You are being asked to complete this survey because your organization is sending staff members to learn how to train family members to participate in decision-making groups, using the “Serving on Groups” curriculum. This train-the-trainers program is run by the National Center for Family Professional Partnerships (NCFPP). In preparation for the train-the-trainers session, we are collecting information about your organization so that we can best understand your training and technical assistance (TA) needs. The survey data will also be used as part of an evaluation of NCFPP’s training/TA program.

This survey should be filled out only once for your organization, even if you are sending multiple staff members to the training. Your input is very important to us - please answer the following questions as completely as you can. You can contact Ashlee Richey (arichey@familyvoices.org) if you have any questions. Thank you very much!

**Intake survey (for organizations sending staff to the Serving on Groups train-the-trainers session)**

|  |  |
| --- | --- |
| **Date** |  |
| **Name of organization** |  |
| **Phone number**  |  |
| **Address**  |  |
| **Name of person completing survey**  |  |
| **Email address for person completing survey** |  |

1. **What is your current position in your organization?**

[ ]  Executive Director

[ ]  F2F/FVSAO Director

[ ]  Other Program Director

[ ]  Staff Member

[ ]  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **How would you describe your organization? *Check all that apply.***

[ ]  F2F HIC/FV SAO

[ ]  Developmental Disability Organization

[ ]  Other Disability-specific or Advocacy Organization, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Healthcare navigator/assistor support

[ ]  Mental Health supports (e.g., Statewide Family Network (SAMHSA, System of Care grantee))

[ ]  Parent to Parent support

[ ]  Parent Training & Information Center/Community Parent Resource Center

[ ]  Title V or other state agency

[ ]  University

[ ]  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **How many staff members are currently working on health-related projects? \_\_\_\_\_\_\_\_staff**

**3a. Of these staff, how many work half-time or less? \_\_\_\_\_\_\_\_\_staff**

1. **How many volunteers are currently working on health-related projects?**

[ ]  0

[ ]  1-5

[ ]  6-10

[ ]  11-25

[ ]  26 or more

[ ]  Don’t know/Not applicable

1. **How much experience does your organization have in training families to be leaders around health issues on advisory groups, task force, committees, etc?**

[ ]  None

[ ]  A little experience

[ ]  Some experience

[ ]  A great deal of experience

1. **How much one-on-one support or mentoring do you provide to families serving as leaders around health issues on advisory groups, task force, committees, etc?**

[ ]  None

[ ]  A little

[ ]  Some

[ ]  A great deal

1. **How many family members that you have trained are currently serving as leaders around health issues on advisory groups, task force, committees, etc?**

[ ]  0

[ ]  1-5

[ ]  6-10

[ ]  11-25

[ ]  26 or more

[ ]  Don’t know/Not applicable

1. **Which types of advisory groups, task forces, or committees do these family leaders serve on? *Check all that apply.***

[ ]  American Academy of Pediatrics State or National Committee

[ ]  Early Hearing Detection and Intervention (EHDI) or Screening Committee

[ ]  Emergency/Disaster Preparedness Committee

[ ]  HMO or Insurance Advisory Committee

[ ]  Hospital, Clinic, or Practice Advisory Committee

[ ]  Human Services Advisory Committee:

* Local
* County/Regional
* State

[ ]  Medicaid Advisory Committee

[ ]  State Title V Advisory Committee

[ ]  Other Department of Health Advisory Committee/Task Force:

* Local
* County/Regional
* State

[ ]  State Interagency Coordinating Council

[ ]  State Special Education Advisory Committee

[ ]  Title V Block Grant Reviewer

[ ]  WIC Advisory Committee

[ ]  Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  None

1. **Approximately how many of these family leaders represent each of the following ethnic/racial groups?** Please respond with an approximate NUMBER (not percentage)

American Indian or Alaska Native (not Hispanic/Latino)\_\_\_\_\_

Asian (not Hispanic/Latino)\_\_\_\_\_

Black or African American (not Hispanic/Latino) \_\_\_\_\_

Hispanic/Latino \_\_\_\_\_\_

Native Hawaiian or Other Pacific Islander (not Hispanic/Latino)\_\_\_\_\_

White (not Hispanic/Latino) \_\_\_\_\_

Some other race/ethnicity \_\_\_\_\_

Unknown \_\_\_\_\_

1. **Approximately how many of these family leaders speak the following languages as their primary language?** Please respond with an approximate NUMBER (not percentage)

English \_\_\_\_\_

Spanish \_\_\_\_\_\_

Other (specify language):\_\_\_\_\_\_\_\_\_\_\_

 About **how many** family leaders speak this language? \_\_\_\_\_\_\_\_

Other (specify language):\_\_\_\_\_\_\_\_\_

 About how many family leaders speak this language? \_\_\_\_\_\_\_\_

Other (specify language):\_\_\_\_\_\_\_\_\_

 About how many family leaders speak this language? \_\_\_\_\_\_\_\_

Other (specify language):\_\_\_\_\_\_\_\_\_

 About how many family leaders speak this language? \_\_\_\_\_\_\_\_

1. **Are your organization’s staff members/consultants representative of the ethnic/cultural makeup of your service area?**

**[ ]** Our staff **fully reflects** the ethnic/cultural makeup of our servicearea**.**

[ ]  Our staff **partially** reflects the ethnic/cultural makeup of our service area.

[ ]  Our program staff **does not** currently reflect the ethnic/cultural makeup of our service area.

1. **Are your organization’s volunteers representative of the ethnic/cultural makeup of your service area?**

**[ ]** Our volunteers  **fully reflect** the ethnic/cultural makeup of our servicearea**.**

[ ]  Our volunteers **partially** reflect the ethnic/cultural makeup of our service area.

[ ]  Our volunteers **do not** currently reflect the ethnic/cultural makeup of our service area.

[ ]  Our organization does not use volunteers

1. **Do staff members and consultants at all levels and positions/roles receive training in culturally and linguistically-appropriate service delivery? *Check all that apply.***

[ ]  Training is provided to staff as standard part of orientation for new hires at all levels and positions/roles

[ ]  Training is provided at least every other year to staff at all levels and positions/roles.

[ ]  Training is provided at least every other year to some staff, but not to all levels and positions/roles.

[ ]  Training is provided, but not in a standardized / routine manner.

[ ]  Our program does not currently provide this training.

1. **Does your program provide timely oral and written language access to all who need it, including those that use American Sign Language (ASL)?**

[ ]  Always

[ ]  Most of the time

[ ]  Sometimes

[ ]  Our program does not currently provide timely, professional interpreter or translation services

1. **Do you use any of the following self-assessment tools for cultural and/or linguistic competence? *Check all that apply.***

[ ]  National Center for Cultural Competence - Cultural & Linguistic Competence Family Organization

Assessment (CLCFOA)

[ ]  Periodic Language Access Self-Assessment & Plan Development & Updating

[ ]  Other, please specify: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  None

1. **Is there any additional information you would you like to share about your organization’s activities?**