

Date:	
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1. Number Served

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	

2. Services Provided

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
Non-Billable Family Peer Support <i>(Medicaid or insurance non-billable services such as information/referral, system navigation, intensive family support, and support groups)</i>		
Billable Family Peer Support (billable to Medicaid or insurance such as individual parent to parent peer support, wraparound, intensive family support, groups)		
Youth Support <i>(includes youth peer support, youth-led programs, training, social/recreational events, evaluation or research)</i>		
Training <i>(includes training for families, parenting education classes, webinars, annual conference)</i>		
Public Policy <i>(includes parents participating in public policy activities or policy-making groups, legislative advocacy)</i>		

Community Outreach (includes community events/resource fairs, newsletter recipients, website hits)		
Screening or brief assessment (includes provision of mental health/health screenings or assessments using a validated tool for symptoms, risks or disorders)		
Social/Recreational Events (includes provision/support of social and recreational activities or events for children/youth/families)		
Respite Services (provision of respite services at hourly or daily intervals)		
Evaluation (collecting data or interviewing for family perspective and other evaluation related activities)		
Research (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)?