2019 NAMI Texas Standards on Education Programs

- Every NAMI Texas Affiliate (Model A and Model B) will offer at least one peer NAMI Signature program (NAMI Peer-to-Peer, NAMI Connection Support Group) and one family NAMI Signature program (NAMI Family-to-Family, NAMI Basics, NAMI Family Support Group) as well as at least one public awareness program (NAMI In Our Own Voice, NAMI Ending the Silence, NAMI Family & Friends, NAMI Provider, Parents & Teachers as Allies, Bridges to Hope).

- Beginning January 1, 2019, all NAMI Texas Affiliates that do not have any NAMI Signature programs must begin to do so and have one program in place by September 1, 2019 and the other two programs must be in place by January 1, 2020. By January 1, 2020, all NAMI Texas Affiliates will have at least one peer NAMI Signature program, one family NAMI Signature program and one public awareness program in place.

- According to the NAMI Signature Program Operating Policies, all NAMI Leaders (Teachers, Presenters, Facilitators) shall be current NAMI members. It is the responsibility of the individual NAMI Texas Affiliate to make sure their leaders are current NAMI members.

- According to the NAMI Signature Program Operating Policies, all NAMI Texas Affiliates will report data for all NAMI Signature programs within one week of the class, support group or presentation ending. It is the responsibility of the individual NAMI Texas Affiliate to make sure someone is reporting the data at www.nami.org/programdata. **See Data Reporting Form.

- NAMI Texas Affiliates may offer non-NAMI Signature programs (Partnerships, Parents & Teachers as Allies, Bridges to Hope, Mental Health First Aid), provided that data is reported to NAMI Texas (dates of program, location, # graduated) within one week of the program ending. **See Data Reporting Form.

- NAMI Texas Affiliates may offer programs and events that are not listed above provided that data is reported to NAMI Texas (dates of program, location, # attended) within one week after the event has been held. Please include all NAMI Texas Affiliate monthly meetings. **See Data Reporting Form.

Types of programs and events, but are not limited to:

- Guest speakers
- Mental health topics at regular meetings
- Health fairs
- Mental health expos
- One-Time events
- Outside mental health programs (Mental Health First Aid, etc.)
Education Classes Data Survey

All data is required when reporting online at www.nami.org/programdata

Program:  □ NAMI Basics  □ NAMI Family-to-Family
□ NAMI Peer-to-Peer  □ NAMI Provider Education

Teacher/Mentor Name/s: __________________________________________________________

Teacher/Mentor Email: __________________________________________________________

Facility Street Address or Name: _________________________________________________

City: ________________________________  State/Country: _____________________________

NAMI Affiliate (if none, list NAMI State Organization): ______________________________

Date Class Ended (mm/dd/yyyy): _________________________________________________

Number of People Starting the Class: _____________________________________________

Number of Veterans, Active Duty or Related Participants (if none, write 0): ______________

This number cannot be larger than the “Number of People Starting the Class”, i.e. if there were
10 starting participants and 6 were veterans, report 6.

Number of People Finishing the Class (if none, write 0): ___________________________

Language Presented In?

□ English  □ Spanish  □ Other, specify: __________________

Was the Class Held in Partnership with the Veterans Administration?  □ Yes  □ No

Did You Actively Encourage Participants to Become NAMI Members?  □ Yes  □ No
Support Groups Data Survey

Report the following information at www.nami.org/programdata

Program:  □ NAMI Connection Recovery Support Group  □ NAMI Family Support Group

Facilitator Name/s: __________________________________________________________

Facilitator Email: __________________________________________________________

Facility Street Address or Name: _____________________________________________

City: ___________________________ State/Country: _______________________________

NAMI Affiliate (if none, list NAMI State Organization): _________________________

Date of Group Meeting (mm/dd/yyyy): ___________________ Time: ______ : ______ AM PM

Number of Participants – Including Facilitators: ________________________________

Number of Veterans, Active Duty or Related Participants (if none, write 0): ________

This number cannot be larger than the “Number of Participants”, i.e. if there were 10 participants and 6 were veterans, report 6.

Number of First Time Participants: ____________________________________________

Language Presented In?

□ English  □ Spanish  □ Other, specify: __________________________

Was the Support Group Held in Partnership with the Veterans Administration?  □ Yes  □ No

Did You Actively Encourage Participants to Become NAMI Members?  □ Yes  □ No
In Our Own Voice Data Survey

All data is required when reporting online at www.nami.org/programdata

Program-check one:  □ NAMI In Our Own Voice

Presenter Name/s: ____________________________________________________________

Presenter Email: ____________________________________________________________

Facility Street Address or Name: ______________________________________________

City: ____________________________  State/Country: ________________________________

NAMI Affiliate (if none, list NAMI State Organization): ____________________________

Date of Presentation (mm/dd/yyyy): _____________________________________________

Number of Audience Members: ________________________________________________

Number of Veterans, Active Duty or Related Participants (if none, write 0): ____________

This number cannot be larger than the “Number of Audience Members”, i.e. if there were 30 audience members and 6 were veterans, report 6.

Language Presented In?

□ English  □ Spanish  □ Other, specify: ____________________________

Describe the Audience:

□ General Public  □ Active Military & Veterans  □ Civic Group

□ Correctional Facility  □ Court/Legal Office  □ Faith Group

□ Hospital, General  □ Hospital, Psychiatric  □ Law Enforcement/CIT

□ Mental Health Facility (Clients Only)  □ Mental Health Facility (Staff & Clients)

□ Mental Health Providers  □ NAMI Event/Meeting  □ NAMI Family-to-Family Class

□ Peer-Run Organization  □ Political Organization  □ School, College/University

□ School, K-12  □ School, Medical or Social Work

□ Other: Specify your own value: ____________________________

Was the Presentation Held in Partnership with the Veterans Administration?  □ Yes  □ No

Did You Actively Encourage Participants to Become NAMI Members?  □ Yes  □ No
Presentation Reporting Form

Presentation: ___ ETS for Students ___ ETS for School Staff ___ ETS for Families

NAMI Affiliate: ________________________________________________________________

Contact person name: _________________________________________________________

Email address: __________________________________________________________________

School/site name: __________________________________________________________________

City and state: __________________________________________________________________

Date of presentation: __________________________________________________________________

Total number of presentations made on this date at this site: _____________________

Total number of students for all presentations made on this date at this site: __________

Were participants actively encouraged to become NAMI members? □ Yes □ No

Describe the Audience:
Choose the option below that best describes the setting for this presentation:

□ School, middle □ School, high □ School, college/university

□ General public/community group/business □ NAMI event/meeting

□ Correctional facility □ Faith group □ People with mental health conditions

Note: Only one Presentation Reporting Form needs to be completed for all presentations conducted at the same school/site on the same day.

This information should be reported electronically at www.nami.org/programdata within one (1) week of the presentation.
Presentation Reporting Form

NAMI Affiliate: ______________________________________________________________

Contact person name: ________________________________________________________

Email address: _____________________________________________________________

School/site name: ____________________________________________________________

City: ___________________________________________________________________

Date of presentation: _________________________________________________________

Number of audience members: _______________________________________________

Language presented in: □ English □ Spanish

Were participants actively encouraged to become NAMI members? □ Yes □ No

Describe the Audience:
Choose the option below that best describes the setting for this presentation

□ School, Elementary □ School, Middle □ School, High

□ School, College/University □ General Public/Community Group/Business

□ Correctional Facility □ Faith Group □ NAMI Event/meeting

This information should be reported to the NAMI Texas Education Director at education.director@namitexas.org within one (1) week of the presentation.
Data Survey for Partnerships

NAMI Affiliate: ________________________________

Teacher Name/s: __________________________________________

Teacher Email: __________________________________________

Facility Street Address or Name: ___________________________

City: __________________________ State: ________________________

Date Class Ended: ______________

Total Number of People Starting the Class: ______

Total Number of People Finishing the Class: ______

This information should be reported within one (1) week after the last class.

Send to:
NAMI Texas
P. O. Box 300817
Austin, TX  78703
Phone: 512-693-2000
education.director@namitexas.org

Thank you!
Data Survey for NAMI Affiliate Programs/Events

NAMI Affiliate: __________________________________________

Program/Event: __________________________________________

Facility Street Address or Name: __________________________________________

City: ___________________________ State: _________________________________

Date(s) of Program/Event: ______________________________

Total Number of People Attended Program/Event: ________

Language Presented In?

English: _____ Spanish: _____ Other, specify: __________________________

This information should be reported within one (1) week after the program/event.

Send to:
NAMI Texas
P. O. Box 300817
Austin, TX  78703

Phone: 512-693-2000
education.director@namitexas.org

Thank you!