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#### **FAMILY TO FAMILY FORM**

On the **Family to Family** forms, the grantees provide details on increasing the number of families with children who have special health needs (CSHCN) and providers receiving needed health and related information, training, and education opportunities to partner in decision making and be satisfied with services they receive.

#### APPLICABLE REPORT TYPES

The report types are as follows:

- New Competing Performance Reports (NCPR)
- Non-Competing Continuation Performance Reports (NCCPR)
- Project Period End Reports (PPER)

Figure 1: Family to Family Form

Family to Family Form			
Applicable Forms	Report Types		
	NCPR	NCCPR	PPER
Family to Family Form	✓	✓	<b>✓</b>

#### **FAMILY TO FAMILY FORM**

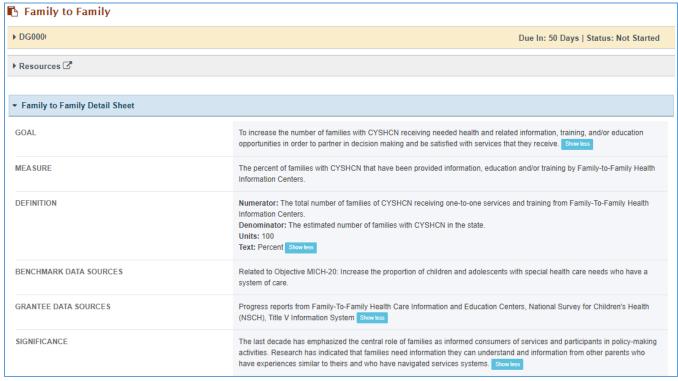
#### FORM INSTRUCTIONS

#### FAMILY TO FAMILY DETAIL SHEET

The following information is under the **Family to Family Detail Sheet**. The grantee may expand the accordion menu to view the following details:

- 1. Goal
- 2. Measure
- 3. Definition
- 4. Benchmark Data Sources
- 5. Grantee Data Sources
- 6. Significance

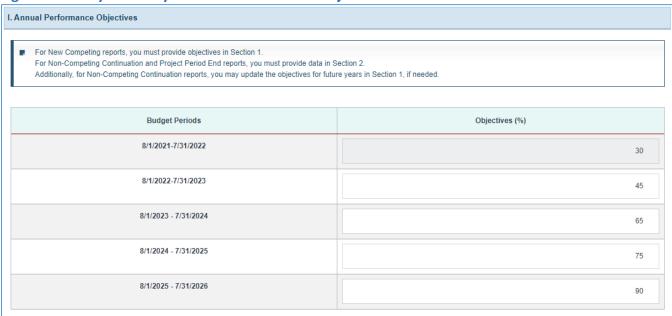
#### Figure 2: Family to Family: Detail Sheet



#### ANNUAL PERFORMANCE OBJECTIVES (REQUIRED)

- 1. In this section, the grantee must provide objectives **NCPRs**:
  - a. Objectives (%): Enter an integer from 0-100.
- 2. For NCCPRs and PPERs:
  - a. Pre-population: All budget period objectives will be prepopulated from the previously approved report.
  - b. Annual Performance Objectives: For current and previous years, annual objective fields will not be editable.
  - c. For **NCCPRs** future years, grantees will have the ability to edit/modify the annual objective fields if needed.

Figure 3: Family to Family: Annual Performance Objectives



#### DATA COLLECTION FOR DETAIL SHEET - F2F 1 (REQUIRED)

In this section, the grantee must answer the following questions:

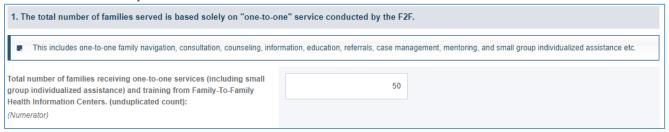
1. Providing Information, Education, and/or Training: This is the number of families in the state with CSHN as reported by the National Survey of Children's Health. Enter an integer from 0–999,999.

Figure 4: Family to Family: PROVIDING INFORMATION, EDUCATION, AND/OR TRAINING



2. The total number of families served is based solely on "one-to-one" service conducted by the F2F: This is total number of families receiving one-to-one services (including small group individualized assistance) and training from Family-To-Family Health Information Centers. (unduplicated count). Enter an integer from 0–999,999.

Figure 5: Family to Family: The total number of families served is based solely on "one-to-one" service conducted by the F2F



- 3. Of the total number of families served/trained, how many families identified themselves as the following ethnicities?
  - a. Hispanic: Enter an integer from 0–999,999.
  - b. Non-Hispanic: Enter an integer from 0-999,999.
  - c. Unknown: Enter an integer from 0-999,999.
  - d. *Total*: This will be automatically calculated as sum of all the above fields.

<u>NOTE</u>: The value of the *Total* field should match the *Total number of families receiving one-to-one services*. If it does not match, the system will show an error.

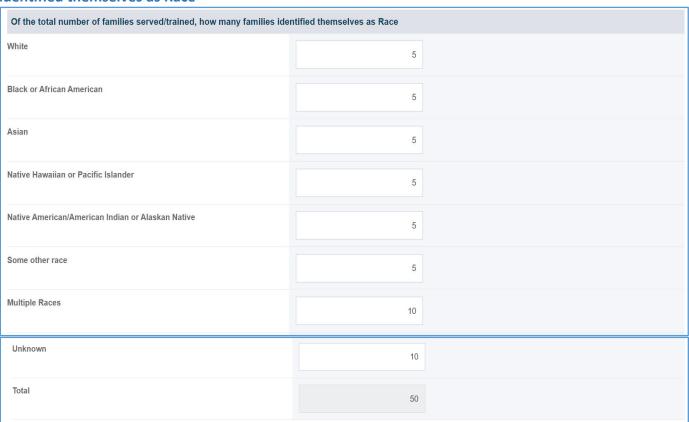
Figure 6: Family to Family: Of the total number of families served/trained, how many families identified themselves as Ethnicity



- 4. Of the total number of families served/trained, how many families identified themselves as one of the following races?
  - a. White: Enter an integer from 0-999,999.
  - b. Black or African American: Enter an integer from 0–999,999.
  - c. Asian: Enter an integer from 0–999,999.
  - d. Native Hawaiian or Pacific Islander: Enter an integer from 0–999,999.
  - e. Native American/American Indian or Alaskan Native: Enter an integer from 0-999,999.
  - f. Some Other race: Enter an integer from 0–999,999.
  - g. Multiple Races: Enter an integer from 0–999,999.
  - h. Unknown: Enter an integer from 0-999,999.
  - i. *Total*: Enter an integer from 0–999,999.

<u>NOTE</u>: The value of the *Total* field should match the *Total number of families receiving one-to-one services*; if it does not match, the system will show an error.

Figure 7: Family to Family: Of the total number of families served/trained, how many families identified themselves as Race



#### THE TYPES OF SERVICES PROVIDED TO FAMILIES (REQUIRED)

1. Total number of services/trainings provided to families: Enter an integer from 0-999,999.

#### Note the following information before completing this section:

- This will be a duplicated count.
- The value of the Total field should be greater than or equal to the *Total number of families receiving one-to-one services*. If it is not, the system will display an error.

Figure 8: Family to Family: The types of services provided to families

2. The types of services provided to families.		
Total number of service/trainings provided to families: (This will be a duplicated count)	50	

- 2. Of the total numbers of service/trainings, how many provided:
  - a. *Individual assistance*: This includes one-on-one instruction, consultation, counseling, case management and mentoring. Enter an integer from 0–999,999.
  - b. Basic Contact Information and Referrals: Enter an integer from 0–999,999.
  - c. Group Training Opportunities: Enter an integer from 0–999,999.
  - d. *Meetings/Conferences and Public Events*: This includes outreach events and presentations. Enter an integer from 0–999,999.

Figure 9: Family to Family: Of the total numbers of service/trainings, how many provided

Of the total numbers of service/trainings, how many provided	
Individualized assistance (Includes one-on-one instruction, consultation, counselling, case management and mentoring)	10
Basic contact information and referrals	12
Group training opportunities	15
Meetings/Conferences and Public Events (includes outreach events and presentations)	13

- 3. Our organization provided health care information/education to professionals/providers to assist them in better providing services for (Children and Youth with Special Health Care Needs) CYSHCN:
  - a. *Total number of professionals/providers served/trained:* Enter an integer from 0–999,999. (NOTE: This will be a unduplicated count.)

Figure 10: Family to Family: Our organization provided health care information/education to professionals/providers to assist them in better providing services for CYSHCN

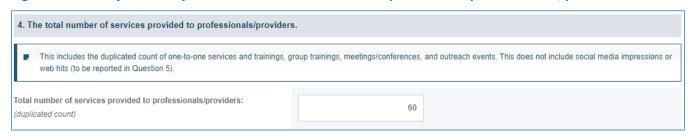
3. Our organization provided health care information/education to professionals/providers to assist them in better providing services for CYSHCN.		
Total number of professionals/providers served/trained: (unduplicated count)	45	

- 4. The total number of services provided to professionals/providers:
  - a. Total number of services provided to professionals/providers: Enter an integer from 0– 999,999.

Note the following information before completing this section:

- This will be a duplicated count.
- The value of the Total field should be greater than or equal to the *Total number of professionals/providers served/trained*. If it is not, the system will display an error.

Figure 11: Family to Family: The total number of services provided to professionals/providers



- 5. Our organization conducted communication and outreach to families and other appropriate entities through a variety of methods:
  - a. Select the modes of how print/media information and resources are disseminated: Select all that apply.
  - b. Social media platform description: Enter the description. (NOTE: This is required if the grantee selected Social media Other.)

Figure 12: Family to Family: The total number of services provided to professionals/providers

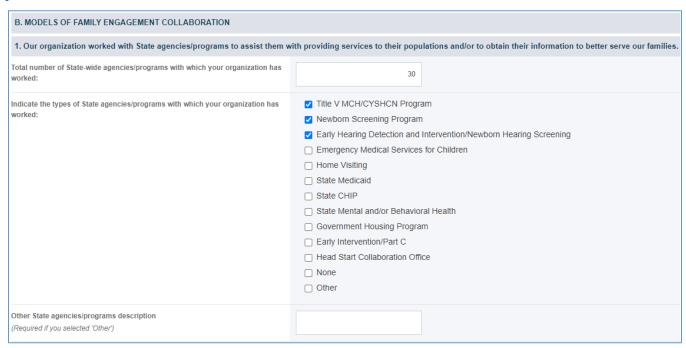


#### MODELS OF FAMILY ENGAGEMENT COLLABORATION (REQUIRED)

The grantee must provide responses to the following question(s):

- 1. 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. Total number of State-wide agencies/programs with which your organization has worked: Enter an integer from 0–999,999.
  - b. Indicate the types of State agencies/programs with which your organization has worked: Select all that apply.
  - c. Other State agencies/programs description: Enter a description. (NOTE: This is required if the grantee selected Other.)

Figure 13: Family to Family: 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



- 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. Total number of community-based organizations: Enter an integer from 0-999,999.
  - b. Indicate the types of community-based organizations with which your organization has worked: Select all that apply.
  - c. Other community-based organization description: Enter a description. Grantee must enter a description if selected 'Other community organization'.
  - d. Of those community-based organizations, indicate if any were dedicated to specific populations: Select all that apply.
  - e. Specify Other Population description: Enter a description. Grantee must enter a description if selected 'Other'.

# Figure 14: Family to Family: 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

2. 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.			
Total number of community-based organizations:	35		
Indicate the types of community-based organizations with which your organization has worked:	<ul> <li>✓ Medical homes, providers, clinics, hospitals</li> <li>✓ Provider organizations (for example, American Academy of Pediatrics chapter)</li> <li>✓ Provider training programs (for example, residency programs; schools of medicine, nursing, public health, LEND programs, social work, etc.)</li> <li>✓ Schools (K-12, pre-school)</li> <li>← Faith-based organizations, places of worship</li> <li>← Condition-specific organizations (for example, United Cerebral Palsy, March of Dimes, etc.)</li> <li>← Child care programs</li> <li>← Local Head start</li> <li>← None</li> <li>← Other community organization</li> </ul>		
Other community-based organization description (Required if you selected 'Other')			
Of those community-based organizations, indicate if any were dedicated to specific populations:	✓ American Indian or Alaska Native ✓ Black or African-American  ☐ Hispanic or Latino ☐ Asian-American, Native Hawaiian or Pacific Islander ☐ Other		
Specify Other Population description (Required if you selected 'Other')			

3. Number of staff who work on Family-to-Family HIC activities: Enter an integer from 0–999,999.

#### Figure 15: Family to Family: Number of staff who work on Family-to-Family HIC activities



4. Number of near/full-time (30+ hours/week) F2F staff who are family/have a disability: Enter an integer from 0–999,999.

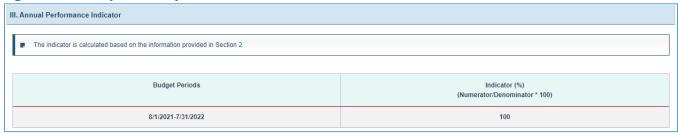
## Figure 16: Family to Family: Number of near/full-time (30+ hours/week) F2F staff who are family/have a disability



#### ANNUAL PERFORMANCE INDICATOR

This section will be automatically populated based on the information provided in section 2, Data Collection for Detail Sheet – F2F 1.

Figure 17: Family to Family: Annual Performance Indicator



#### **COMMENTS**

The grantee may provide additional comments here.

#### **Figure 18: Family to Family: COMMENTS**

С	COMMENTS			
	0/5000 characters			

#### FORM-LEVEL RULES AND VALIDATIONS

- 1. For **NCPRs**, the grantee must provide objectives in section 1.
- 2. For NCCPRs and PPERs, the grantee must provide data in section 2.
- 3. For **NCCPRs**, the grantee may update the objectives for future years in section 1, if needed.
- 4. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).