

Huff Osher Consulting, Inc.

Strengthening Partnerships with Families

Memo

To: Purchasers of the *Family-driven Care and Practice System Self-Assessment Tool*

From: Trina W. Osher and Barbara Huff

Date: April 8, 2008

Re: Request for your collaboration

Welcome to the growing group of “ambassadors” for family-driven care and practice. Ambassadors are representatives of an organization or movement. The term “ambassadors” was first applied to advocates for family-driven care at the *2006 Joint National Conference on Mental Health Block Grant & Mental Health Statistics* by Gary Blau, Chief of the Child, Adolescent and Family Branch of the Center for Mental Health Services in SAMHSA when he introduced a Tool Kit for promoting family-driven care. We believe that you will find this CD to be a useful addition to your ambassador’s tool kit.

We know you share our interest in family-driven care and practice. We hope you share also share our commitment to continuous improvement of this tool and the development of other tools to help all stakeholders make the transformation to family-driven care and practice.

We ask you to collaborate with us by providing some information about how useful and usable this tool is and how you are using it. Attached is a list of questions we would like you to answer after you have used this tool for the first time. We hope you will take the time to give us this feedback. We’d also appreciate your sharing the actual “raw data” and final results if your group agrees.

Send your completed users survey and any data you can share to:

Trina W. Osher
8025 Glenside Drive
Takoma Park, MD 20912
Fax (301) 431-2984
E-mail Tosher3@comcast.net

Thanks again for your interest and we wish you every success in your work.

Trina W. Osher
8025 Glenside Drive
Takoma Park, MD 20912
(301) 434-4071 tosher3@comcast.net

Barbara Huff
2837 North Plumthicket Circle
Wichita, KS 67226
(316) 315-0432 bhuff2837@sbcglobal.net

Users Survey for the Family-driven Care and Practice System Self Assessment Tool

Please answer all questions to the best of your ability. Space is provided for you to make additional comments. You may attach additional pages if necessary. Please provide your name and contact information so we can follow-up with any questions.

Name: _____

Phone: _____ E-mail: _____

What is your primary role in the system where you are using this tool?

- Family member or primary care giver
- Youth
- Administrator (e.g., project director, superintendent of schools)
- Supervisor (e.g., clinical director; department head in a secondary school)
- Service provider (e.g., care manager, teacher, counselor, probation officer)
- Policy maker (e.g., legislator, board or council member)
- Other: _____

Tell us about the group you used this tool with. Total number of participants = _____

Give an UNDUPLICATED count of participants in each category					
ROLES	SYSTEMS or DISCIPLINES				
	Mental Health	Education	Social Services	Corrections	Other _____
Family member					
Youth					
Administrator					
Supervisor					
Service provider					
Policy maker					
Other: _____					

Users Survey for Family-driven Care and Practice System Self Assessment Tool

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Were there any issues related to language or cultural competence that came up?

- Yes** **No**

If you checked “Yes” please tell us more about the issue and how you resolved it. _____

Tell us about how you used the tool. Respond **only to one** of the following 3 options.

- Option 1:** I followed the instructions closely. .

Additional comments/suggestions: _____

- Option 2:** I followed the instructions for the most part but made some modifications because _____

Additional comments/suggestions: _____

- Option 3:** I did not follow the instructions because: _____

Additional comments/suggestions _____

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Tell us about how well the process worked.

Check the box that indicates how the work flowed for each section. Give a brief description of any difficulties you encountered. Feel free to make comments and suggestions.				
SECTION of the PROCESS	YOUR ASSESSMENT of HOW THINGS WENT			
	Things went smoothly	There were a few minor problems	There were a lot of problems	Comments/suggestions
Readiness				
Infrastructure				
Resources				

Tell us about the results.

Check the box that indicates how useful the results were for each section. Give a brief description of why you had this outcome. Feel free to make comments and suggestions.				
SECTION of the PROCESS	YOUR ASSESSMENT of the RESULTS			
	Very useful	Partly useful	Not useful	Comments/suggestions
Readiness				
Infrastructure				
Resources				

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Tell us how you and your group plan to use the results of their self assessment.

This grid is a guide only. If you prefer to write a description please feel free to do so.			
Result(s)	Action Plan	Timeline	Responsible Parties
1.			
2.			
3.			

Additional comments/suggestions _____

Do you plan to use this tool again with this same group or other groups?

	Yes	No
Same Group		
Other Group		

Additional comments/suggestions _____

Thanks for your thoughts and your time.

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(301) 431-2984

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