

## GPRA #7 Program Implementation Template

**GPRA Indicator 7:** Increase the number of programs implementing practices consistent with the CMHP.

**Definitions:**

- Program= Level of organization that unifies a group of direct care staff in delivering a specific service or implementing a specific practice. May include subprograms.
- Implementing = When the practices are being actively delivered to individuals.
- Practices = Treatment, rehabilitation, prevention, and supportive services (e.g. evidence-based practices, consumer operated services, culturally-specific practices, suicide prevention programs, rural telehealth programs, etc).

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

---

---

---

---

---

**2. GPRA Specific Content:**

**a. Nature:** What is the *nature* of the activity to increase numbers of programs implemented consistent with the CMHP?  
(e.g., policy, financing policy, plan, training)

---

---

---

**b. Estimated Numbers:** Please *estimate the number* of programs consistent with CMHP needed.

---

---

**3. Criterion for completion of program implementation:**

Please indicate what criterion or criteria you will use to determine when a program consistent with the CMHP has been implemented.

---



---



---

**4. Long-term impact of program implementation: (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 program implementation:**

**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:**

<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:**

---



---



---



---