



Please return by mail, fax or email to:
National Mental Health Consumers' Self-Help Clearinghouse
1211 Chestnut Street, 12th Floor
Philadelphia, PA 19107
Fax: 215.636.6312

Directory of Consumer Driven Services Program Survey

Program Name:

Is this part of a larger Agency or Organization? Yes No

If Yes, Agency Name:

Year the Program was Started:

Program Information: (Information to be printed in the CDS Directory)

Public Contact Person (if any):

Address:

City: State: Zip code:

Telephone Number: Fax Number:

Email Address:

Website:

Contact Information: (Information for The Clearinghouse only, will not be public)

Contact Person & Title:

Address:

City: State: Zip code:

Telephone Number:

Fax Number:

Email Address:

Program Category: (Choose one type that *best describes* your program)

- | | |
|---|--|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Clubhouse |
| <input type="checkbox"/> Community Education | <input type="checkbox"/> Crisis Prevention/Respite |
| <input type="checkbox"/> Drop-in Center | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Homeless Outreach | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Peer Case Management | <input type="checkbox"/> Peer Companion |
| <input type="checkbox"/> Peer Counseling | <input type="checkbox"/> Recovery Education |
| <input type="checkbox"/> Recreation/Arts | <input type="checkbox"/> Support Group |
| <input type="checkbox"/> Technical Assistance | <input type="checkbox"/> Other: <input type="text"/> |

Target Participants (Many programs serve diverse groups. Please check **ONLY** if your program targets these groups as a specific part of its mission):

- | | |
|---|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Children |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Families of Children |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Adolescents |
| <input type="checkbox"/> Native American/Alaskan | <input type="checkbox"/> Young Adults |
| | <input type="checkbox"/> Adults |
| | <input type="checkbox"/> Older Adults |
| | <input type="checkbox"/> Other |
| | |
| <input type="checkbox"/> Co-occurring substance abuse | <input type="checkbox"/> Men |
| <input type="checkbox"/> Co-occurring HIV/AIDS | <input type="checkbox"/> Women |
| <input type="checkbox"/> Co-occurring MR/DD | <input type="checkbox"/> LGBT |
| <input type="checkbox"/> Trauma Survivors | |
| <input type="checkbox"/> Persons on Inpatient Units | |
| <input type="checkbox"/> Persons w/ Criminal Justice Issues | |
| <input type="checkbox"/> Persons who are Homeless | |
| <input type="checkbox"/> Veterans | |

Program Setting (where the program is housed):

- Program Owned or Leased Facility (leased store front, community residence)
- Borrowed Space (church, school, community center)

- Mobile/ Transitional
- General hospital or healthcare facility
- Correctional facility
- Inpatient psychiatric treatment facility
- Outpatient psychiatric treatment facility
- Other:

Annual Program Budget:

- None
- Under \$10,000
- \$10,000-\$40,000
- \$40,000-\$70,000
- \$70,000-\$100,000
- \$100,000-\$200,000
- \$200,000-\$400,000
- Over \$400,000

Number of staff:

- Paid full-time:
- 1-2
 - 3-5
 - 5-10
 - 10-20
 - 20+

- Paid part-time:
- 1-2
 - 3-5
 - 5-10
 - 10-20
 - 20+

- Volunteers:
- 1-2
 - 3-5
 - 5-10
 - 10-20
 - 20+

Please describe consumer involvement in your program

How many staff members and volunteers are consumers?

- All
- Majority
- Some
- None

How often do consumer staff and volunteers participate in program decisions?

- Always
- Usually
- Sometimes
- Never

How many administrators or board members of your program are consumers?

- All
- Majority
- Some
- None

Program Training/ Technical Assistance Materials Available:
(check all that your program offers)

- Training curricula
- Individual training
- Program brochure
- Guides/Manuals
- Website
- Other:

Is there a cost for your materials?

- No
- Yes
- Sometimes

Program Goals: (specific goals/outcomes your program works to achieve)

1.
2.
3.

(Example: To reduce substance use, to develop employment skills)

Have any outcomes for this program been assessed through internal or external research?

- Yes
- No

If *Yes* please specify:

Program Mission Statement:

Additional Information that you would like the Consumer Driven Services Directory to include about your program: (please limit to 150 words)

We greatly appreciate your assistance !

