



Developmental Disabilities
Mental Health & Addiction Services



Strong Families Safe Communities Bi-Annual Report

Project Overview

Please provide a brief overview of the project.

Services and Activities

Please list and give a brief update of all services and activities involved in the project.

Collaboration

Please explain the collaboration of counties and systems involved in the project.

Provider Agencies

Please list and describe the roles of all provider agencies that are involved in the project.

Trainings Held

Please list all trainings that have been held and the number of people who participated in each training.

Numbers Served

Please list the numbers of youth/families served by the activities and services involved in this project. (e.g. Respite Event: 15 youth/families served, Wraparound: 10 youth/families served, etc.)

Challenges/Areas of Improvement

Please describe any challenges that have occurred as a part of this project and any areas of improvement.

Marketing/Communication

Please give an update of all marketing and communication strategies used as a part of this project.

Impact/ Sustainability

Please describe the overall impact of the project in the community and plans for sustainability.