

Multnomah County Department of County Human Services
SUN SERVICE SYSTEM
Social and Support Services for Educational Success
Fiscal Year-End Activity Report – FY 2015
Reporting Period: January 1, 2015 thru June 30, 2015

Lead Agency:	Region:
Contact Name:	Target Outreach Population:

INSTRUCTIONS: Please answer the questions below. Do not exceed 4 one-sided or 2 two-sided pages. Responses must be coordinated among service staff so that one report is sent for each region and target outreach population. **Reports are due by 5 p.m. on Friday, July 30, 2015.** Please email reports to: robert.e.lewicki@multco.us

REQUIRED SERVICES

A. Youth Case Management

1. Service Provision: If any changes or improvements were made to your agency's Case Management services **after December 31, 2014**, please list the changes or improvements made during the reporting period. Otherwise, place NA behind A.1. (*Example*, A. Youth Case Management 1. Service Provision: NA)
2. Service Sites: If your agency provided Case Management services **at additional service sites after December 31, 2014**, please list the additional service sites used to provide case management during the reporting period. Otherwise, place NA behind A.2. (*Example*, A. Youth Case Management 2. Service Sites: NA)

B. Academic Support and Skill Development

1. Homework Assistance: Describe the activities provided **during the second half of the fiscal year (1/1/15 thru 6/30/15)** that assisted youth with their homework. Include the types and number of activities as well as any outcomes youth achieved, if available.
2. Life Skills Development: What classes, empowerment groups, activities and other supports did youth participate in **during the second half of the fiscal year (1/1/15 thru 6/30/15)** as part of your SSES program? Include the types and number of activities as well as any outcomes youth achieved, if available.

C. Service Access, Information & Referral and Linkage

Cite examples of how direct service providers integrated services and linked with SUN Community School Coordinators, Teachers, Counselors, Alternative Schools, School-Based Health Clinics; as well as other SUN Service System and County programs **during the second half of the fiscal year (1/1/15 thru 6/30/15)** including Regional Service Centers and Target Outreach Population Programs; Touchstone, Mental Health, Addiction/ATOD and Basic Needs Services (provided for families who needed assistance with food, clothing and other needs related to shelter, energy and rent assistance, transitional housing and self-sufficiency).

OPTIONAL SERVICES

- A. Give a detailed description of how adults (parents, family and/or guardians) were engaged and worked with in conjunction with the SSSES youth enrollees **during the second half of the fiscal year (1/1/15 thru 6/30/15)**.
- B. List and fully describe any optional services you provided **during the second half of the fiscal year (1/1/15 thru 6/30/15)**. Include the types and number of activities as well as any outcomes clients achieved, if available. Please use the following three categories as you list and describe the various optional services, classes and activities that you may have provided to clients and their families:
1. Academic Support and Skill Development: Academically focused classes, tutoring, mentoring, enrichment and recreation activities, student internships and youth employment training, project-based learning and service learning activities.
 2. Family Engagement and Involvement: Parent outreach, activities to build relationship among parents, teachers and administrators, leadership training and mentorship of parent leaders, parent life skills development classes and support, access to resources and advocacy, family strengthening programs and family education nights (e.g., school expectations, how to help with homework and how to advocate for your child).
 3. Adult Anti-Poverty Education and Support: Support activities that assist parents in developing skills they need to become self-sufficient, move out of poverty and support their children's learning; ESL classes; information about immigration and citizenship; as well as information about home ownership and financial literacy.

BARRIERS/CHALLENGES & SUCCESSES/ACHIEVEMENTS

A. Barriers and Challenges

Describe the barriers and challenges that emerged during the second half of the fiscal year (1/1/15 thru 6/30/15).

B. Successes and Achievements

Describe the greatest successes and achievements you experienced during the second half of the fiscal year (1/1/15 thru 6/30/15).

ANECDOTAL INFORMATION AND STORIES

Please share any anecdotal information and stories about youth, adults and/or families who participated in SSSES services during the reporting period. During the annual budget process, the Department of County Human Services seeks anecdotal information and stories provided by Contractors to demonstrate how the lives of program participants are impacted by County-funded services, which includes the SUN Service System's Social and Support Services for Educational Success.