

GPRA #6 Statewide Consumer- and Family- Run Networks Template

GPRA Indicator 6: Increase the number of consumers and family members that are members of Statewide consumer- and family-run networks (CFM).

Definitions:

- Consumers = Adults, older adults, children, or youth who receive, have received or are eligible for mental health services.
- Family Members = Members of an adult or child/youth consumers immediate or extended family; “adopted” family; friends, co-workers, or neighbors; or non-family caregivers.
- Members = Individuals officially registered with the organization as members or individuals that the organization recognizes as members (if no official registration exists).
- Statewide Networks = Those involved in concrete and measurable ways to network, connect, and interact throughout the State. Networks have systems of communication to flow both to and from mental health consumers and/or family members.
- Consumer and/or Family-Run = Controlled and managed by mental health consumers and/or family members, with over half of the Board of Directors identify as consumers and/or family members.

1. Activity Statement (see Action Plan):

2. GPRA Specific Content:

a. Nature: What is the *nature* of the CFM operated network activity?
(e.g., helping found or sustain CFM operated networks, publicizing CFM operated networks, policies that consumers and/or family members should be referred to CFM network)

3. Criterion for completion of CFM operated activity:

Please indicate the criteria you will use to determine whether a person is a member of CFM network.

4. Long-term impact of CFM operated activity: (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 CFM operated activity:

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"/> Homeless <input type="checkbox"/> Refugee/Immigrant |
| <input type="checkbox"/> Rural | <input type="checkbox"/> Urban <input type="checkbox"/> Students |
| <input type="checkbox"/> Gay/Lesbian/
Bisexual/Transgender | <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:
