August 20, 2024

**Definitions for Standard Measures**

**Coordinated Community Supports Grants**

Grant period: March 2024 – June 2025

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All grantees will be required to submit a **Metrics Plan,** which is a one-time narrative report that provides context to the metrics. Grantees may request to make updates or revisions to their Metrics Plan as needed.

The CHRC and Partnership Hubs may revise data reporting requirements in future years.

For questions about these definitions, please contact Lorianne Moss (lorianne.moss@maryland.gov) and Jerica Knox (Jerica.Knox@som.umaryland.edu).

“Unduplicated” note: While definitions are provided with each metric in this document:

* **Unduplicated** metrics indicate that individuals should be tracked for that metric, and only counted once for the grant year. Each report period should only contain new individuals in unduplicated metrics. Unduplicated only applies to rows in the M&D report. This means that participants will be captured across multiple metrics, but only once during the grant year within each metric.
* Metrics that are not labeled unduplicated count all individuals for that report period, regardless of whether they have already been captured in that metric.

**1. TOTAL # of unduplicated students served**

Grantees are required to report the number of unduplicated students served as their grants are implemented. This measure reflects the total reach of their grant-funded services.

**Report period**: The entry for each report period should not count any individuals counted during the previous report period for unduplicated metrics.

**Unduplicated**: “Unduplicated” means each student is counted only once for each metric/row, even though they may receive multiple interventions across multiple time periods, multiple schools, or multiple grade levels. Grantees are responsible for developing systems, such as unique patient identifiers, to ensure that each student or is counted only once.

**Student:** Anyone in PreK-12th grade living in Maryland. A student does not need to be currently enrolled in a Maryland Public School to be counted. If your organization is providing services directly to parents/caregivers, report on their PreK-12th grade students here.

**Services**: A “service” includes any intervention delivered at any of the three Tiers of the Multi-Tiered System of Supports. Examples of services are below:

* **Tier 1:** Services to promote positive social, emotional, and behavioral skills and well-being regardless of student or family risk or symptoms. These also include efforts to improve school climate and promote positive behavior. Tier 1 services are frequently implemented at the school-wide, classroom, and/or grade level.
	+ **School- or grade-wide Tier 1:** The number of individuals served for a school- or grade-wide Tier 1 program such as social emotional learning programs or school-wide assemblies (e.g., to improve school climate, promote positive behavior, provide mental health and wellness related information, etc.) should be the total student population of the school. Grantees may use school or grade enrollment data to provide this number and may refer to the [**School Report Card**](https://reportcard.msde.maryland.gov/).
	+ **Opt-in Tier 1:** The number of individuals who “opt in” or are served by a program that is *made available* to all students/ families regardless of risk factors. For example, an afterschool program that is open to all students, but not mandatory, should only count the students that participate in that program, not the entire school. Another example is a parent informational session offered at the school where all parents are invited but only those who attend should be reported.
* **Tier 2:** Services to address mild distress, functional impairment or risk for a given problem or concern. Tier 2 services are typically implemented in small groups or low-intensity or brief interventions targeting at-risk students/families. Examples of Tier 2 EBPs recommended by the CHRC include Therapeutic Mentoring, SBIRT, and CBITS/Bounce Back. Other examples include small group interventions for students identified with similar needs, transition support groups for newcomers, brief individualized interventions (e.g., motivational interviewing, problem solving), mentoring, and/or low intensity classroom-based supports such as a daily report card, daily teacher check-in, and/or home/school note system. Tier 2 also includes case management (e.g., connecting clients to resources and social services, establishing care plans, continuous follow-up). Note: Case management **does not** include purely administrative duties.
* **Tier 3:** Services to address mental health concerns for students/families with the highest needs who are already experiencing significant distress and functional impairment. Tier 3 services include intensive individual, group or family therapy for students receiving general or special education who have identified, and often diagnosed, social, emotional and/or behavioral needs. Tier 3 also includes case management (e.g., connecting clients to resources and social services, establishing care plans, continuous follow-up). Note: Case management **does not** include purely administrative duties. A referral to another service provider(s) may be counted as a Tier 3 service if there is documentation to demonstrate that the services actually were received (ie. a closed-loop referral).

**Families**: “Individuals served” for this grant program are children grades pre-K through 12. Therefore, grantees serving families should count each child (grades pre-K through 12) as an unduplicated individual served. For example, if two parents of three school-aged children participate in a parenting education program, the number of individuals served should be reported as three.

**Existing individuals served versus new individuals served:** Grantees will report on all individuals that receive grant-funded services. This includes both: (1) new students/families not previously served; and (2) those existing students/families whose services are enhanced through grant funding for activities such as school meetings, transportation, and care coordination, as well as through support and training in EBPs and Measurement-Based Care.

**Service location:** Services may be provided both in schools as well as in non-school locations. Services in non-school locations must be connected to the school in some way, such as through referrals from school staff, transportation from the school, on-going communication with the school, etc. If a service is not connected to the school in any way and is not enhanced through grant funding, it should not be counted.

**Total unduplicated individuals served**: Each individual should be counted only once in the total. For example, if a program is offering school-wide Tier 1 services to all students in the school as well as Tier 3 services to students with the greatest need, the total should consider that the Tier 3 students were already included in the Tier 1 count; and those students should not be counted twice in the total. As such, the total number of individuals served (reported in Measure 1) could be smaller than the sum of the Individuals served at each of the three tiers (reported in Measures 2a, 2b, and 2c).

**METRICS PLAN**: In their metrics plan, grantees should include a brief explanation about how their organization is calculating this metric and if there are any special considerations made when calculating.

**2a. # of unduplicated students served - Tier 1**

**2b. # of unduplicated students served - Tier 2**

**2c. # of unduplicated students served - Tier 3**

Grantees are required to report the number of individuals receiving services at each MTSS Tier. As noted above, the sum of the individuals served at each of the three tiers may be larger than the total number of individuals served, due to the same individuals potentially receiving services at more than one Tier.

**Report period**: The same as metric #1, the entry for each report period should not count any individuals counted during the previous report period for unduplicated metrics.

**Unduplicated**: “Unduplicated” means each student is counted only once for each tier, even though they may receive multiple interventions across multiple time periods, multiple schools, or multiple grade levels. Grantees are responsible to develop systems, such as unique patient identifiers, to ensure that each student is counted only once.

If your organization is providing services directly to parents/caregivers, report on their PreK-12th grade students here.

**Services**: A “service” includes any intervention delivered at any of the three Tiers of the Multi-Tiered System of Supports. Examples of services are below:

* **Tier 1:** Services to promote positive social, emotional, and behavioral skills and well-being regardless of student or family risk or symptoms. These also include efforts to improve school climate and promote positive behavior. Tier 1 services are frequently implemented at the school-wide, classroom, and/or grade level.
	+ **School- or grade-wide Tier 1:** The number of individuals served for a school- or grade-wide Tier 1 program such as social emotional learning programs or school-wide assemblies (e.g., to improve school climate, promote positive behavior, provide mental health and wellness related information, etc.) should be the total student population of the school. Grantees may use school or grade enrollment data to provide this number and may refer to the [**School Report Card**](https://reportcard.msde.maryland.gov/).
	+ **Opt-in Tier 1:** The number of individuals who “opt in” or are served by a program that is *made available* to all students/ families regardless of risk factors. For example, an afterschool program that is open to all students, but not mandatory, should only count the students that participate in that program, not the entire school. Another example is a parent informational session offered at the school where all parents are invited but only those who attend should be reported.
* **Tier 2:** Services to address mild distress, functional impairment or risk for a given problem or concern. Tier 2 services are typically implemented in small groups or low-intensity or brief interventions targeting at-risk students/families. Examples of Tier 2 EBPs recommended by the CHRC include Therapeutic Mentoring, SBIRT, and CBITS/Bounce Back. Other examples include small group interventions for students identified with similar needs, transition support groups for newcomers, brief individualized interventions (e.g., motivational interviewing, problem solving), mentoring, and/or low intensity classroom-based supports such as a daily report card, daily teacher check-in, and/or home/school note system. Tier 2 also includes case management (e.g., connecting clients to resources and social services, establishing care plans, continuous follow-up). Note: Case management **does not** include purely administrative duties.
* **Tier 3:** Services to address mental health concerns for students/families with the highest needs who are already experiencing significant distress and functional impairment. Tier 3 services include intensive individual, group or family therapy for students receiving general or special education who have identified, and often diagnosed, social, emotional and/or behavioral needs. Tier 3 also includes case management (e.g., connecting clients to resources and social services, establishing care plans, continuous follow-up). Note: Case management **does not** include purely administrative duties. A referral to another service provider(s) may be counted as a Tier 3 service if there is documentation to demonstrate that the services were received (a closed-loop referral).

**Families**: “Individuals served” for this grant program are children grades pre-k through 12. Therefore, grantees serving families should count each child, pre-K through grade 12 in the family, as an unduplicated individual served. For example, if two parents of three school-aged children participates in a parenting education program, the number of individuals served should be reported as three.

**Existing individuals served versus new individuals served:** Grantees will report only on individuals that receive grant-funded services. This includes both: (1) new students/families not previously served; and (2) those existing students/families whose services are enhanced through grant funding for activities such as school meetings, transportation, and care coordination, as well as through support and training in EBPs and Measurement-Based Care.

**Service location:** Services may be provided both in schools as well as in non-school locations. Services in non-school locations must be connected to the school in some way, such as through referrals from school staff, transportation from the school, on-going communication with the school, etc. If a service is not connected to the school in any way and is not enhanced through grant funding, it should not be counted.

**METRICS PLAN**: The grantee should include in their Metrics Plan a brief explanation about how their organization is calculating this metric and if there are any special considerations made when calculating.

**3a. # of unduplicated students who receive grant services - African American/Black**

**3b. # of unduplicated students who receive grant services - Asian or Pacific slander**

**3c. # of unduplicated students who receive grant services - Hispanic/Latino/a/x/e**

**3d. # of unduplicated students who receive grant services - Middle Eastern/North African**

**3e. # of unduplicated students who receive grant services - Multi-racial**

**3f. # of unduplicated students who receive grant services - White**

**3g. # of unduplicated students who receive grant services - race/ethnicity not listed**

**3h. # of unduplicated students who receive grant services - unknown/prefer not to respond**

**Purpose**: The purpose of collecting race and ethnicity data is to monitor the extent to which individuals receiving services are representative of the student population, and to explore any service delivery disparities or disproportionalities.

Race/ethnicity identification should be self-identified by the individual served rather than imposed/guessed by grantee staff. These measures are not intended to be a barrier to services, and an individual may elect not to respond.

If your organization is providing services directly to parents/caregivers, report on their PreK-12th grade students here.

**Tier 1:** Grantees providing school- or grade-wide Tier 1 services (see [page 1](#School_wide_Tier_One)) will not be required to report race and ethnicity data for the entire school or grade(s), as this information is publicly available using the [**School Report Card**](https://reportcard.msde.maryland.gov/).

Grantees providing Opt-in Tier 1 services (see [page 1](#School_wide_Tier_One)), Tier 2, and/or Tier 3 services should collect race and ethnicity data from program participants.

**Report period**: The entry for each report period should not count individuals counted during the previous report period for unduplicated metrics.

**Unduplicated**: “Unduplicated” means each student is counted only once, even though they may receive multiple interventions across multiple time periods. A student’s race/ethnicity should be captured only once during the entire grant.

**Families**: For grantees serving families, race and ethnicity data should reflect each student in the family, and not the parents/caregivers. Parents/caregivers may report on the race/ethnicity of their children.

**Existing individuals served versus new individuals served:** Demographic data should reflectall individuals that receive grant-funded services. This includes both: (1) new students/families not previously served; and (2) those existing students/families whose services are enhanced through grant funding.

**METRICS PLAN**: The grantee should include in their Metrics Plan a brief explanation about how their organization is collecting data for this metric and if there are any special considerations made when calculating. If a grantee is unable to collect this data, it should be noted in the grantee’s Metrics Plan.

**4a. # of unduplicated students who receive grant services - female/woman/girl**

**4b. # of unduplicated students who receive grant services - male/man/boy**

**4c. # of unduplicated students who receive grant services - non-binary**

**4d. # of unduplicated students who receive grant services - unknown/prefer not to respond**

**Purpose**: The purpose of collecting gender data is to monitor the extent to which individuals receiving services are representative of the student population, and to explore any service delivery disparities or disproportionalities.

Gender should be reported by the individual served rather than imposed/guessed by grantee staff. Transgender students should be classified according to their gender, not sex at birth. These measures are not intended to be a barrier to services, and an individual may elect not to respond.

If your organization is providing services directly to parents/caregivers, report on their PreK-12th grade students here.

**Tier 1:** Grantees providing school- or grade-wide Tier 1 services (see [page 1](#School_wide_Tier_One)) will not be required to report gender data for the entire school or grade(s), as this information is publicly available using the [**School Report Card**](https://reportcard.msde.maryland.gov/). The Consortium recognizes that non-binary students are not typically reflected in the Maryland State Department of Education School Report Card data. CHRC will take this into account when examining grantee data for Tier 1 services.

Grantees providing Opt-in Tier 1 services (see [page 1](#School_wide_Tier_One)), Tier 2, and/or Tier 3 services should collect gender identity data from program participants.

**Unduplicated**: “Unduplicated” means each student is counted only once, even though they may receive multiple interventions across multiple time periods. A student’s gender should be captured only once during the entire grant. If the student’s gender changes during the course of the grant period, it can be noted in the grantee’s internal records and in the grantee’s narrative progress report (de-identified).

**Report period**: The entry for each report period should not count individuals counted during the previous report period.

**Families**: For grantees serving families, gender data should reflect each student in the family, and not the parents/caregivers. Parents/caregivers may report on the gender of their children.

**Existing individuals served versus new individuals served:** Demographic data should reflectall individuals that receive grant-funded services. This includes both: (1) new students/families not previously served; and (2) those existing students/families whose services are enhanced through grant funding.

**METRICS PLAN**: The grantee should include in their Metrics Plan a brief explanation about how their organization is collecting data for this metric and if there are any special considerations made when calculating. If a grantee is unable to collect this data, it should be noted in the grantee’s Metrics Plan.

**5a. # of unduplicated students who receive grant services - pre-k**

**5b. # of unduplicated students who receive grant services - elementary (kindergarten-grade 5)**

**5c. # of unduplicated students who receive grant services - middle (grades 6-8)**

**5d. # of unduplicated students who receive grant services - high (grades 9-12)**

**Purpose**: This measure is intended to reflect the approximate age of the individuals served, to assess whether Consortium services as a whole are being offered across the full age range of students.

If your organization is providing services directly to parents/caregivers, report on their PreK-12th grade students here.

**Snapshot**: Regardless of when services are provided, the grade reported should reflect the child’s grade on September 30, 2024.

**Tier 1:** Unlike race/ethnicity and gender identity data, all grantees are required to report school level data for individuals served by the grant. Grantees providing school- or grade-wide Tier 1 services (see [page 1](#School_wide_Tier_One)) may refer to the School Report Card found [***HERE***](https://reportcard.msde.maryland.gov/) to collect total enrollment data.

Grantees providing Opt-in Tier 1 services (see [page 1](#School_wide_Tier_One)), Tier 2, and/or Tier 3 services should collect school level data from program participants.

**Schools with multiple levels**: If a school has children in grade levels that correspond with more than one of the school level categories above, grantees will report the number of students for the corresponding grade levels. For example, a grantee serving students in an elementary-middle school (i.e., serving children kindergarten through grade 8) would count those students in kindergarten through grade 5 as “elementary,” and students in grades 6-8 as “middle,” even if the students attend the same school.

**Unduplicated**: “Unduplicated” means each student is counted only once, even though they may receive multiple interventions across multiple time periods.

**Report period**: The entry for each report period should not count individuals counted during the previous report period.

**Families**: For grantees serving families, data should reflect the school level of each student in the family.

**Existing individuals served versus new individuals served:** Demographic data should reflectall individuals that receive grant-funded services. This includes both: (1) new students/families not previously served; and (2) those existing students/families whose services are enhanced through grant funding.

**METRICS PLAN**: The grantee should include in their Metrics Plan a brief explanation about how their organization is calculating this metric and if there are any special considerations made when calculating.

**6. # of unduplicated schools served**

Grantees are required to report the number of unduplicated schools supported through their program. This count should reflect the total number of schools attended by individuals receiving services plus the total number of schools the grantee has trained school staff in (Metric 8). If even one individual from a school is served, that school should be included in the report. The names of each school should be included in the grantee’s progress report narrative.

**Report period**: The entry for each report period should not count schools counted during the previous report period.

**Unduplicated**: “Unduplicated” means each school is counted only once. If a grantee serves the same school through different kinds of interventions, that school should still be counted only once.

**School:** Any public school in the grantee’s jurisdiction/LEA counts. Do not include private schools or home schools or home school groups in this metric, even though those students are eligible for services.

**Service location:** A school should be counted regardless of whether services were provided in the school or in another location.

**Families**: Grantees serving families should count each child’s school.

**School staff trainings**: For grantees providing school staff training, the number of schools where each staff person works should be included in the count of unduplicated school served.

**METRICS PLAN**: Grantees may include an explanation of their methodology in their Metrics Plans.

**7a. # of students completing satisfaction surveys**

**7b. # of students reporting satisfaction with services**

**7c. # of family members completing satisfaction surveys**

**7d. # of family members reporting satisfaction with services**

**Purpose:** The goal is for all program participants to complete a satisfaction survey, so satisfaction rates with services can be assessed.

**Respondent:** Grantees may determine whether to give satisfaction surveys to individual students served, their families, or both.

**Satisfaction Survey Options:** The Consortium will provide a survey template. Grantees may use the template provided by the Consortium or they may use their own surveys.

**Report Period**: The entry for each report period may count individuals counted during the previous report period. An individual may complete a satisfaction survey in more than one report period. An individual may complete a satisfaction survey during a different report period than when services were received. If an individual completes more than one satisfaction survey during the same report period, they should be counted only once during the report period, and their survey results should be averaged.

**7a.** is the number of students completing satisfaction surveys. The goal is for all program participants to complete a satisfaction survey, however this may not always be feasible.

**7b.** is the number of students reporting satisfaction with services via the survey.

**7c.** is the number of other family members completing satisfaction surveys. The goal is for all program participants to complete a satisfaction survey, however this may not always be feasible.

**7d.** is the number of other family members reporting satisfaction with services via the survey.

NOTE: The CHRC will not require grantees to report on the *percentage* of students/families reporting satisfaction with services. For CHRC use, this percentage would be calculated using 7b. or 7d. as the numerator and 7a. or 7c. as the denominator, respectively.

**Existing individuals served versus new individuals served:** Satisfaction surveys should reflectall individuals that receive grant-funded services. This includes both: (1) new students/families not previously served; and (2) those existing students/families whose services are enhanced through grant funding.

**METRICS PLAN**: The grantee should include in their Metrics Plan: (1) a copy of their satisfaction survey(s); (2) explanation as to when surveys will be administered; (3) whether surveys will be given to students, their family members, or both; and (4) their definition for “satisfaction with services” using the survey. To count as “satisfaction,” the response must higher than “neutral.”

**8a. # of school staff completing training provided by the grantee**

**8b. # of school staff completing training assessment**

**8c. # of school staff demonstrating mastery of training**

This section applies only to grantee-provided training to school-employed staff (including coaches and other staff employed by the school district) through their CHRC grant. Only count trainings provided by grantees to school staff. Do not count EBP trainings provided to school staff by or through the CHRC/Consortium and National Center for School Mental Health.

Only individuals employed by the school system should be counted.

Ideally, *all* school staff trained by the grantee and reported in 8a should complete a training assessment (8b).

**Duplication Allowed:** Each school staff member should be counted for every completed training. For example, if one school staff member attends three different trainings, the # of school staff completing training is 3. Also, if five staff members complete the same training, the # of school staff completing training is 5.

Only completed trainings should be counted. If a training was initiated during the report period but not completed, it should not be counted during that report period. Client-centered and consultee-centered consultation for teachers can be counted as school staff training so long as the grantee is able to demonstrate that the teacher was provided with a significant amount of training and was assessed for their mastery of skills as required by 8b and 8c.

**Report period**: The entry for each report period should not count trainings completed during the previous report period.

**METRICS PLAN**: The grantee should include in their Metrics Plan: (1) a description of the type(s) of training provided to school staff, (2) a description of the number of training sessions required in order to complete the training, (3) a description of the tool used to assess mastery, and (4) a definition of “mastery” using the tool.

**9a. # of unduplicated new positions that provide services to students or families and require licensure or supervision by a licensed professional**

**9b. # of unduplicated new positions that provide services to students or families and do not require licensure or supervision by a licensed professional**

This section applies only to grantees that are using grant funds to hire new staff (i.e., employees and contracted staff) to expand the organization’s total staffing.

**Purpose**: Understand how grant funds build out the behavioral health workforce and understand progress in grantee hiring.

**Unduplicated**: “Unduplicated” means each new staff hire is counted only once, even though they may work across multiple time periods and/or serve multiple jurisdictions and programs. This will be most relevant to organizations that contain multiple grantees. Grantees are responsible to develop systems to ensure that each staff member is counted only once across all grantees. For example, a staff member hired for an organization who works .5 FTE at one grantee site and .5 FTE at another grantee site should only be counted on the M&D report for one of the grantees, not both. Additionally, this metric represents the “headcount” of new hires, regardless of their FTE. For example, one person newly hired at a grantee site at .5 FTE and another person newly hired at the same grantee site at 1.0 FTE should be reported as 2 new hires. Finally, if a new position is created in a reporting period, the position should be counted in that reporting period. However, if the person filling that position resigns and a new person takes it, the organization should not count this position again in the next reporting period.

**Services:** All Tier 1, 2, and 3 services that involve direct contact with students and families should be included.

**Report period**: The entry for each report period should not count individuals counted during the previous report period.

**Examples**:

**9a.** includes any of the following professional positions that provide direct services to students or families and require either licensure or supervision from a licensed professional. Filled positions should be counted here when the position (not the individual) requires licensure or supervision from a licensed professional, such as:

* Psychiatrists
* Psychologists
* Social Workers
* Licensed professional counselors
* Nurse Practitioners
* Physicians
* Occupational Therapists
* Licensed substance abuse specialists
* Pre-service behavioral health trainee (such as graduate students, LGPCs, interns, etc.)
* Other (please describe in narrative report)

**9b.** includes the following professional positions that provide direct services to students or families and do not require a license, regardless of whether the hire has a license, certification, or accreditation: Filled positions should be counted here when the position (not the individual) does not require licensure or supervision from a licensed professional, such as:

* Peer navigators or specialists
* Mentors
* Non-licensed case managers
* Cultural Liaisons/Promotores/Interpreters
* Community Health Workers
* Facilitators
* Family advocates
* Other (please describe in narrative report)

**Administrative staff:** Administrative staff should not be included in this count.

**Partial FTEs:** Each individual hired through grant funding should be counted once, regardless of their full-time equivalent (FTE). If a grantee has grant-funded programs in more than one jurisdiction and the new staff hires support programs in more than one jurisdiction, the staff members should only be counted once in the grantee’s Milestones & Deliverables reporting. Grantees should clarify the staff positions in their progress report narratives.

**Filling vacancies:** Individuals hired to fill existing staff positions vacated due to resignation, retirement, medical or caregiving leave, etc should not be included in this count. Only new positions supported by grant funds should be counted.

A description of all new staff hires and their positions will be included in the grantee’s progress report narrative.

**METRICS PLAN**: Grantees may include an explanation of their new positions in their Metrics Plans. If an organization has grants in multiple jurisdictions that are sharing new positions, grantees should indicate in their Metrics plans in which Milestones & Deliverables (M&D) report the positions will be reported.

**10a. # of individuals receiving Tier 1 supports who were then assessed using an outcome assessment tool or survey**

**10b. # of individuals demonstrating the desired outcome, using an outcome assessment tool or survey**

**Report period**: The entry for each report period should count each student and/or family member that completes an assessment for an intervention during that report period. If an individual completes an assessment during a previous report period and completes another assessment for the same intervention during the current report period, they may not be counted again. If an individual completes more than one assessment for the same intervention during the same report period, they should be counted only once during the report period. If an individual participates in and is assessed in more than one intervention during the report period, the grantee should select one assessment to report. Please note that while Metrics 1-5 only capture student data, Metrics 10-12 include anyone receiving grant-funded services who has been assessed, whether or not they are a student.

**10a.** is the number of individuals assessed using the tool. The goal is for all program participants to be assessed; however this may not always be feasible. Some grantees may elect to assess a sample; this should be explained in the grantee’s Metrics Plan.

**10b.** is the number of individuals demonstrating the desired outcome, using the assessment tool. In their Metrics Plans, grantees will be required to define the desired outcome.

NOTE: The CHRC will not require grantees to report on the *percentage* of individuals assessed on Tier 1 services demonstrating the desired outcomes. For CHRC use, this percentage would be calculated using 10b. as the numerator and 10a. as the denominator.

Grantees unable to assess outcomes of their Tier 1 interventions using these measures should discuss their approach with the CHRC and National Center for School Mental Health staff and describe alternate measures in their Metrics Plans.

**Tier 1 Tool or Survey Options:** Grantees may select from the approved list on the CHRC Outcome Measure Menu. If they wish to use their own tool or survey, or a different tool or survey, this should be discussed with CHRC and National Center for School Mental Health staff and submitted with the Metrics Plan. The Tier 1 Tool or Survey used should align with the Tier 1 programs provided.

**Existing individuals served versus new individuals served:** Assessment data should reflectall individuals that receive grant-funded services. This includes both: (1) new students/families not previously served; and (2) those existing students/families whose services are enhanced through grant funding.

**METRICS PLAN**: The grantee should include in their Metrics Plan: (1) a brief description of the type(s) of Tier 1 services; (2) a copy of the tool(s) or survey(s) used to assess the effectiveness of the intervention; (3) a description of how many individuals will be assessed using the tool; (4) whether assessments will be given to students, families, both, or other; (5) the time interval(s) for when assessments will be given; and, (6) a definition of “desired outcome” using the tool(s) or survey(s). As stated above, grantees unable to assess outcomes of their Tier 1 interventions using these fields should discuss their approaches with the CHRC and National Center for School Mental Health staff and describe alternate measures in their Metrics Plans.

**11a. # of individuals receiving Tier 2 supports who were then assessed using tool(s)**

**11b. # of individuals receiving Tier 2 supports demonstrating improvement in social, emotional, behavioral, or academic functioning, using the outcome assessment tool(s)**

**11c. # of individuals receiving Tier 2 supports demonstrating no change from baseline, using the outcome assessment tool(s)**

**11d. # of individuals receiving Tier 2 supports demonstrating a deterioration from baseline, using the outcome assessment tool(s)**

The CHRC recognizes that reporting on behavioral health outcomes is challenging but important work. Grantee capacity to report these data is likely improve over time. In addition, the CHRC recognizes that some time is required to establish a baseline for each individual served and to demonstrate measurable change.

The CHRC also recognizes that some individuals served may not respond to treatment. No change could also be a positive or negative outcome depending on the individual, assessment tool, intervention, and the treatment context. For example, in some cases, no change can be a reflection of stability. Grantees can determine how to define improvement, no change, and deterioration, and should state these definitions in their Metric Plan. The CHRC and National Center for School Mental Health are available to consult on these definitions.

**Report period**: The entry for each report period **may** count individuals counted during the previous report period if the individual is continuing to be served and assessed. Please note that while Metrics 1-5 only capture student data, Metrics 10-12 include anyone receiving grant-funded services who has been assessed, whether or not they are a student.

**11a.** is the number of individuals receiving Tier 2 services assessed using the grantee’s assessment tool(s). In their Metrics Plans, grantees will establish a minimum amount of time an individual must receive services in order to be included in this count. The goal is for all program participants to be assessed; however this may not always be feasible. Grantees may use more than one tool, but should match the tool used with the individual’s needs and goals.

Individuals must be assessed at least twice in order to record a baseline and follow-up outcome.

**11b.** is the number of individuals demonstrating improvement above baseline using the assessment tool.

**11c**. is the number of individuals who receive services but do not demonstrate measurable change above or below the baseline.

**11d**. is the number of individuals who receive services yet experience a deterioration in symptoms.

NOTE: The CHRC will not require grantees to report on the *percentage* of individuals receiving Tier 2 services demonstrating improvements in social, emotional, behavioral, or academic functioning, etc. For CHRC use, this percentage would be calculated using 12b. as the numerator and 12a. as the denominator.

**Tier 2 Tool or Survey Options:** Grantees may select from the approved list of CHRC Outcome Measure Menu. If they wish to use their own tool or survey, or a different tool or survey, this should be discussed with the CHRC and National Center for School Mental Health and submitted with the Metrics Plan. The Tier 2 Tool or Survey used should align with the identified outcomes of Tier 2 programs provided.

**Existing individuals served versus new individuals served:** Grantees should report on individuals that receive grant-funded services. This includes both: (1) new students/families not previously served; and (2) those existing students/families whose services are enhanced through grant funding for activities such as school meetings, transportation, and care coordination, as well as through support and training in EBPs and Measurement-Based Care.

**METRICS PLAN**: The grantee should include in their Metrics Plan: (1) a list of assessment tool(s) used; (2) a copy of any tool(s) not on the pre-approved list; (3) minimum time interval between baseline and follow-up outcome assessment to report demonstrated improvement, no change, or deterioration; (4) whether assessments will be given to students, families, both, or other; and, (5) a definition of “improvement,” “no change,” and “deterioration” using the tool(s).

**12a. # of individuals receiving Tier 3 supports who were then assessed using tool(s)**

**12b. # of individuals receiving Tier 3 supports demonstrating improvement in social, emotional, behavioral, or academic functioning, using the outcome assessment tool(s)**

**12c. # of individuals receiving Tier 3 supports demonstrating no change from baseline, using the outcome assessment tool(s)**

**12d. # of individuals receiving Tier 3 supports demonstrating a deterioration from baseline, using the outcome assessment tool(s)**

The CHRC recognizes that reporting on behavioral health outcomes is challenging but important work. Grantee capacity to report these data is likely improve over time. In addition, the CHRC recognizes that some time is required to establish a baseline for each individual served and to demonstrate measurable change.

The CHRC also recognizes that some individuals served may not respond to treatment. No change could also be a positive or negative outcome depending on the individual, assessment tool, intervention, and the treatment context. For example, in some cases, no change can be a reflection of stability. Grantees can determine how to define improvement, no change, and deterioration, and should state these definitions in their Metric Plan. The CHRC and National Center for School Mental Health are available to consult on these definitions.

Grantees should collect and report outcomes data for all individuals that receive grant-funded services including both: (1) new students/families not previously served; and (2) those existing students/families whose services are enhanced through grant funding for activities such as school meetings, transportation, and care coordination, as well as through support and training in EBPs and Measurement-Based Care.

**Report period**: The entry for each report period **may** count individuals counted during the previous report period if the individual is continuing to be served and assessed. Please note that while Metrics 1-5 only capture student data, Metrics 10-12 include anyone receiving grant-funded services who has been assessed, whether or not they are a student.

**12a.** is the number of individuals receiving Tier 3 services assessed using the grantee’s assessment tool(s). In their assessment plans, grantees will establish a minimum amount of time an individual must receive services in order to be included in this count. The goal is for all program participants to be assessed; however this may not always be feasible. Grantees may use more than one tool, but should match the tool used with the individual’s needs and goals.

**12b.** is the number of individuals demonstrating improvement using the assessment tool.

**12c**. is the number of individuals who receive services but do not demonstrate measurable change above or below the baseline.

**12d**. is the number of individuals who receive services yet experience a deterioration in symptoms.

NOTE: The CHRC will not require grantees to report on the *percentage* of individuals receiving Tier 3 services demonstrating improvements in social, emotional, behavioral, or academic functioning. For CHRC use, this percentage would be calculated using 12b. as the numerator and 12a. as the denominator.

**Tier 3 Tool or Survey Options:** Grantees may select from the approved list of CHRC Outcome Measure Menu. If they wish to use their own tool or survey, or a different tool or survey, this should be discussed with CHRC and National Center for School Mental Health staff and submitted with the Metrics Plan. The Tier 3 Tool or Survey used should align with the Tier 3 programs provided.

**Existing individuals served versus new individuals served:** Grantees should report on individuals that receive grant-funded services. This includes both: (1) new students/families not previously served; and (2) those existing students/families whose services are enhanced through grant funding for activities such as school meetings, transportation, and care coordination, as well as through support and training in EBPs and Measurement-Based Care.

**METRICS PLAN**: The grantee should include in their Metrics Plan: (1) a list of assessment tool(s) used; (2) a copy of any tool(s) not on the pre-approved list; (3) minimum time interval between baseline and follow-up outcome assessment to report demonstrated improvement, no change, or deterioration; (4) whether assessments will be given to students, families, both, or other; and, (5) a definition of “improvement,” “no change,” and “deterioration” using the tool(s).