

GPRA #2 Workforce Training Template

GPRA Indicator 2: Increase the number of persons in the mental health care and related workforce who have been trained in service improvements recommended by the CMHP.

Definitions:

- Mental Health Care Workforce = Providers of mental health prevention, treatment rehabilitation, or recovery services.
- Related Workforce = Providers of ancillary support services to people who have mental health needs or are at risk for developing mental health needs (e.g. employment service providers, primary care providers, school personnel, child welfare staff, peer support program staff, supported housing staff, criminal or juvenile justice personnel, etc.).
- Trained = Engaged in a process guided by a curriculum (e.g. syllabus, agenda, training manual, etc.), taking place within a structured timeframe, **AND** guided by a trainer or training method (e.g. specific computer based program).
- Service Improvements = New services or improvements to existing services.

1. Activity Statement (see Action Plan):

2. GPRA Specific Content:

a. Nature: What is the *nature* of your training?

(e.g., workshop, course, practicum, internship; is it one hour, one day, several days, a semester; is it in-person, on-line, blended, etc.)

b. Topic: What is the *topic* of your training?

(e.g., suicide prevention)

c. Other Aspects: What *other aspects* are included in your training?

(e.g., CEUs, certification, etc.)

d. Target Population and Numbers Trained:
 (e.g., 500 Social Workers, 150 Peer Specialists)

3. Criterion for completion of workforce training:
 (e.g., sufficient attendance, met training requirements, awarded CEUs, passed test)

- 4. Long-term impact of workforce training:** (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 workforce training:

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
<input type="checkbox"/> child welfare
<input type="checkbox"/> alcohol & substance abuse
<input type="checkbox"/> aging services
<input type="checkbox"/> Veterans' Affairs
<input type="checkbox"/> housing
<input type="checkbox"/> education-early childhood
<input type="checkbox"/> education-K-12
<input type="checkbox"/> education-post secondary | <input type="checkbox"/> Medicare administration
<input type="checkbox"/> Medicaid administration
<input type="checkbox"/> adult criminal justice
<input type="checkbox"/> juvenile criminal justice
<input type="checkbox"/> disability services
<input type="checkbox"/> vocational rehabilitation
<input type="checkbox"/> TANF administration
<input type="checkbox"/> other: _____
<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
<input type="checkbox"/> Rural
<input type="checkbox"/> Gay/Lesbian/
Bisexual/Transgender | <input type="checkbox"/> Homeless <input type="checkbox"/> Refugee/Immigrant
<input type="checkbox"/> Urban <input type="checkbox"/> Students
<input type="checkbox"/> Other (specify) _____ |
|---|--|

7. Anticipated Time Frame:

- | | |
|---|---|
| <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):

11. Additional Comments:
