

DGIS USER GUIDE FAMILY TO FAMILY FORM

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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	✓	✓	✓

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

Family to Family	
▶ DG000i Due In: 50 Days Status: Not Started	
▶ Resources ↗	
▼ Family to Family Detail Sheet	
GOAL	To increase the number of families with CYSHCN 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. Show less
MEASURE	The percent of families with CYSHCN that have been provided information, education and/or training by Family-to-Family Health Information Centers.
DEFINITION	Numerator: The total number of families of CYSHCN receiving one-to-one services and training from Family-To-Family Health Information Centers. Denominator: The estimated number of families with CYSHCN in the state. Units: 100 Text: Percent Show less
BENCHMARK DATA SOURCES	Related to Objective MICH-20: Increase the proportion of children and adolescents with special health care needs who have a system of care.
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 Show less
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. Show less

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

I. Annual Performance Objectives	
<p>■ For New Competing reports, you must provide objectives in Section 1. For Non-Competing Continuation and Project Period End reports, you must provide data in Section 2. Additionally, for Non-Competing Continuation reports, you may update the objectives for future years in Section 1, if needed.</p>	
Budget Periods	Objectives (%)
8/1/2021-7/31/2022	30
8/1/2022-7/31/2023	45
8/1/2023 - 7/31/2024	65
8/1/2024 - 7/31/2025	75
8/1/2025 - 7/31/2026	90

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

II. Data Collection for Detail Sheet - F2F1	
A. PROVIDING INFORMATION, EDUCATION, AND/OR TRAINING	
The estimated number of families with CYSHCN in your state: <i>(Denominator: data from the National Survey of Children's Health)</i>	<input type="text" value="50"/>

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

1. The total number of families served is based solely on "one-to-one" service conducted by the F2F.	
■ This includes one-to-one family navigation, consultation, counseling, information, education, referrals, case management, mentoring, and small group individualized assistance etc.	
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): <i>(Numerator)</i>	<input type="text" value="50"/>

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.

NOTE: 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

Of the total number of families served/trained, how many families identified themselves as Ethnicity	
Hispanic	20
Non-Hispanic	20
Unknown	10
Total	50

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.

NOTE: 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

Of the total number of families served/trained, how many families identified themselves as Race	
White	5
Black or African American	5
Asian	5
Native Hawaiian or Pacific Islander	5
Native American/American Indian or Alaskan Native	5
Some other race	5
Multiple Races	10
Unknown	10
Total	50

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: <i>(This will be a duplicated count)</i>	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 <i>(Includes one-on-one instruction, consultation, counseling, case management and mentoring)</i>	10
Basic contact information and referrals	12
Group training opportunities	15
Meetings/Conferences and Public Events <i>(includes outreach events and presentations)</i>	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: <i>(unduplicated count)</i>	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

4. The total number of services provided to professionals/providers.

■ This includes the duplicated count of one-to-one services and trainings, group trainings, meetings/conferences, and outreach events. This does not include social media impressions or web hits (to be reported in Question 5).

Total number of services provided to professionals/providers:
(duplicated count)

60

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

5. Our organization conducted communication and outreach to families and other appropriate entities through a variety of methods.

Select the modes of how print/media information and resources are disseminated:
(Select all that apply)

- Electronic newsletters and listservs
- Hardcopy/print
- Public television/ radio
- Text messaging
- Social media - Facebook
- Social media - Twitter
- Social media - Instagram
- Social media - Other

Social media platform description
(Required if selected 'Other' Social Media)

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*

B. MODELS OF FAMILY ENGAGEMENT COLLABORATION	
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.	
Total number of State-wide agencies/programs with which your organization has worked:	<input type="text" value="30"/>
Indicate the types of State agencies/programs with which your organization has worked:	<input checked="" type="checkbox"/> Title V MCH/CYSHCN Program <input checked="" type="checkbox"/> Newborn Screening Program <input checked="" type="checkbox"/> Early Hearing Detection and Intervention/Newborn Hearing Screening <input type="checkbox"/> Emergency Medical Services for Children <input type="checkbox"/> Home Visiting <input type="checkbox"/> State Medicaid <input type="checkbox"/> State CHIP <input type="checkbox"/> State Mental and/or Behavioral Health <input type="checkbox"/> Government Housing Program <input type="checkbox"/> Early Intervention/Part C <input type="checkbox"/> Head Start Collaboration Office <input type="checkbox"/> None <input type="checkbox"/> Other
Other State agencies/programs description <i>(Required if you selected 'Other')</i>	<input type="text"/>

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

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

3. Number of staff who work on Family-to-Family HIC activities.	
Number of staff who work on Family-to-Family HIC activities:	<input type="text" value="30"/>

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

5. Number of part-time F2F staff who are family/have a disability.	
Number of part-time F2F staff who are family/have a disability:	<input type="text" value="35"/>

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

III. Annual Performance Indicator	
■ The indicator is calculated based on the information provided in Section 2.	
Budget Periods	Indicator (%) (Numerator/Denominator * 100)
8/1/2021-7/31/2022	100

COMMENTS

The grantee may provide additional comments here.

Figure 18: Family to Family: COMMENTS

COMMENTS
<div style="border: 1px solid #ccc; height: 60px; width: 100%;"></div> <p>0/5000 characters</p>

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).