

GPRA #4 Organizational Change Template

GPRA Indicator 4: Increase percent of organizational changes 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.
- Organizations = May include State agencies, bureaus, departments or other major subdivisions; counties, cities, or tribal agencies; or agencies providing mental health or related services to people who have or are at risk for developing mental health needs. Can include consumer-, youth-, or family- member run organizations; private provider entities; and non-governmental organizations.
- Change = Created, eliminated, or altered within or between organizations (e.g., formal, written inter- or intra- organizational agreements; creation, expansion, integration or elimination of offices, divisions, or departments; creation or elimination of position(s); creation of a new reporting structure; changes in staff composition; changes in major responsibilities to existing offices, divisions, or departments).
- Completed = Approved, passed, or implemented.

1. Activity Statement (see Action Plan):

2. GPRA Specific Content:

a. Organization: Which *organization(s)* are to change?
(e.g., DHS, DOH, HMSA, DOE)

b. Level: At what *level* are these organizations to change?
(e.g., state, county, local)

c. What Ways: In *what ways* are these organizations to change?

(e.g., memorandum of agreement to cooperate, move to umbrella organization, merger)

3. Criterion for completion of organizational change:

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

4. Long-term impact of organizational 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 improvement, outreach, 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 organizational 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) _____
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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:
