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?**