

GPRA #3 Financing Policy Template

GPRA Indicator 3: Increase percent of financing policy changes as completed 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.
- Financing Policy = Written document directing one of more of the following: Substantial increase or decrease in appropriations; changes in billing codes or reimbursement procedures; changes to State Medicaid Plan; innovative pooling or braining of funding; or other changes that increase efficiency.
- Change = Creation, documentation, elimination or alternation of a financing policy.
- Completed = Exists in final form and has been approved or passed.

1. Activity Statement (see Action Plan):

2. GPRA Specific Content:

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

b. Intent: What is the *intent* of your financing policy?
(e.g., funding to ensure children receive trauma-informed care, funding to increase the number of housing slots for persons who are homeless)

3. Criterion for completion of financing policy change:

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

4. Long-term impact of financing 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 financing 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 <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:
