**Activity Code:** H84  
**Sub-Code:** N/A  
**Sub-Code Program Name:** N/A  
**Fiscal Year:** 2022  
**Funding Opportunity Number:** HRSA-22-069   
**Funding Opportunity Name:** Family-to-Family Health Information Centers  
**Program Name:** Family Professional Partnership/CSHCN

**Program Specific Forms for the Reporting Year**

###### Within **120 days** of the date of the Notice of Grant Award, grantees/awardees are required to enter their reporting year data in HRSA Electronic Handbooks for the Program-Specific Information forms listed below.

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## **Administrative Forms**

### **Form 1 - Project Budget Details**

**FORM 1**

**MCHB PROJECT BUDGET DETAILS FOR FY \_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1.** | **MCHB GRANT AWARD AMOUNT** | | | | | $ |
| **2.** | **UNOBLIGATED BALANCE** | | | | | $ |
| **3.** | **MATCHING FUNDS**  (Required: Yes [ ] No [ ] If yes, amount) | | | | | $ |
|  |
|  | A. Local funds | | | | $ |  |
|  | B. State funds | | | | $ |  |
|  | C. Program Income | | | | $ |  |
|  | D. Applicant/Grantee Funds | | | | $ |  |
|  | E. Other funds: | |  |  | $ |  |
| **4.** | **OTHER PROJECT FUNDS** (Not included in 3 above) | | | | | $ |
|  | A. Local funds | | | | $ |  |
|  | B. State funds | | | | $ |  |
|  | C. Program Income (Clinical or Other) | | | | $ |  |
|  | D. Applicant/Grantee Funds (includes in-kind) | | | | $ |  |
|  | E. Other funds (including private sector, e.g., Foundations) | | | | $ |  |
| **5**. | **TOTAL PROJECT FUNDS**  (Total lines 1 through 4) | | | | | $ |
| **6.** | **FEDERAL COLLABORATIVE FUNDS**  (Source(s) of additional Federal funds contributing to the project) | | | | | $ |
|  |
| A. Other MCHB Funds (Do not repeat grant funds from Line 1) | | | | | |
|  | | 1) Special Projects of Regional and National Significance (SPRANS) | | | $ |  |
|  | | 2) Community Integrated Service Systems (CISS) | | | $ |  |
|  | | 3) State Systems Development Initiative (SSDI) | | | $ |  |
|  | | 4) Healthy Start | | | $ |  |
|  | | 5) Emergency Medical Services for Children (EMSC) | | | $ |  |
|  | | 6) Autism Collaboration, Accountability, Research, Education and Support Act | | | $ |  |
|  | | 7) Patient Protection and Affordable Care Act | | |  |  |
|  | | 8) Universal Newborn Hearing Screening | | |  |  |
|  | | 9) State Title V Block Grant | | | $ |  |
|  | | 10) Other: |  |  | $ |  |
|  | | 11) Other: |  |  | $ |  |
|  | | 12) Other: |  |  | $ |  |
|  | B. Other HRSA Funds | | | | | |
|  | | 1) HIV/AIDS | | | $ |  |
|  | | 2) Primary Care | | | $ |  |
|  | | 3) Health Professions | | | $ |  |
|  | | 4) Other: |  |  | $ |  |
|  | | 5) Other: |  |  | $ |  |
|  | | 6) Other: |  |  | $ |  |
|  | C. Other Federal Funds | | | | | |
|  | | 1) Center for Medicare and Medicaid Services (CMS) | | | $ |  |
|  | | 2) Supplemental Security Income (SSI) | | | $ |  |
|  | | 3) Agriculture (WIC/other) | | | $ |  |
|  | | 4) Administration for Children and Families (ACF) | | | $ |  |
|  | | 5) Centers for Disease Control and Prevention (CDC) | | | $ |  |
|  | | 6) Substance Abuse and Mental Health Services Administration (SAMHSA) | | | $ |  |
|  | | 7) National Institutes of Health (NIH) | | | $ |  |
|  | | 8) Education | | | $ |  |
|  | | 9) Bioterrorism | | |  |  |
|  | | 10) Other: |  |  | $ |  |
|  | | 11) Other: |  |  | $ |  |
|  | | 12) Other |  |  | $ |  |
| **7.** | **TOTAL COLLABORATIVE FEDERAL FUNDS** | | | | $ |  |

**INSTRUCTIONS FOR COMPLETION OF FORM 1**

**MCH BUDGET DETAILS FOR FY \_\_\_\_**

Line 1. Enter the amount of the Federal MCHB grant award for this project.

Line 2. Enter the amount of carryover (e.g., unobligated balance) from the previous year’s award, if any. New awards do not enter data in this field, since new awards will not have a carryover balance.

Line 3. If matching funds are required for this grant program list the amounts by source on lines 3A through 3E as appropriate. Where appropriate, include the dollar value of in-kind contributions.

Line 4. Enter the amount of other funds received for the project, by source on Lines 4A through 4E, specifying amounts from each source. Also include the dollar value of in-kind contributions.

Line 5. Displays the sum of lines 1 through 4.

Line 6. Enter the amount of other Federal funds received on the appropriate lines (A.1 through C.12) **other** than the MCHB grant award for the project. Such funds would include those from other Departments, other components of the Department of Health and Human Services, or other MCHB grants or contracts.

Line 6C.1. Enter only project funds from the Center for Medicare and Medicaid Services. Exclude Medicaid reimbursement, which is considered Program Income and should be included on Line 3C or 4C.

If lines 6A.8-10, 6B .4-6, or 6C.10-12 are utilized, specify the source(s) of the funds in the order of the amount provided, starting with the source of the most funds. .

Line 7. Displays the sum of lines in 6A.1 through 6C.12.

### **Form 2 - Project Funding Profile**

**FORM 2**

**PROJECT FUNDING PROFILE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | FY\_\_\_\_\_ | | |  | FY\_\_\_\_\_ | | |  | FY\_\_\_\_\_ | | |  | FY\_\_\_\_\_ | | |  | FY\_\_\_\_\_ | | |
|  |  | Budgeted |  | Expended |  | Budgeted |  | Expended |  | Budgeted |  | Expended |  | Budgeted |  | Expended |  | Budgeted |  | Expended |
| **1** | MCHB Grant  Award Amount  *Line 1, Form 2* | **$** |  | **$** |  | **$** |  | **$** |  | **$** |  | **$** |  | **$** |  | **$** |  | **$** |  | **$** |
| **2** | Unobligated Balance  *Line 2, Form 2* | **$** |  | **$** |  | **$** |  | **$** |  | **$** |  | **$** |  | **$** |  | **$** |  | **$** |  | **$** |
| **3** | Matching Funds  (If required)  *Line 3, Form 2* | **$** |  | **$** |  | **$** |  | **$** |  | **$** |  | **$** |  | **$** |  | **$** |  | **$** |  | **$** |
| **4** | Other Project Funds  *Line 4, Form 2* | **$** |  | **$** |  | **$** |  | **$** |  | **$** |  | **$** |  | **$** |  | **$** |  | **$** |  | **$** |
| **5** | TotalProject Funds  *Line 5, Form 2* | **$** |  | **$** |  | **$** |  | **$** |  | **$** |  | **$** |  | **$** |  | **$** |  | **$** |  | **$** |
| **6** | Total Federal Collaborative Funds  *Line 7, Form 2* | **$** |  | **$** |  | **$** |  | **$** |  | **$** |  | **$** |  | **$** |  | **$** |  | **$** |  | **$** |

**INSTRUCTIONS FOR THE COMPLETION OF FORM 2**

**PROJECT FUNDING PROFILE**

**Instructions:**

Complete all required data cells. If an actual number is not available, use an estimate. Explain all estimates in a note.

The form is intended to provide funding data at a glance on the estimated budgeted amounts and actual expended amounts of an MCH project.

For each fiscal year, the data in the columns labeled Budgeted on this form are to contain the same figures that appear on the Application Face Sheet (for a non-competing continuation) or the Notice of Grant Award (for a performance report). The lines under the columns labeled Expended are to contain the actual amounts expended for each grant year that has been completed.

### **Form 4 - Project Budget and Expenditures**

**FORM 4**

**PROJECT BUDGET AND EXPENDITURES**

**By Types of Services**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **FY \_\_\_\_\_** | | |  | **FY \_\_\_\_\_** | | |
|  | **TYPES OF SERVICES** | **Budgeted** |  | **Expended** |  | **Budgeted** |  | **Expended** |
| **I.** | **Direct Health Care Services**  (Basic Health Services and  Health Services for CSHCN.) | $ |  | $ |  | $ |  | $ |
| **II.** | **Enabling Services**  (Transportation, Translation,  Outreach, Respite Care, Health  Education, Family Support  Services, Purchase of Health  Insurance, Case Management,  and Coordination with Medicaid,  WIC and Education.) | $ |  | $ |  | $ |  | $ |
| **III.** | **Public Health Services and Systems**  (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development,  Monitoring, Training, Applied Research, Systems of Care, and Information Systems Newborn Screening, Lead  Screening, Immunization, Sudden  Infant Death Syndrome  Counseling, Oral Health,  Injury Prevention, Nutrition, and  Outreach/Public Education.) | $ |  | $ |  | $ |  | $ |
| **IV.** | *TOTAL* | $ |  | $ |  | $ |  | $ |

**INSTRUCTIONS FOR THE COMPLETION OF FORM 4**

**PROJECT BUDGET AND EXPENDITURES BY TYPES OF SERVICE**S

Complete all required data cells for all years of the grant. If an actual number is not available, make an estimate. Please explain all estimates in a note. Administrative dollars should be allocated to the appropriate level(s) of the pyramid on lines I, II, II or IV. If an estimate of administrative funds use is necessary, one method would be to allocate those dollars to Lines I, II, III and IV at the same percentage as program dollars are allocated to Lines I through IV.

Note: Lines I, II and II are for projects providing services. If grant funds are used to build the infrastructure for direct care delivery, enabling or population-based services, these amounts should be reported in Line IV (i.e., building data collection capacity for newborn hearing screening).

Line I Direct Health Care Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

**Direct Health Care Services** are those services generally delivered one-on-one between a health professional and a patient in an office, clinic or emergency room which may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, sub-specialty physicians who serve children with special health care needs, audiologists, occupational therapists, physical therapists, speech and language therapists, specialty registered dietitians. Basic services include what most consider ordinary medical care, inpatient and outpatient medical services, allied health services, drugs, laboratory testing, x-ray services, dental care, and pharmaceutical products and services. State Title V programs support - by directly operating programs or by funding local providers - services such as prenatal care, child health including immunizations and treatment or referrals, school health and family planning. For CSHCN, these services include specialty and sub-specialty care for those with HIV/AIDS, hemophilia, birth defects, chronic illness, and other conditions requiring sophisticated technology, access to highly trained specialists, or an array of services not generally available in most communities.

Line II Enabling Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

**Enabling Services** allow or provide for access to and the derivation of benefits from, the array of basic health care services and include such things as transportation, translation services, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination of with Medicaid, WIC and educations. These services are especially required for the low income, disadvantaged, geographically or culturally isolated, and those with special and complicated health needs. For many of these individuals, the enabling services are essential - for without them access is not possible. Enabling services most commonly provided by agencies for CSHCN include transportation, care coordination, translation services, home visiting, and family outreach. Family support activities include parent support groups, family training workshops, advocacy, nutrition and social work.

Line III Public Health Services and Systems - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

**Public Health Services and Systems** include preventive interventions and personal health services, developed and available for the entire MCH population of the State rather than for individuals in a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components. Common among these services are newborn screening, lead screening, immunization, Sudden Infant Death Syndrome counseling, oral health, injury prevention, nutrition and outreach/public education. These services are generally available whether the mother or child receives care in the private or public system, in a rural clinic or an HMO, and whether insured or not. The other critical aspect of Public Health Services and Systems are activities directed at improving and maintaining the health status of all women and children by providing support for development and maintenance of comprehensive health services systems and resources such as health services standards/guidelines, training, data and planning systems. Examples include needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, information systems and systems of care. In the development of systems of care it should be assured that the systems are family centered, community based and culturally competent.

Line V Total – Displays the total amounts for each column, budgeted for each year and expended for each year completed.

### **Form 6 - Project Abstract**

**FORM 6**

**MATERNAL & CHILD HEALTH DISCRETIONARY GRANT**

**PROJECT ABSTRACT**

**FOR FY\_\_\_\_**

**PROJECT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I. PROJECT IDENTIFIER INFORMATION**

1. Project Title:

2. Project Number:

3. E-mail address:

**II. BUDGET**

1. MCHB Grant Award $\_\_\_\_\_\_\_\_\_\_\_\_\_

(Line 1, Form 2)

2. Unobligated Balance $\_\_\_\_\_\_\_\_\_\_\_\_\_

(Line 2, Form 2)

3. Matching Funds (if applicable) $\_\_\_\_\_\_\_\_\_\_\_\_\_

(Line 3, Form 2)

4. Other Project Funds $\_\_\_\_\_\_\_\_\_\_\_\_\_

(Line 4, Form 2)

5. Total Project Funds $\_\_\_\_\_\_\_\_\_\_\_\_\_

(Line 5, Form 2)

**III. TYPE(S) OF SERVICE PROVIDED (Choose all that apply)**

[ ] Direct Services

[ ] Enabling Services

[ ] Public Health Services and Systems

1. **DOMAIN SERVICES ARE PROVIDED TO**

[ ] **Maternal/ Women’s’ Health**

[ ] **Perinatal/ Infant Health**

[ ] **Child Health**

[ ] **Children with Special Health Care Needs**

[ ] **Adolescent Health**

[ ] **Life Course/ All Population Domains**

[ ] **Local/ State/ National Capacity Building**

1. **PROJECT DESCRIPTION OR EXPERIENCE TO DATE**

A. Project Description

1. Problem (in 50 words, maximum):
2. Aims and Key Activities: (List up to 5 major aims and key related activities for the project. These should reflect the aims from the FOA, also these will be used for Grant Impact measurement at the end of your grant period.)

Aim 1:

Related Activity 1:

Related Activity 2:

Aim 2:

Related Activity 1:

Related Activity 2:

Aim 3:

Related Activity 1:

Related Activity 2:

Aim 4:

Related Activity 1:

Related Activity 2:

Aim 5:

Related Activity 1:

Related Activity 2:

1. Specify the primary *Healthy People 2020* objectives(s) (up to three) which this project addresses:

a.

b.

c.

5. Coordination (List the State, local health agencies or other organizations involved in the project and their roles)

6. Evaluation (briefly describe the methods which will be used to determine whether process and outcome objectives are met, be sure to tie to evaluation from FOA.)

7. Quality Improvement Activities

B. Continuing Grants ONLY

1. Experience to Date (For continuing projects ONLY):
2. Website URL and annual number of hits
   1. \_\_\_\_\_\_\_\_\_\_ Number of web hits
   2. \_\_\_\_\_\_\_\_\_\_ Number of unique visitors
3. **KEY WORDS**
4. **ANNOTATION**

**INSTRUCTIONS FOR THE COMPLETION OF FORM 6**

**PROJECT ABSTRACT**

**NOTE:** All information provided should fit into the space provided in the form. The completed form should be no more than 3 pages in length. Where information has previously been entered in forms 1 through 5, the information will automatically be transferred electronically to the appropriate place on this form.

**Section I – Project Identifier Information**

Project Title: Displays the title for the project.

Project Number: Displays the number assigned to the project (e.g., the grant number)

E-mail address: Displays the electronic mail address of the project director

**Section II – Budget -** These figures will be transferred from Form 1, Lines 1 through 5.

**Section III - Types of Services**

Indicate which type(s) of services your project provides, checking all that apply.

**Section IV – Program Description OR Current Status (DO NOT EXCEED THE SPACE PROVIDED)**

A. New Projects only are to complete the following items:

1. A brief description of the project and the problem it addresses, such as preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children; and services for Children with Special Health Care Needs.
2. Provide up to 5 aims of the project, in priority order. Examples are: To reduce the barriers to the delivery of care for pregnant women, to reduce the infant mortality rate for minorities and “services or system development for children with special healthcare needs.” MCHB will capture annually every project’s top aims in an information system for comparison, tracking, and reporting purposes; you must list at least 1 and no more than 5 aims. For each goal, list the key related activities. The aims and activities must be specific and time limited (i.e., Aim 1: increase providers in area trained in providing quality well-child visits by 10% by 2017 through 1. trainings provided at state pediatric association and 2. on-site technical assistance).
3. Displays the primary Healthy People 2020 goal(s) that the project addresses.
4. Describe the programs and activities used to reach aims, and comment on innovation, cost, and other characteristics of the methodology, proposed or are being implemented. Lists with numbered items can be used in this section.
5. Describe the coordination planned and carried out, in the space provided, if applicable, with appropriate State and/or local health and other agencies in areas(s) served by the project.
6. Briefly describe the evaluation methods that will be used to assess the success of the project in attaining its aims and implementing activities.
7. For continuing projects ONLY:
8. Provide a brief description of the major activities and accomplishments over the past year (not to exceed 200 words).
9. If applicable, provide the number of hits by unique visitors to the website (or section of website) funded by MCHB for the past year.

**Section V – Key Words**

Provide up to 10 key words to describe the project, including populations served. Choose key words from the included list.

**Section VI – Annotation**

Provide a three- to five-sentence description of your project that identifies the project’s purpose, the needs and problems, which are addressed, the aims of the project, the related activities which will be used to meet the aims, and the materials, which will be developed.

### **Form 7 - Project Summary Data**

**FORM 7**

**DISCRETIONARY GRANT PROJECT**

**SUMMARY DATA**

1. **Project Service Focus**

[ ] Urban/Central City [ ] Suburban [ ] Metropolitan Area (city & suburbs)

[ ] Rural [ ] Frontier [ ] Border (US-Mexico)

1. **Project Scope**

[ ] Local [ ] Multi-county [ ] State-wide

[ ] Regional [ ] National

1. **Grantee Organization Type**

[ ] State Agency

[ ] Community Government Agency

[ ] School District

[ ] University/Institution Of Higher Learning (Non-Hospital Based)

[ ] Academic Medical Center

[ ] Community-Based Non-Governmental Organization (Health Care)

[ ] Community-Based Non-Governmental Organization (Non-Health Care)

[ ] Professional Membership Organization (Individuals Constitute Its Membership)

[ ] National Organization (Other Organizations Constitute Its Membership)

[ ] National Organization (Non-Membership Based)

[ ] Independent Research/Planning/Policy Organization

[ ] Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Project Infrastructure Focus** (from MCH Pyramid) if applicable

[ ] Guidelines/Standards Development And Maintenance

[ ] Policies And Programs Study And Analysis

[ ] Synthesis Of Data And Information

[ ] Translation Of Data And Information For Different Audiences

[ ] Dissemination Of Information And Resources

[ ] Quality Assurance

[ ] Technical Assistance

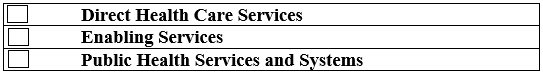
[ ] Training

[ ] Systems Development

[ ] Other

**5. Demographic Characteristics of Project Participants**

**Indicate the service level:**



|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **RACE (Indicate all that apply)** | | | | | | |  | **ETHNICITY** | | | |
|  | American Indian or Alaska Native | Asian | Black or African American | Native Hawaiian or Other Pacific Islander | White | More than One Race | Unrecorded | Total | Hispanic or Latino | Not Hispanic or Latino | Unrecorded | Total |
| Pregnant Women (All Ages) |  |  |  |  |  |  |  |  |  |  |  |  |
| Infants <1 year |  |  |  |  |  |  |  |  |  |  |  |  |
| Children 1 to 12 years |  |  |  |  |  |  |  |  |  |  |  |  |
| Adolescents 12-18 years |  |  |  |  |  |  |  |  |  |  |  |  |
| Young Adults 18-25 years |  |  |  |  |  |  |  |  |  |  |  |  |
| CSHCN Infants <1 year |  |  |  |  |  |  |  |  |  |  |  |  |
| CSHCN Children and Youth 1 to 25 years |  |  |  |  |  |  |  |  |  |  |  |  |
| Women  25+ years |  |  |  |  |  |  |  |  |  |  |  |  |
| Men 25+ |  |  |  |  |  |  |  |  |  |  |  |  |
| TOTALS |  |  |  |  |  |  |  |  |  |  |  |  |

**6. Clients’ Primary Language(s)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Population Served**[ ] Homeless

[ ] Incarcerated

[ ] Severely Depressed

[ ] Migrant Worker/ Population

[ ] Uninsured

[ ] Adolescent Pregnancy

[ ] Food Stamp Eligible

[ ] Other

**8. Resource/TA and Training Centers ONLY**

Answer all that apply.

* 1. Characteristics of Primary Intended Audience(s)

[ ] Providers/ Professionals

[ ] Local/ Community partners

[ ] Title V

[ ] Other state agencies/ partners

[ ] Regional

[ ] National

[ ] International

b. Number of Requests Received/Answered: \_\_\_/\_\_\_\_

* 1. Number of Continuing Education credits provided: \_\_\_\_\_\_\_
  2. Number of Individuals/ Participants Reached: \_\_\_\_\_\_\_
  3. Number of Organizations Assisted: \_\_\_\_\_\_\_
  4. Major Type of TA or Training Provided:

[ ] continuing education courses,

[ ] workshops,

[ ] on-site assistance,

[ ] distance learning classes

[ ] one-on-one remote consultation

[ ] other, Specify: \_\_\_\_\_\_\_\_\_\_\_\_

**INSTRUCTIONS FOR THE COMPLETION OF FORM 7**

**PROJECT SUMMARY**

**Section 1 – Project Service Focus**

Select all that apply

**Section 2 – Project Scope**

Choose the one that best applies to your project.

**Section 3 – Grantee Organization Type**

Choose the one that best applies to your organization.

**Section 4 – Project Infrastructure Focus**

If applicable, choose all that apply.

**Section 5 – Demographic Characteristics of Project Participants**

Indicate the service level for the grant program. Multiple selections may be made. Please fill in each of the cells as appropriate.

**Direct Health Care Services** are those services generally delivered one-on-one between a health professional and a patient in an office, clinic or emergency room which may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, sub-specialty physicians who serve children with special health care needs, audiologists, occupational therapists, physical therapists, speech and language therapists, specialty registered dietitians. Basic services include what most consider ordinary medical care, inpatient and outpatient medical services, allied health services, drugs, laboratory testing, x-ray services, dental care, and pharmaceutical products and services. State Title V programs support - by directly operating programs or by funding local providers - services such as prenatal care, child health including immunizations and treatment or referrals, school health and family planning. For CSHCN, these services include specialty and sub-specialty care for those with HIV/AIDS, hemophilia, birth defects, chronic illness, and other conditions requiring sophisticated technology, access to highly trained specialists, or an array of services not generally available in most communities.

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**Section 6 – Clients Primary Language(s)**

Indicate which languages your clients speak as their primary language, other than English,for the data provided in Section 6. List up to three languages.

**Section 7 – Check all population served**

**Section 8 – Resource/TA and Training Centers (Only)**

Answer all that apply.

## **Performance Measures**

### **Core 1**

| **Core 1 PERFORMANCE MEASURE**  **Goal: Grant Impact**  **Level: Grantee**  **Domain: Core** | The percent of programs meeting the stated aims of their grant at the end of the current grant cycle |
| --- | --- |
| **GOAL** | To ensure that planned grant impact was met. |
|  |  |
| **MEASURE** | The percent of MCHB funded projects meeting their stated objectives. |
|  |  |
| **DEFINITION** | **Tier 1**: Have you met the planned objectives as stated at the beginning of the grant cycle?  *Prepopulated with the objectives from NOFO:*   * Did you meet objective 1\_\_\_\_\_\_\_\_\_\_? Y/N * Did you meet objective 2\_\_\_\_\_\_\_\_\_\_? Y/N |
|  |  |
| **BENCHMARK DATA SOURCES** | N/A |
|  |  |
| **GRANTEE DATA SOURCES** | Grantee self-reported. |
|  |  |
| **SIGNIFICANCE** |  |

### **Core 2**

|  |  |
| --- | --- |
| **Core 2 PERFORMANCE MEASURE**  **Goal: Quality Improvement**  **Level: Grantee**  **Domain: Core** | The percent of programs engaging in quality improvement and through what means, and related outcomes. |
| **GOAL** | To measure quality improvement initiatives. |
|  |  |
| **MEASURE** | The percent of MCHB funded projects implementing quality improvement initiatives. |
|  |  |
| **DEFINITION** | **Tier 1**: Are you implementing quality improvement (QI) initiatives in your program?   * Yes * No   **Tier 2**: QI initiative:  What type of QI structure do you have? (Check all that apply)   * Team established within a division, office, department, etc. of an organization to improve a process, policy, program, etc. * Team within and across an organization focused on organizational improvement * Cross sectorial collaborative across multiple organizations   What types of aims are included in your QI initiative? (Check all that apply)   * Population health * Improve service delivery (process or program) * Improve client satisfaction/ outcomes * Improve work flow * Policy improvement * Reducing variation or errors   **Tier 3**: Implementation  Are QI goals directly aligned with organization’s strategic goals? Y/ N  Has the QI team received training in QI? Y/N  Do you have metrics to track improvement? Y/N  Which methodology are you utilizing for quality improvement? (Check all that apply)   * Plan, Do, Study, Act Cycles * Lean * Six Sigma * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **Tier** **4**: What are the related outcomes?  Is there data to support improvement in population health as a result of the QI activities? Y/N  Is there data to support organizational improvement as a result of QI activities? Y/N  Is there data to support improvement in cross sectorial collaboration as a result of QI activities? Y/N |
|  |  |
| **BENCHMARK DATA SOURCES** | N/A |
|  |  |
| **GRANTEE DATA SOURCES** | Grantee self-reported. |

### **Core 3**

| **Core 3 PERFORMANCE MEASURE**  **Goal: Health Equity**  **Level: Grantee**  **Domain: Capacity Building** | The percent of programs promoting and/ or facilitating improving health equity. |
| --- | --- |
| **GOAL** | To ensure MCHB grantees have established specific aims related to improving health equity. |
|  |  |
| **MEASURE** | The percent of MCHB funded projects with specific measurable aims related to promoting health equity. |
|  |  |
| **DEFINITION** | **Tier 1**: Are you promoting and/ or facilitating health equity in your program?   * Yes * No   **Tier 2**: Please select within which of the following domains your program addresses health equity (check all that apply):   * Income * Race * Ethnicity * Language * Socioeconomic Status * Health Status * Disability * Sexual Orientation * Sex * Gender * Age * Geography – Rural/ Urban * Other: \_\_\_\_\_\_\_\_\_   **Tier 3**: Implementation  Has your program set stated goal/ objectives for health equity? Y/N  If yes, what are those aims? \_\_\_\_\_\_\_\_\_\_\_\_\_  **Tier** **4**: What are the related outcomes?  % of programs that met stated goals/ objectives around health equity  **Numerator:** # of programs that met stated specific aims around health equity  **Denominator:** # of programs that set specific aims around health equity  *\* Health equity exists when challenges and barriers have been removed for those groups who experience greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.* |
|  |  |
| **BENCHMARK DATA SOURCES** | N/A |
|  |  |
| **GRANTEE DATA SOURCES** | Grantee self-reported. |
|  |  |
| **SIGNIFICANCE** | Health equity is achieved when every individual has the opportunity to attain his or her full health potential and no one is  “disadvantaged from achieving this potential because of social position or socially determined consequences.” Achieving health equity is a top priority in the United States. |
|  |  |

### **Capacity Building (CB 3)**

|  |  |
| --- | --- |
| **CB 3 PERFORMANCE MEASURE**  **Goal: Impact Measurement**  **Level: Grantee**  **Domain: Capacity Building** | The percent of grantees that collect and analyze data on the impact of their grants on the field. |
| **GOAL** | To ensure supportive programming for impact measurement. |
|  |  |
| **MEASURE** | The percent of grantees that collect and analyze data on the impact of their grants on the field, and the methods used to collect data. |
|  |  |
| **DEFINITION** | **Tier 1**: Are you collecting and analyzing data related to impact measurement in your program?   * Yes * No   **Tier 2**: How are you measuring impact?   * Conduct participant surveys * Collect client level data * Qualitative assessments * Case reports * Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **Tier 3**: Implementation   * List of tools used * Specify Tools: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Outcomes of qualitative assessment * # of participant surveys * # of clients whose level data collected * # of case reports   **Tier** **4**: What are the related outcomes in the reporting year?  % of grantees that collect data on the impact of their grants on the field (and methods used to collect data)  **Numerator:** # of grantees that collect data on the impact of their grants on the field  **Denominator:** # of grantees  How is data collected:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  % of grantees that collect and analyze data on the impact of their grants on the field (and methods used to analyze data)  **Numerator:** # of grantees that analyze data on the impact of their grants on the field  **Denominator:** # of grantees  How is data analyzed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| **GRANTEE DATA SOURCES** | Grantee self-reported. |
|  |  |
| **SIGNIFICANCE** | Impact as referenced here is a change in condition or status of life. This can include a change in health, social, economic or environmental condition. Examples may include improved health for a community/population or a reduction in disparities for a specific disease or increased adoption of a practice. |

### **Capacity Building (CB 4)**

| **CB 4 PERFORMANCE MEASURE**  **Goal: Sustainability**  **Level: Grantee**  **Domain: Capacity Building** | The percent of MCHB funded initiatives working to promote sustainability of their programs or initiatives beyond the life of MCHB funding. |
| --- | --- |
| **GOAL** | To ensure sustainability of programs or initiatives over time, beyond the duration of MCHB funding. |
|  |  |
| **MEASURE** | The percent of MCHB funded initiatives working to promote sustainability of their programs or initiatives beyond the life of MCHB funding, and through what methods. |
|  |  |
| **DEFINITION** | **Tier 1**: Are you addressing sustainability in your program?   * Yes * No   **Tier 2**: Through what processes/ mechanisms are you addressing sustainability?   * A written sustainability plan is in place within two years of the MCHB award with goals, objectives, action steps, and timelines to monitor plan progress * Staff and leaders in the organization engage and build partnerships with consumers, and other key stakeholders in the community, in the early project planning, and I sustainability planning and implementation processes * There is support for the MCHB-funded program or initiative within the parent agency or organization, including from individuals with planning and decision making authority * There is an advisory group or a formal board that includes family, community and state partners, and other stakeholders who can leverage resources or otherwise help to sustain the successful aspects of the program or initiative * The program’s successes and identification of needs are communicated within and outside the organization among partners and the public, using various internal communication, outreach, and marketing strategies * The grantee identified, actively sought out, and obtained other funding sources and in-kind resources to sustain the entire MCHB-funded program or initiative * Policies and procedures developed for the successful aspects of the program or initiative are incorporated into the parent or another organization’s system of programs and services * The responsibilities for carrying out key successful aspects of the program or initiative have begun to be transferred to permanent staff positions in other ongoing programs or organizations * The grantee has secured financial or in-kind support from within the parent organization or external organizations to sustain the successful aspects of the MCHB-funded program or initiative   **Tier 3**: Implementation  N/A  **Tier** **4**: What are the related outcomes?  % of grants that have sustainability plans |
|  |  |
| **BENCHMARK DATA SOURCES** | N/A |
|  |  |
| **GRANTEE DATA SOURCES** | Grantee self-reported. |
|  |  |
| **SIGNIFICANCE** | In recognition of the increasing call for recipients of public funds to sustain their programs after initial funding ends, MCHB encourages grantees to work toward sustainability throughout their grant periods. A number of different terms and explanations have been used as operational components of sustainability. These components fall into four major categories, each emphasizing a distinct focal point as being at the heart of the sustainability process: (1) adherence to program principles and objectives, (2) organizational integration, (3) maintenance of health benefits, and (4) State or community capacity building. Specific recommended actions that can help grantees build toward each of these four sustainability components are included as the Tier 2 data elements for this measure. |

### **Capacity Building (CB 6)**

|  |  |
| --- | --- |
| **CB 6 PERFORMANCE MEASURE**  **Goal: Products**  **Level: Grantee**  **Domain: Capacity Building** | The percent of programs supporting the development of informational products and through what means, and related outcomes. |
| **GOAL** | To ensure supportive programming for the development of informational products. |
|  |  |
| **MEASURE** | The percent of MCHB funded projects supporting the development of informational products, and through what processes. |
|  |  |
| **DEFINITION** | **Tier 1**: Are you creating products as part of your MCHB-supported program?   * Yes * No   **Tier 2**: Indicate the categories of products that have been produced with grant support (either fully or partially) during the reporting period.  *Count the original completed product, not each time it is disseminated or presented.*   * Books * Book chapters * Reports and monographs (including policy briefs, best practice reports, white papers) * Conference presentations and posters presented * Web-based products (website, blogs, webinars, newsletters, distance learning modules, wikis, RSS feeds, social networking sites) *Excluding video/ audio products that are posted online post-production* * Audio/ Video products (podcasts, produced videos, video clips.CD-ROMs, CDs, or audio) * Press communications (TV/ Radio interviews, newspaper interviews, public service announcements, and editorial articles) * Newsletters (electronic or print) * Pamphlets, brochures, or fact sheets * Academic course development * Distance learning modules * Doctoral dissertations/ Master’s theses * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **Tier 3**: Implementation of products  # products created in each category |
|  |  |
| **GRANTEE DATA SOURCES** | Grantee self-reported. |
|  |  |
| **SIGNIFICANCE** | Advancing the field of MCH based on evidence-based, field-tested quality products. Collection of the types of and dissemination of MCH products and publications is crucial for advancing the field. This PM addresses the production and quality of new informational resources created by grantees for families, professionals, other providers, and the public. |

### **Children and Youth with Special Health Care Needs (CSHCN 1)**

| **CSHCN 1 PERFORMANCE MEASURE**  **Goal: Family Engagement**  **Level: Grantee**  **Domain: CSHCN** | The percent of programs promoting and/ or facilitating family engagement among children and youth with special health care needs. |
| --- | --- |
| **GOAL** | To ensure supportive programming for family engagement among children and youth with special health care needs. |
|  |  |
| **MEASURE** | The percent of MCHB funded projects promoting and/ or facilitating family engagement among children and youth with special health care needs. |
|  |  |
| **DEFINITION** | **Tier 1**: Are you promoting and/ or facilitating family engagement among children and youth with special health care needs in your program?   * Yes * No   **Tier 2**: Through what processes/ mechanisms are you promoting and/ or facilitating family engagement?   * Technical Assistance * Training * Product Development * Research/ Peer-reviewed publications * Outreach/ Information Dissemination/ Education * Tracking/ Surveillance * Screening/ Assessment * Referral/ care coordination * Direct Service * Quality improvement initiatives   **Tier 3**: How many are reached through those activities?  *([Report in Table 1: Activity Data Collection Form](#Table1))*  # receiving TA  # receiving training  # products developed  # peer-reviewed publications published  # receiving information and education through outreach  # receiving screening/ assessment  # referred/care coordinated  # received direct service  # participating in quality improvement initiatives  **Tier** **4**: What are the related outcomes?  % of target population with family and CSHCN leaders with meaningful roles on community/ state/ regional/ national level teams focused on CSHCN systems  **Numerator:** # of Family and CSHCN leaders with meaningful roles on community/state/regional/national level teams focused on CSHCN systems  **Denominator:** # of CSHCN in catchment area  % of racial and ethnic family and CSCHN leaders who are trained and serving on community/ state/ regional/ national level teams focused on CSHCN systems  **Numerator:** #of racial and ethnic family and CSHCN leaders trained and serving on community/state/ regional/ national level teams focused on CSHCN systems  **Denominator:** # of CSHCN in catchment area  % of target population with family of CSHCN participating in information exchange forums  **Numerator:** # participating in information exchange forums  **Denominator:** # CSHCN in catchment area  % of family and CSCHN leaders trained who report increased knowledge, skill, ability and self-efficacy to serve as leaders on systems-level teams  **Numerator:** # of family and CSHCN leaders trained who report increased knowledge, skill, ability and self-efficacy to serve as leaders on systems-level teams  **Denominator:** # of CSHCN in catchment area  **Definitions:**  Family Engagement is defined as “patients, families, their representatives, and health professionals working in active partnership at various levels across the health care system to improve health and health care.” This definition is not intended to negate the various levels or degree to which the interaction between families and professionals can take place.  Family and Youth Leaders are family members who have experience navigating through service systems and are knowledgeable and skilled in partnering with professionals to carry out necessary system changes. Family members are not limited to the immediate family within the household.  Meaningful [Support] Roles for family members/leaders are above and beyond “feedback” surveys. Families are considered to have a meaningful role in decision making when the partnership involves all elements of shared decision-making which are: collaboration, respect, information sharing, encouragement and consideration of preferences and values, and shared responsibility for outcomes. |
|  |  |
| **BENCHMARK DATA SOURCES** | Related to Healthy People 2020 Family Planning Objectives |
|  |  |
| **GRANTEE DATA SOURCES** | Title V National Performance Measure #2 |
|  |  |
| **SIGNIFICANCE** | In recent years, policy makers and program administrators have emphasized the central role of family engagement in policy-making activities. In accordance with this philosophy, MCHB is facilitating such partnerships at the local, state and national levels.  While there has been a significant increase in the level and types of family engagement, there is still a need to share strategies and mechanisms to recruit, train, monitor, and evaluate family engagement as a key component for CSHCN. |

### **Family to Family (F2F 1)**

|  |  |
| --- | --- |
| **F2F 1 Performance Measure**  **Goal: Provide National Leadership for families with children with special health needs**  **Level: Grantee**  **Category: Family Participation** | The percent of families with Children with Special Health Care Needs (CSHCN) that have been provided information, education, and/or training by Family-to-Family Health Information Centers. |
| **GOAL** | To increase the number of families with CSHCN receiving needed health and related information, training, and/or education opportunities in order to partner in decision making and be satisfied with services that they receive. |
|  |  |
| **MEASURE** | The percent of families with CSHCN that have been provided information, education and/or training by Family-to-Family Health Information Centers. |
|  |  |
| **DEFINITION** | **Numerator:** The total number of families with CSHCN in the State that have been provided information, education, and/or training from Family-To-Family Health Information Centers.  **Denominator:** The number of families that can be reasonably served with provided federal grant funds.  **Units:** 100 **Text:** Percent |
|  |  |
| **BENCHMARK DATA SOURCES** | Related to Objective MICH-31: Increase the proportion of children with special health care needs who receive their care in family-centered, comprehensive, coordinated systems |
|  |  |
| **GRANTEE DATA SOURCES** | Progress reports from Family-To-Family Health Care Information and Education Centers, National Survey for Children’s Health (NSCH), Title V Information System |
|  |  |
| **SIGNIFICANCE** | The last decade has emphasized the central role of families as informed consumers of services and participants in policy-making activities. Research has indicated that families need information they can understand and information from other parents who have experiences similar to theirs and who have navigated services systems. |

**DATA COLLECTION FORM FOR DETAIL SHEET #F2F 1**

|  |
| --- |
| **A. Providing Information, Education, and/or Training** |
| The number of families that can be reasonably served with provided federal grant funds: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **1. The total number of families served is based solely on “one-to-one” service conducted by the F2F.**  a. Total number of families served/trained: \_\_\_\_\_\_\_\_\_\_\_  b. Of the total number of families served/trained, how many families identified themselves as  *Ethnicity*   1. Hispanic 2. Non-Hispanic   *Race*   1. White 2. Black or African American 3. Asian 4. Native Hawaiian or Pacific Islander 5. Native American/American Indian or Alaskan Native 6. Some other Race 7. Multiple races 8. Unknown   c. Total instances of service/training provided (this will be a duplicated count): ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  d. Of the total instances of service, how many provided   1. Individualized assistance (Includes one-on-one instruction, consultation, counseling, case management, and mentoring) \_\_\_\_\_ 2. Basic contact information and referrals \_\_\_\_\_\_ 3. Group training opportunities \_\_\_\_\_\_ 4. Meetings/Conferences and Public Events (includes outreach events and presentations) \_\_\_\_\_\_\_   e. Of the total number of families served/trained, how many instances of service related to the following issues:  1. Partnering/decision making with providers  Number of families served/trained \_\_\_\_\_  2. Accessing a medical home  Number of families served/trained \_\_\_\_\_\_\_  3. Financing for needed health services  Number of families served/trained \_\_\_\_\_\_\_  4. Early and continuous screening  Number of families served/trained \_\_\_\_\_\_  5. Navigating systems/accessing community services easily  Number of families served/trained \_\_\_\_\_\_\_  6. Adolescent transition issues  Number of families served/trained \_\_\_\_\_\_  7. Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number of families served/trained \_\_\_\_\_\_ |
| **2. Our organization provided health** **care information/education to professionals/providers to assist them in better providing services for CSHCN.**  a. Total number of professionals/providers served/trained: \_\_\_\_\_\_\_\_\_\_\_  b. Total instances of service/training provided (this will be a duplicated count): ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  c. Of the total number of professionals/providers served/trained, how many instances of service were used to provide health care information/education related to the following issues:  1. Partnering/decision making with families  Number of professionals/providers served/trained: \_\_\_\_\_  2. Accessing/providing a medical home  Number of professionals/providers served/trained: \_\_\_\_\_  3. Financing for needed services  Number of professionals/providers served/trained: \_\_\_\_\_  4. Early and continuous screening  Number of professionals/providers served/trained: \_\_\_\_\_  5. Navigating systems/accessing community services easily  Number of professionals/providers served/trained: \_\_\_\_\_  6. Adolescent transition issues  Number of professionals/providers served/trained: \_\_\_\_\_  7. Other (Specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number of professionals/providers served/trained: \_\_\_\_\_\_ |
| 3. Our organization conducted communication and outreach to families and other appropriate entities through a variety of methods.   1. Select the modes of how print/media information and resources are disseminated. (Select all that apply).    * Electronic newsletters and listservs    * Hardcopy    * Public television/radio    * Social media (Specify platform): \_\_\_\_\_\_\_\_\_    * Text messaging   4. Our organization worked with State agencies/programs to assist them with providing services to their populations and/or to obtain their information to better serve our families.  a. Types of State agencies/programs - Total: \_\_\_\_\_\_\_\_\_  b. Indicate the types of State agencies/programs with which your organization has worked:   1. State level Commissions, Task Forces, etc. 2. MCH/CSHCN 3. Genetics/newborn screening 4. Early Hearing Detection and Intervention/Newborn Hearing screening 5. Emergency Medical Services for Children 6. LEND Programs 7. Oral Health 8. NICHQ Learning Collaboratives 9. Developmental Disabilities 10. Medicaid (CMS),SCHIP 11. Private Insurers 12. Case Managers 13. SAMHSA/Mental & Behavioral Health 14. Federation of Families for Children’s Mental Health 15. HUD/housing 16. Early Intervention/Head Start 17. Education 18. Child Care 19. Juvenile Justice/Judicial System 20. Foster Care/Adoption agencies 21. Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 22. None |
| **B. MODELS of family engagement Collaboration** |
| **1. Our organization served/worked with community-based organizations to assist them with providing services to their populations and/or to obtain their information to better serve our families.**  a. Types of community-based organizations - Total: \_\_\_\_\_\_\_\_\_  b. Indicate the types of community-based organizations with which your organization has worked:   * Other family organizations, groups * Medical homes, providers, clinics * Children’s hospitals * American Academy of Pediatrics Chapter * Hospitals - Residents, hospital staff training * Hospitals - Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Universities - Schools of Public Health * Universities - Schools of Nursing * Universities - Schools of Social Work * Community Colleges * Schools * Interagency groups * Faith-based organizations, places of worship * Non-Profits, such as United Cerebral Palsy, March of Dimes, etc) * Ethnic/racial specific organizations * Community Teams * Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * None   **2. Family-to-Family Health Information Center goals/objectives were accomplished through formal and informal partnership strategies and practices.**   1. Number of agreements with partners (from partners identified in items 3 and 4). Total \_\_\_\_\_\_\_ 2. Indicate the type of partnership agreements that were in place during the reporting period:  * Subcontract * Memorandum of Understanding/Agreement * Letter of Invitation/Acceptance/Support * Informal/Verbal Arrangement * Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1. **Our organization is staffed by families with expertise in Federal and State public and private health care systems.** 2. Number of Family-to-Family FTE \_\_\_\_\_\_\_ 3. Number of FTE who are family/have a disability \_\_\_\_\_ |
|  |