ATTACHMENT 4: *Collaborative Self-Assessment*

Now is the Time – Healthy Transitions
ADVISORY TEAM SELF ASSESSMENT

[RESPONDENT SHOULD NOT HAVE TO SCROLL THE PAGE; INCLUDE ONLY AS MANY ITEMS AS FIT ON ONE SCREEN]

SA1INTRO
Thank you for taking the time to complete the Collaborative Self-Assessment Survey.

The Self-Assessment Survey is designed to be completed annually and is a crucial component of the Now is the Time-Healthy Transition (NITT-HT) National Evaluation. The self-assessment will track specific steps and progress toward systems change goals by NITT-HT Grantee communities through their teams.

- **Please answer the following questions thinking about the team's accomplishments. We expect these to change over time. There are no right or wrong answers.**
- ***As detailed in our recruitment letter and instructions for self-assessment completion, please involve anyone active in team decision-making or use of team decisions in completing the survey.*** In addition to providing crucial information, team participants may not value self-assessment findings if they are not consulted on survey responses (see recruitment letter for details on how to do this).
- **Some sections (e.g., Budgeting & Financing), may need input from individuals not on the team (e.g. fiscal agent or local partners). Please** consult these individuals or others as necessary to provide complete information.
- **Prior to starting the Self-Assessment Survey, it would be helpful to collect official documentation related to functioning of the team** so that it is handy for reference when needed (e.g., some items specifically refer to meeting minutes and other such documentation).

Before attempting to complete the survey for the first time, it might be wise to: a) review items to identify those that will require discussion or data collection, and b) create an action plan to accomplish necessary discussion or data collection. In this way, the team can ensure that necessary information needed for survey completion from documentation, individual team members, or outside informants is

used considered in survey responses. To review the survey, click the "Collaborative Self-Assessment Survey" link on the left side of your screen.
[PROGRAMMER NOTE: PLEASE INLCUDE HYPERLINK SO RESPONDENT CAN CLICK TO REVIEW/PRINT THE SURVEY]

Once all necessary information is gathered as described above and in the recruitment letter, we anticipate this survey will take 50 minutes to complete. If you start and are unable to complete the survey, you can return to complete it at a later time using the same link, ID and password. All answers will be automatically saved and the survey will continue where you left off. When you have completed all questions, press "Submit" on the final screen. **Please complete this survey by [ENTER DATE]**. *If you anticipate difficulties in completing the survey by this date for whatever reason, please contact your Senior Liaison [INSERT LIAISON NAME] as soon as possible*.

[PROGRAMMER NOTE: CREATE IMPORTANT REMINDER LINK OR HYPERLINK ON SCREEN FOR RESPONDENT TO CLICK TO GET THESE THREE BULLERS]

IMPORTANT REMINDERS:

- ***All questions reference the 12 month period from*** [FILL IN DATE HERE] ***through*** [FILL IN DATE HERE].

- ***Report only those actions your team has already undertaken.*** Do **NOT** report activities your team plans to do in the future.

- ***Please read all questions, definitions and terms carefully.*** Don't hesitate to contact us at [FILL IN CONTACT INFO HERE] if you have any questions about a survey question, definition or term.

Thank you again for your participation and support of the NITT-HT project.

Grantee Background

According to our records, you are affiliated with the following. Please indicate whether this information is correct, or not.

SA1GRNTID
[GRANTEE ID PRELOAD]
1 Yes
2 No

SA1LLNAME
[LLNAME PRELOAD]
1 Yes
2 No

SA1ADVTEAM
[TEAM PRELOAD VARIABLE] participant
1 Yes
2 No

[IF SA1GRNTID=NO GET SA1GRNTIDO; ELSE SKIP TO SA1LLNAMEO]

SA1GRNTIDO
Please select from the drop down menu your correct grantee state and ID.
[DROP DOWN BOX]

AK – SM061910
CT – SM061971
DC – SM061903
DE – SM061931
FL – SM061898
KY – SM061899
MA – SM061850
MD – SM061917
ME – SM061843
NM – SM061905
NY – SM061900
OK – SM061842
PA – SM061915
RI – SM061885
TN – SM061867
UT – SM061974
WI – SM061916

[IF SA1LLNAME=NO GET SA1LLNAMEO; ELSE SKIP TO SA1ADTEAMO]
SA1LLNAMEO
Please select from the drop down menu the Learning Laboratory for which you're associated. (Note: The Learning Laboratory is one of the NITT-HT projects funded in different localities to implement NITT-HT through the state grant.
[LL PRELOAD VARIABLE]

[IF SA1ADVTEAM=NO GET SA1ADVTEAMO; ELSE SKIP TO SA1FY0001]
SA1ADVTEAMO
Please select from the drop down menu the team for which you are a participant.
[ADVTEAM PRELOAD VARIABLE]

SA1FY0001
Please select the fiscal year for which you are reporting data:

Fiscal Year
2015-2016
2016-2017
2017-2018
2018-2019
[QUESTION TYPE: RADIO BUTTONS]

SA1RNAME1
Please enter your name as the person designated to complete this survey on behalf of your team. Please note that responses should reflect input of the entire team, approved by the team leadership or by consensus.
[TEXT BOX 50 CHARACTERS]

SA1ROLE
Please indicate your role as a participant in the [**IF SA1ADVTEAM=1 INSERT; ELSE INSERT SA1ADVTEAMO**]. Are you a…

1 Provider (someone whose primary role is to provide assessment, intake, outreach, or services to youth and young adults)
2 Project Director
3 Other Administrator or supervisor
4 Evaluator or evaluator assistant
5 Youth Coordinator
6 Youth/Young Adult currently or formerly receiving services
7 Family member of a youth/young adult currently or formerly receiving services
8 Some other role

[IF SA1ROLE=8]
SA1ROLEO
Please specify your role as a participant in the [**IF SA1ADVTEAM=1 INSERT; ELSE INSERT SA1ADVTEAMO**].

[TEXT BOX 250 CHARACTERS]

SA1NUMMEM

Approximately how many members are there on the [**IF SA1ADVTEAM=1 INSERT; ELSE INSERT SA1ADVTEAMO**] NOTE: Please give a specific number. These should be *regular members*, so avoid including individuals who have only attended the team once or twice in your count.
[NUMERICAL RANGE 0-100]

SA1NUMYAY
How many young adults with lived experience regularly attend at least half of the [**IF SA1ADVTEAM=1 INSERT; ELSE INSERT SA1ADVTEAMO**] meetings?

Please note "young adults" are age 16-25 and "lived experience" refers to experience in services similar to those provided by the NITT-HT initiative and selected to participate for this reason (though naturally other characteristics may have played a role in their selection as well.

[NUMERICAL RANGE 0-100]

SA1NUMFAM
How many family members (of young adults currently or previously in services) regularly attend at least half of the [**IF SA1ADVTEAM=1 INSERT; ELSE INSERT SA1ADVTEAMO**] meetings?
[NUMERICAL RANGE 0-100]

SA1LEADR
Does your team have a leader or co-leaders?
1 Yes
2 No

SA1CHAIR1
How long has/have your leader or co-leaders held their position as of [FILL IN DATE]? _____ months

SA1CHAIR2
Was the leadership role vacant at any time from [FILL DATE] to [FILL DATE]?
1 Yes
2 No

[IF SA1CHAIR2=YES GET SA1CHAIRO]
SA1CHAIRO
How many months between [FILL DATE] to [FILL DATE] was this position vacant?
_____ months

SA1STAFF1
Does the team have any designated staff (i.e., individuals employed for at least part of their time to assist the team)?
1 Yes

2 No

[IF SA1STAFF1=1 GET SA1STFUND1; ELSE SKIP TO SA1GOVERN1]
Please indicate below the amount of time funded and source of funding for each of these staff members, do not identify these individuals by name; merely indicate their funded time and the source of the funding. NOTE: if there are more than three staff members receiving funding, identify the three that receive the most funding in terms of proportion of their time covered of 100%.

SA1STFUND1
Staff Member#1
[NUMERICAL VAR 1-100] % time assisting the team (out of 100%)

SA1STFUND1S
Employed how? Through…
1 A nonprofit organization
2 Lead agency for NITT-HT grant [FILL IN NAME OF LEAD AGENCY] through NITT-HT funds
3 Lead agency for NITT-HT grant through other agency funds.
4 Other public agency
5 Other, please specify: **SA1STFUND1O** [TEXT BOX 200 CHARACTERS]

SA1STFUND2
Staff Member#2
[NUMERICAL VAR 1-100] % time assisting the team (out of 100%)

SA1STFUND2S
Employed how? Through…
1 A nonprofit organization
2 Lead agency for NITT-HT grant [FILL IN NAME OF LEAD AGENCY] through NITT-HT funds
3 Lead agency for NITT-HT grant through other agency funds.
4 Other public agency
5 Other, please specify: **SA1STFUND2O** [TEXT BOX 200 CHARACTERS]

SA1STFUND3
Staff Member#3
[NUMERICAL VAR 1-100] % time assisting the team (out of 100%)

SA1STFUND3S
Employed how? Through…
1 A nonprofit organization
2 Lead agency for NITT-HT grant [FILL IN NAME OF LEAD AGENCY] through NITT-HT funds
3 Lead agency for NITT-HT grant through other agency funds.
4 Other public agency
5 Other, please specify: **SA1STFUND3O** [TEXT BOX 200 CHARACTERS]

SA1GOVERN1

Which of the following best describes the team governance as of [FILL IN DATE]? (select all that apply)

1 Information sharing among participants about useful community resources, accomplishments of the initiative, etc.
2 Advisory (makes recommendations, no decisions)
3 Decision-making (partners are expected to conform to decisions of group regarding "big picture" issues related to aims and priorities, though operational decision-making is left to a separate group or "leadership team")
4 Leadership (group makes most practical decisions related to initiative, including how money is spent, hiring, etc.)
5 Other, please explain: **SA1GOVERN1O** [TEXT BOX 200 CHARACTERS]

TEAM DEVELOPMENT PRODUCTS & ACTIVITIES

SA1DOCSINTRO

Which ***advisory team documents*** or other products were either (a) ***developed*** during a prior fiscal year and in use throughout fiscal year [INSERT SA1FY0001] **OR** (b) ***developed or updated*** during fiscal year [INSERT SA1FY0001] and in use for the remainder of the year?

Team Product or Protocol	Yes	No
Governance		
SA1DOCSG1 Team membership requirements.		
SA1DOCSG2 Team by-laws and/or written procedures.		
SA1DOCSG3 Descriptions of Team member roles and responsibilities.		
SA1DOCSG4 Interagency agreements or Memoranda of Agreement (MOAs)		
SA1DOCSG5 Interagency Memoranda of Understanding (MOUs)		
SA1DOCSG6 Team by-laws or other procedural documents that provide specifically for young adults position(s) on the Team.		
SA1DOCSG7 Team by-laws or other procedural documents that relate to young adult position(s) on the Team.		
SA1DOCSG8 Team by-laws or other procedural documents that relate to family member position(s) on the Team.		
Budgeting and Financing		
SA1DOCSB1 Fiscal inventory to determine the level of resources applied to Grantee or Learning Laboratory strategies.		
SA1DOCSB2 Community resource map to determine the level of resources directed toward a specific strategy.		
SA1DOCSB3 Plans for resource development and sustainability.		
Communication and Publicity		
SA1DOCSC1 Team website.		
SA1DOCSC2 Resource guide and/or directory of agencies/services.		
SA1DOCSC3 Additions, revisions, to social marketing plan [IF SA1DOCSC3=1 GET SA1DOCSC3O;		

ELSE SKIP TO SA1DOCSO1]			
SA1DOCSC3O Please identify (i.e., specific objectives, activities added to the plan): [TEXT BOX 200 CHARACTERS]			
Other Products and Protocols (please specify)			
SA1DOCSO1 Other products and protocols, please specify: [TEXT BOX 200 CHARACTERS]			

Which **team *activities*** occurred DURING the period from [FILL IN DATE] through [FILL IN DATE]?

	Team Activity	Yes	No
	Governance		
SA1ACTG1 Team membership was broadened to represent more stakeholder individuals, groups, or organizations of the community. **[IF SA1ACTG1=YES GET; ELSE SKIP TO SA1ACTG2]** Please identify the groups or organizations: *NOTE: If more than 5 were added, focus on the 5 that most broadened representation in the estimation of team members.* **SA1ACTG1O1** [TEXT BOX] **SA1ACTG1O2** [TEXT BOX] **SA1ACTG1O3** [TEXT BOX] **SA1ACTG1O4** [TEXT BOX] **SA1ACTG1O5** [TEXT BOX]			

SA1ACTG2 Team meetings, as documented in meeting minutes or other records, occurred: *(check only one)* Monthly. Bi-monthly (that is, every other month) Quarterly Other (please specify) [PROGRAM RADIO BUTTON]

	Team Activity	Yes	No
SA1ACTG3 The team developed relationships with other interagency teams or groups in the county.			
SA1ACTG4 Bylaws or written procedures governed team decision-making as documented in meeting			

minutes.		
The following subcommittees and/or task forces functioned for decision-making: **SA1ACTG5** Executive or governing board/body **SA1ACTG6** Annual/strategic planning committee (or equivalent) **SA1ACTG7** Finance committee (or equivalent) that was responsible for fiscal oversight, budget development and other fiscal processes. **SA1ACTG8** Evaluation committee (or equivalent) that oversaw the evaluation process. **SA1ACTG9** Youth/Young Adult advisory board **SA1ACTG10** Family advisory board **SA1ACTG11** Team to oversee new strategy or practice **SA1ACTG12** Other: **SA1ACTG12** [TEXT BOX]		

	Team Activity	**Yes**	**No**
	Planning and Evaluation		
SA1ACTP1 Team members presented with a summary of **LOCAL** evaluation findings. NOTE: Please do not include summaries of **NATIONAL** data (e.g., from this form) in rating this item			
SA1ACTP2 Team members had someone to ask questions of so they could understand findings AND responses from this source were clear and informative.			
SA1ACTP3 Team members *meaningfully* used evaluation data in their planning and decision making (e.g., made different decisions than they would have without access to the data).			
SA1ACTP4 Developed or adopted best practice interventions or other strategies. **[IF SA1ACTP4 =YES GET; ELSE SKIP TO SA1ACTP5]** Name these best practice interventions or other strategies. Note if more than 5 new practices or strategies developed. **SA1ACTP401 #1 [TEXT BOX]** **SA1ACTP402 #2 [TEXT BOX]** **SA1ACTP403 #3 [TEXT BOX]** **SA1ACTP404 #4 [TEXT BOX]** **SA1ACTP405 #5 [TEXT BOX]**			

SA1ACTP5
New best practice strategies and interventions were specifically evaluated (i.e., had their own respective, specific evaluation plans).
(select ONE of the options below)
 	
       1 ALL new best practice strategies and interventions were specifically evaluated
       2 MOST new best practices strategies and interventions were specifically evaluated
       3 New best practice strategies and interventions were not consistently evaluated.

[PROGRAM RADIO BUTTON]

SA1ACTP6

Team members used evaluation findings to monitor progress towards goals, indicators and benchmarks.

(select ONE of the options below)

1 For ALL new interventions and strategies
2 For MOST new interventions and strategies
3 Team members did not consistently use evaluation data.

[PROGRAM RADIO BUTTON]

Which *team activities* occurred DURING the period from [FILL IN DATE] through [FILL IN DATE]?

	Team Activity	Yes	No
Budgeting and Financing			
SA1ACTB1 Successfully advocated for existing funds of organizations represented on the team to support plan implementation.			
SA1ACTB2 Team worked to obtain funding (e.g., joint grant writing or fund raising)			
SA1ACTB3 Successfully advocated for previously uncommitted funds to be used.			
SA1ACTB4 Appropriate members of the team could access financial reports for grantee and learning laboratory funded activities.			
SA1ACTB5 Written financial reports were presented at team meetings as documented in minutes or other records.			
SA1ACTB6 Fiscal agent or designated representative participated in team meetings at least 25% of the time as documented in meeting minutes or other records.			
SA1ACTB7 Select team members could access fiscal agent's financial policies and procedures.			
Communication and Publicity			
SA1ACTC1 Held training(s) in marketing/publicity for team members.			
SA1ACTC1 Regularly informed the broader community about the conditions of young adults' families (example: community wide newsletter.)			
SA1ACTC1 Records of team policies and procedures, history and accomplishments were carefully updated and maintained; these were also accessible for orientation of new members or reference of ongoing members of the team.			

Which *team activities* occurred <u>at least once</u> during the period [FILL IN DATE] through [FILL IN DATE]??

Other Activity that occurred during the fiscal year		
Team Activity	Yes	No
SA1ACTO1 Team members participated in development of annual/strategic plan as documented in meeting minutes or other records.		
SA1ACTO2 Team had an annual planning process that involved multiple partners at different levels of decision-making.		
SA1ACTO3		

Annual plans (and Strategic and Evaluation Plans as relevant) were approved by **SA1ACTO4** Team as documented in meeting minutes or other records.		
SA1ACTO5 Evaluation of progress/performance assessment report was presented to and approved by the team as documented in meeting minutes or other records.		
SA1ACTO6 Written annual budget for grantee/learning laboratory was presented to and approved by the team as documented in meeting minutes or other records.		
SA1ACTO7 At least one organization represented on the team redeployed, integrated, or shared staff and/or funds to support NITT-HT strategies.		

Which *team administration and operational components* were present during the period from [FILL IN DATE] through [FILL IN DATE]?

	Team Administration & Operation Component	Yes	No
Leadership and Local Governance			
Please indicate whether or not the team had designated person(s) to facilitate the following functions of the team. **NOTE: these individuals or groups must be formally tasked with these responsibilities through decisions of the leadership or team; simply informally volunteering does not satisfy criteria.**			
SA1ADML1 Implementing a team strategic or annual plan.			
SA1ADML2 Planning and holding meetings.			
SA1ADML3 Assisting and supporting team leadership			
SA1ADML4 Engaging existing and/or recruiting new team members.			
SA1ADML5 Social marketing or other engagement of broader community (i.e., beyond recruitment for team participation)			
SA1ADML6 Maintaining records.			
SA1ADML7 Monitoring progress.			
SA1ADML8 Preparing and submitting reports and other documents.			
Communication & Collaboration			
SA1ADMC1 There was a system in place for informing the public about the team.			
SA1ADMC2 More than one method was used to inform the public about the team.			
SA1ADMC3 Team presented at least once to community.			
SA1ADMC4 There was a formal process for internal communication within the team, understood and used by all members (once they were oriented to team procedures).			
SA1ADMC5 Multiple methods were used for internal communication within the team. (e.g., e-mail and web-based workspace)			
Other Team Administration and Operations Component *(please specify)*			

YOUTH & YOUNG ADULT/FAMILY ENGAGEMENT

Which *youth and young adult or family engagement products* were developed or used at least once <u>during the period from [FILL IN DATE] through [FILL IN DATE].</u>

	Young Adult & Family Engagement Products	*Yes*	*No*
	SA1YYAFAM1 Team used a tool, measures, or process to assess itself on **YOUTH AND YOUNG ADULT** engagement and/or voice such as a standardized tool assessing youth empowerment or self-determination. **Please do not include National Evaluation measures in rating this item.** **SA1YYAFAM12** Describe tool or measure: [TEXT BOX 500 CHARACTERS]		
	SA1YYAFAM3 Team used a specific tool, measure, or process to assess itself on **FAMILY** engagement and/or voice, such as a standardized tool assessing family empowerment or self-determination. **Please do not include National Evaluation measures in rating this item.** **SA1YYAFAM4** Describe measure tool or process: [TEXT BOX 500 CHARACTERS]		
	SA1YYAFAM5 A written report or other documentation of findings from tools or measures for assessing **YOUTH AND YOUNG ADULT** engagement and/or voice was produced.		
	SA1YYAFAM6 A written report or other documentation of findings from tools or measures for assessing **FAMILY** engagement and/or voice was produced.		
	SA1YYAFAM7 Other YOUTH, YOUNG ADULT engagement products *(please specify)*: **SA1YYAFAM7O** [TEXT BOX 500 CHARACTERS]		
	SA1YYAFAM8 Other FAMILY ENGAGEMENT products *(please specify)*: **SA1YYAFAM8O** [TEXT BOX 500 CHARACTERS]		

Which *youth and young adult or family engagement activities* <u>occurred one or more times from [FILL IN DATE] through [FILL IN DATE]?</u>

	Young Adult & Family Engagement Activities	*Yes*	*No*
	YOUTH & YOUNG ADULTS with lived experience participated...		
	SA1YYAFAM9 As members of the team.		

SA1YYAFAM10 In specific leadership positions on the team or its workgroups/subcommittees.		
Family members participated...		
SA1YYAFAM11 As members of the team		
SA1YYAFAM12 In specific leadership positions on team or its workgroups/subcommittees		
Team involved YOUTH AND YOUNG ADULTS in its activities by...		
SA1YYAFAM13 Having meeting times and locations convenient for youth and young adult participation.		
SA1YYAFAM14 Supporting youth and young adult participation in meetings or other Team meeting events (examples: transportation, child care, stipends and meals.)		
Team involved FAMILY in its activities by...		
SA1YYAFAM15 Having meeting times and locations convenient for family participation.		
SA1YYAFAM16 Supporting family participation in meetings and in events (examples: transportation, child care, stipends and meals).		
Other YOUTH & YOUNG ADULT Engagement		
SA1YYAFAM17 Team members participated in training about *youth and young adult* engagement.		
SA1YYAFAM18 Team provided or facilitated leadership development opportunities for *youth and young adults* (examples: training, peer mentoring).		
SA1YYAFAM19 Other youth and young adult engagement activities that occurred <u>during</u> the year (please specify): **SA1YYAFAM19O** [TEXT BOX 500 CHARACTERS]		
Other FAMILY Engagement Other FAMILY Engagement		
SA1YYAFAM20 Team members participated in training about *family* engagement.		
SA1YYAFAM21 Team provided or facilitated leadership development opportunities for **families** (examples: training, peer mentoring).		
SA1YYAFAM22 Other *family* engagement activities that occurred <u>during</u> the year *(please specify)*: **SA1YYAFAM22O** [TEXT BOX 500 CHARACTERS]		

SECTION IV: TEAM PARTICIPATION

Instructions

Please complete the *Participation Chart* below on the team participation of types of community groups OR organizations from **[FILL IN DATE]** to **[FILL IN DATE]**.

Indicating Participation & Level

For each type of group or organization type in the first column of the table, first indicate whether that group or organization is represented on your team by placing an "x" in the second column, then its level of participation in the third column. Use the following guide and enter the number that best describes the participation level of that group or organization in the current year [FILL IN CURRENT YEAR]:

Please indicate the level of participation each community group or organization listed below had in the in team from [FILL DATE] to [FILL DATE]. If a community group or organization included below was not represented on your team, select Not Applicable. Otherwise, please indicate whether the community group or organization participated extensively, moderately or slightly.

When determining the level of participation, consider the following:

Extensive participation – participates in most team meetings, is active on committees, contributes to strategic planning, etc.

Moderate participation – attends many team meetings, occasionally contributes to other team functions, etc.

Slight participation – occasionally attends team meetings, etc.

Community Group or Organization Type	Extensive Participation	Moderate Participation	Slight Participation	No Participation
Board Of Education				
Business				
Business Leadership Network				
Chamber of Commerce				
City/town/tribal government (elected or staff)				
Civic club (examples: Junior League, Rotary)				
Communities in Schools				
Community groups OTHER THAN advocacy groups (examples: garden clubs, volunteers, sororities, fraternities, senior center, teen center)				
Adults (over age 26) with lived experience/Consumers				
Cooperative Extension Service				
County government (elected or staff)				
Medicaid				
Department of Juvenile Justice				
Department of Criminal Justice				
Department of Corrections				
County Sheriff/Jail				
Drug Treatment Court - juvenile				
Drug Treatment Court - adult				
Other Judiciary (examples: Criminal Court, District Attorney's office)				
Department of Labor				
Department of Labor/Workforce Investment Act Program/Non-profit				
Department of Vocational Rehabilitation				
Department of Vocational Rehabilitation funded Program/Non-profit				
Division of Public Health, Health Department				
Economic Opportunity Agency				
Faith-based organization (examples: churches, clergy,				

family center, Ministerial Alliance)			
Family representative/Family advocacy organization			
Hospital/ medical center, public sector			
Hospital/ medical center, nonprofit sector			
Hospital/ medical center, business sector			
Housing, public sector			
Housing, nonprofit sector			
Housing, private, for profit sector			
Legal services/Legal Aid, public sector			
Legal services/Legal Aid, nonprofit sector			
Legal services/Legal Aid, business sector			
Library			
Department of Child Welfare (e.g. foster care, protective services)			
Local task force/council/ alliance/authority, nonprofit sector			
Local task force/council/ alliance/authority, private sector			
civic sector			
Media (examples: radio, newspapers, TV)			
Department of Mental Health – child/adolescent services			
Department of Mental Health – adult services			
Child mental health provider, public sector			
Child mental health provider, non-profit sector			
Child mental health provider, private sector			
Adult mental health provider, public sector			
Adult mental health provider, non-profit sector			
Adult mental health provider, private sector			

Substance abuse/addictions, public sector			
Substance abuse/addictions, non-profit sector			
Substance abuse/addictions, private sector			
Parks & recreation (examples: sports league, community center)			
Police, law enforcement, public safety			
Private/local foundation			
Private health care provider, nonprofit sector			
Private health care provider, private sector (e.g.: care management organization)			
Parent/teacher organization (examples: PTO, PTA, PTSA)			
Shelter, public sector			
Shelter, nonprofit sector			
State level organization/ association (examples: Red Cross, CASA),			

FINAL THOUGHTS

Which one aspect of the team most needs to be improved or strengthened?
[TEXT BOX]

What has been your team's greatest accomplishment this year?
[TEXT BOX]