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<b>1. Number Served</b>
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a) Total number of families serviced this fiscal year (July - June)	
b) Total number of families receiving parent to parent peer support this fiscal year	
c) Total number of families participating in training this fiscal year	

<b>2. Services Provided</b>
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Please check which of the following categories of services were provided by your organization to families in the past fiscal year (June – July).

Program categories with definitions	Provided by your organization?	
	YES	NO
<b>Non-Billable Family Peer Support</b> <i>(Medicaid or insurance non-billable services such as information/referral, system navigation, intensive family support, and support groups )</i>		
<b>Billable Family Peer Support (billable to Medicaid or insurance</b> such as individual parent to parent peer support, wraparound, intensive family support, groups )		
<b>Youth Support</b> <i>(includes youth peer support, youth-led programs, training, social/recreational events, evaluation or research)</i>		
<b>Training</b> <i>(includes training for families, parenting education classes, webinars, annual conference)</i>		
<b>Public Policy</b> <i>(includes parents participating in public policy activities or policy-making groups, legislative advocacy)</i>		

<b>Community Outreach</b> (includes community events/resource fairs, newsletter recipients, website hits)		
<b>Screening or brief assessment</b> (includes provision of mental health/health screenings or assessments using a validated tool for symptoms, risks or disorders)		
<b>Social/Recreational Events</b> (includes provision/support of social and recreational activities or events for children/youth/families)		
<b>Respite Services</b> (provision of respite services at hourly or daily intervals)		
<b>Evaluation</b> (collecting data or interviewing for family perspective and other evaluation related activities)		
<b>Research</b> (participation in or facilitation of research - design and execution – in the children’s mental health or family-driven/youth-guided care fields)		

**3. System Involvement**

a) Of the families served by your organization this fiscal year, please check the types of child-serving systems in which they were involved:

Mental/Behavioral Health System (therapy, medication, case management, etc.)	
Special Education/School System	
Juvenile Justice System	
Intellectual/Developmental Disabilities System	
Physical Health System (chronic health issue or disease)	
Child Welfare System	
Human Services System (AFDC, WIC, etc.)	
Adult Court/Justice System	
Other System: _____	

b) Consider the total number of families served this fiscal year – were most families...

	YES	NO
Involvement in only one system		

Involvement in two to three systems		
Involvement in four or more systems		

**4. Family Satisfaction**

a) If your organization collects family satisfaction data or information regarding the services they have received, please note the percentage that were:

	Percentage of families
Satisfied to Very Satisfied with services received	
Neutral regarding services received	
Dissatisfied to Very Dissatisfied with services received	
My organization does not collect family satisfaction data/information	

b) If your organization collects family satisfaction data, what tool(s) do you use to gather this info?

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c) *Optional:* If your organization gathers any type of outcome data for children/youth and families served (such as improvement in school, functional improvement, decreased hospitalization, etc.), please list the outcome for this year and the tool used to gather this data.

*For example, if you track academic outcomes, you may list "48% of children served improved their grades this year" as the outcome data and "report cards" or "parent report" as the tool used.*

Outcome data for this year	Tool used to gather data

**5. *Optional:* Accomplishments**

**As an organization, what would you consider to be your biggest accomplishment in the last fiscal year (July – June)?**