	<p>On the Result Form, enter the data on the line titled "number." NOTE: When in doubt about whether to include a program or activity, please consult with your GPO.</p>				<p>EXAMPLE 4: This quarter, 11 parents and 10 infants received evidence-based services through Nurse Family Partnership.</p>	<p>whether it is a series or multi-part session; or whether it is starting, continuing, or ending in that quarter. It is acceptable to count someone in one quarter and then again in a subsequent quarter if they receive services in both quarters.</p> <p>Question 3: Both TRAC and the portal ask for the number of people receiving evidence-based mental health-related services as a result of the grant. When a parent received Triple P 3 for each of her kids, do I count the two kids as separate or should I count them as a family? The training actually is for the parent but the issues may differ according to child.</p> <p>Answer: You would count this as one (the parent being trained/the family unit).</p> <p>Question 4: Would brief mental health</p>

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						<p>counseling by a social worker or psychologist count under T3, even if not using a particular prevention curriculum, etc.?”</p> <p>Answer: This counts under T3 if you can clearly describe what the counselor is doing as evidence based practice, even if not curriculum-based or manualized. E.g. if this is “brief cognitive behavioral therapy,” or “an extended psychological assessment” – therapeutic interventions or testing protocols for which a social worker/psychologist is trained and licensed - then you would describe that in the results description box and include it. (This is intended to distinguish between interventions that require a certain degree of training and professional development and something that would not meet that threshold).</p>

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						<p>Question 5: If a cop, home visitor, child welfare worker or a clinician who has been trained and certified in Triple P meets with a parent and does one or two Triple P sessions (Level 4), would these be counted under T3? Answer: Yes.</p>
Screening (S)						
<p>S1: The number of individuals screened for mental health or related interventions.</p>	<p>The intent is to capture information on individuals screened for mental health or related interventions as a result of the grant this FFY quarter.</p> <p>Count the number of <u>individuals</u>, not the number of screens. This may include children, parents, family members, etc.</p> <p>More in-depth (follow-up) assessments may also be included.</p> <p>On the Result Form, enter the data on the line titled “number”.</p>	<p>Enter information on individuals screened for mental or related services. Count the number of individuals, not the number of screens administered.</p>	<p>Count number of children</p> <p>Count number of caregivers/parents</p> <p>Count family members</p> <p>Count intakes that assess family needs for resources such as health care and housing</p>	<p>Developmental Screenings</p> <p>Maternal Depression Screenings</p>	<p>EXAMPLE 1: As a result of the grant, 93 mothers and children were screened for mental health or related interventions during this quarter. Screenings used for mothers include: Edinburgh Post-Natal Depression Screen, Knowledge of Infant/Child Development Inventory-Adapted, Social Support Index, Partner Violence Scale WAST Short. Screenings for children include: Ages and Stages Questionnaire and Ages and Stages Questionnaire: Social Emotional.</p> <p>EXAMPLE 2: At Project-LAUNCH organized Play and Learn Events, 15 children were screened using the ASQ and</p>	<p>Question: Is there a difference between assessment and screening? If so, what? Answer: Where TRAC is concerned we count all screenings under S1 but not comprehensive and in-depth assessments. In other words, for the S1 indicator you would include individuals who were screened for mental health issues such as maternal depression; developmental screenings for kids (e.g. ASQ or ASQ-SE); as well as assessment tools that screen children or families for social or basic living concerns</p>

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					<p>ASQ-SE.</p> <p>EXAMPLE 3: As a result of Project LAUNCH-funded training on the ASQ and ASQ-SE, March County Public Schools implemented this screening in their early learning environment for every pre-school child.</p>	<p>such as homelessness, peer support, financial well-being, etc. If you are doing a really comprehensive assessment (e.g. a mental health assessment that includes psycho-educational testing or psychological testing) then that would not be counted under this indicator.</p>
Referral (R)						
<p>R1: The number of individuals referred to mental health or related services after referral.</p>	<p>The intent is to capture information on individuals referred to mental health or related services as a result of the grant this FFY quarter.</p> <p>Captures referrals that are made as a result of Project LAUNCH (e.g. by Project LAUNCH staff), not referrals <u>into</u> Project LAUNCH services. However, if a Project LAUNCH team member (e.g. family resource manager, case manager) makes a referral to a LAUNCH program/service, then you may include that referral.</p> <p>Includes referrals for children, parents and family members to related services such as housing assistance, parent support groups, social services.</p> <p>On the Result Form, enter the data on the line titled "number."</p>	<p>Enter number of individuals referred to mental health or related services as a result of the grant this FFY quarter.</p> <p>Count the number of individuals, not the number of referrals.</p> <p>Non-duplicated count of individuals within the quarter (duplicate counts across quarters are acceptable).</p>	<p>Count of children referred</p> <p>Count of family members referred</p>	<p>Referral for mental health treatment for a depressed parent</p> <p>Parents As Teachers Home Visiting Referral</p>	<p>EXAMPLE 1: As a result of the grant, 16 mothers who screened positive on the Edinburgh Post-Natal Depression Screen were referred for follow-up mental health services through the Community Behavioral Health Department during the quarter.</p> <p>EXAMPLE 2: During this quarter, physicians who were trained through the grant referred 35 individuals to mental health and related services.</p> <p>EXAMPLE 3: As a result of this grant, CBD Case Managers referred 9 individuals for</p>	<p>Question: Do "all" of our LAUNCH clients enrolled need to be reported as being "screened" for and "referred" to MH interventions/services?</p> <p>Answer: You should include the clients who go through the intake process as having been screened, b/c you do in fact assess their mental health, social service and basic needs. In terms of "referrals," you should include those clients who are referred for a "mental health or related service" as a result of the intake or enrollment. You can</p>

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					<p>mental health or related services in this quarter.</p> <p>EXAMPLE 4: In this quarter, La Ciudad Worker Support Program clinicians referred 10 children and 1 adult for more formal assessment and potential services for mental health related concerns.</p> <p>EXAMPLE 5: During the quarter, Family Services Agency referred 67 individuals to mental health-related services. Of these, 61 were children and 6 were adults.</p>	<p>include them whether they are referred for a LAUNCH service or if they are referred elsewhere.</p>