

## GPRA #1: Policy Change Template

**GPRA Indicator 1:** Increase percent of policy changes as a consequence of the CMHP.

**Definitions:**

- Percent = Percent of changes targeted over the life of the grant that have actually been completed at each annual measurement point.
- Policy = Written document directing some action or event, can be administrative or legislative (e.g., directives, guidances, clinical practice guidelines, regulations, statues, operations manuals, procedures, bylaws, strategic plans, mission statements, written decisions, standards, etc).
- Change = Creation, documentation, elimination, or alteration of a policy.
- Completed = Exists in final form and has been approved or passed.

**1. Activity Statement (see Action Plan):**

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**2. GPRA Specific Content:**

**a. Nature:** What is the *nature* of your policy objective?  
 (e.g., written agreement, administrative regulation, law, etc.)

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**b. Intent:** What is the *intent* of your policy objective?  
 (e.g., ensure children receive trauma-informed care)

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**3. Criterion for completion of policy change:**

(e.g., drafted, publicly reviewed, final draft written, approved or passed, issued or implemented as measured by)

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**4. Long-term impact of policy change: (check all that apply)**

- Improved accountability= Related to measuring/reporting performance (i.e., tracking of trends, measurement & reporting systems, or management practices)
- Increased service capacity= Related to service availability (i.e., needs assessment, planning, systems improvements, outreach, assessment, referral, service expansion, or consumer choice)
- Increased service effectiveness= Related to improving service quality (i.e., outcome measurement, service improvements, dissemination of EBPs)
- Other: please specify (anticipated long term impact) \_\_\_\_\_

**5. Groups and agencies involved in policy change:**

**a. Project Lead(s):** \_\_\_\_\_

\*Can be a specific group (e.g. Task Group #1); agency (e.g. DOH); *or* individual.

**b. Contact information for Project Lead:**

**1)** Last, First Name: \_\_\_\_\_  
 Title/Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**2)** Last, First Name: \_\_\_\_\_  
 Title/Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**c. Agency/agencies participating:** (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> mental health<br><input type="checkbox"/> child welfare<br><input type="checkbox"/> alcohol & substance abuse<br><input type="checkbox"/> aging services<br><input type="checkbox"/> Veterans' Affairs<br><input type="checkbox"/> housing<br><input type="checkbox"/> education-early childhood<br><input type="checkbox"/> education-K-12<br><input type="checkbox"/> education-post secondary | <input type="checkbox"/> Medicare administration<br><input type="checkbox"/> Medicaid administration<br><input type="checkbox"/> adult criminal justice<br><input type="checkbox"/> juvenile criminal justice<br><input type="checkbox"/> disability services<br><input type="checkbox"/> vocational rehabilitation<br><input type="checkbox"/> TANF administration<br><input type="checkbox"/> other: _____<br><input type="checkbox"/> other: _____ |
|---|---|

**6. Population(s) affected:** (check all that apply)

- a. Age:**     Across the life span     Children     Adolescents     Adults     Older adults
- b. Gender:**     All     Male     Female

- c. Race:**
- |   |  |  |                                     |
|---|--|--|-------------------------------------|
| <input type="checkbox"/> All                | <input type="checkbox"/> Alaskan Native                  | <input type="checkbox"/> American Indian | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> White/Caucasian    | <input type="checkbox"/> Chamorro                        | <input type="checkbox"/> Hawaiian        | <input type="checkbox"/> Samoan     |
| <input type="checkbox"/> Cuban              | <input type="checkbox"/> Other Pacific Islander: _____   |  |                                     |
| <input type="checkbox"/> Mexican            | <input type="checkbox"/> Other Hispanic or Latino: _____ |  |                                     |
| <input type="checkbox"/> Puerto Rican       | <input type="checkbox"/> Asian Indian                    | <input type="checkbox"/> Chinese         | <input type="checkbox"/> Filipino   |
| <input type="checkbox"/> Japanese           | <input type="checkbox"/> Korean                          | <input type="checkbox"/> Vietnamese      |                                     |
| <input type="checkbox"/> Other Asian: _____ | <input type="checkbox"/> Other: _____                    |  |                                     |

- d. Additional Considerations:**
- |   |  |
|---|--|
| <input type="checkbox"/> All<br><input type="checkbox"/> Rural<br><input type="checkbox"/> Gay/Lesbian/<br>Bisexual/Transgender | <input type="checkbox"/> Homeless <input type="checkbox"/> Refugee/Immigrant<br><input type="checkbox"/> Urban <input type="checkbox"/> Students<br><input type="checkbox"/> Other (specify) _____ |
|---|--|

**7. Anticipated Time Frame:**

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|--|--|
| <i>Start Date</i>                          | <i>Completion Date</i>                     |
| Month: ____ Year: ____                     | Month: ____ Year: ____                     |
| or   | or   |
| <input type="checkbox"/> Jan-Mar 20__ __   | <input type="checkbox"/> Jan-Mar 20__ __   |
| <input type="checkbox"/> Apr-June 20__ __  | <input type="checkbox"/> Apr-June 20__ __  |
| <input type="checkbox"/> July-Sept 20__ __ | <input type="checkbox"/> July-Sept 20__ __ |
| <input type="checkbox"/> Oct-Dec 20__ __   | <input type="checkbox"/> Oct-Dec 20__ __   |

**8. Origin:**

a. Activity formally began before MHT-SIG?       Yes     No\*

    If “Yes” please indicate the major initiator \_\_\_\_\_

    If “No” was this activity begun by MHT-SIG?       Yes     No

b. Raised in NARI?       Yes     No

c. Noted in CMHP?       Yes     No

d. Recommended by TWG?       Yes     No

**9. Anticipated ease of completion:**

Stretch goal—high risk of non-completion

Sure bet—high likelihood of completion

Average/realistic—neither high risk nor sure bet

**10. Relevant NFC Goal(s) and appropriate recommendation(s), if specified:**

- |                                 |                                 |                                 |                                 |                                 |                                 |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Goal 1 <input type="checkbox"/> | Goal 2 <input type="checkbox"/> | Goal 3 <input type="checkbox"/> | Goal 4 <input type="checkbox"/> | Goal 5 <input type="checkbox"/> | Goal 6 <input type="checkbox"/> |
| 1.1 <input type="checkbox"/>    | 2.1 <input type="checkbox"/>    | 3.1 <input type="checkbox"/>    | 4.1 <input type="checkbox"/>    | 5.1 <input type="checkbox"/>    | 6.1 <input type="checkbox"/>    |
| 1.2 <input type="checkbox"/>    | 2.2 <input type="checkbox"/>    | 3.2 <input type="checkbox"/>    | 4.2 <input type="checkbox"/>    | 5.2 <input type="checkbox"/>    | 6.2 <input type="checkbox"/>    |
|                                 | 2.3 <input type="checkbox"/>    |                                 | 4.3 <input type="checkbox"/>    | 5.3 <input type="checkbox"/>    |                                 |
|                                 | 2.4 <input type="checkbox"/>    |                                 | 4.4 <input type="checkbox"/>    | 5.4 <input type="checkbox"/>    |                                 |
|                                 | 2.5 <input type="checkbox"/>    |                                 |                                 |                                 |                                 |

Non-NFC  (please specify below):

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**11. Additional Comments:**

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