

Consumer Survey Questionnaire

Your participation in this survey is very important. Participation is voluntary and confidential. Your name will not be included on the survey. We are asking all individuals, parents, and children 14+ years old to participate.

All of the questions below are about the placement facility unless otherwise stated.

Person completing survey: Parent Child, Age _____

What type of residential setting have you or your family member been admitted to?

- Residential Treatment Facility (RTF) - Name of facility:

- Community Rehabilitative Residence (CRR) - Name of facility:

- Community Rehabilitative Residence (CRR) Host Home – Name of facility:

- Intensive Community Rehabilitative Residence (CRR) Host Home – Name of facility:

Please check the answer that applies to you (recipient of services) or your child.

| | Yes | No | I don't know | Comments |
|---|-----|----|--------------|----------|
| 1. Did you participate in treatment team meetings? | | | | |
| 2. Were people from support systems (family, friends) involved in the treatment plan process? | | | | |
| 3. Were educational goals included in the treatment plan? | | | | |
| 4. Were you given a copy of the treatment plan? | | | | |
| 5. Were the client and family strengths listed on the treatment plan? | | | | |

| | Yes | No | I don't know | Comments |
|---|------|-----|--------------|----------|
| 6. Were you (client) educated about medications; why you are taking them and potential side effects? | | | | |
| 7. Were you made aware of support services available in your community? | | | | |
| 8. Were appointments scheduled for follow-up mental health care before discharge? | | | | |
| 9. Were considerations made about referring you to a Dr or program that understands your cultural, ethnic, racial, sexual orientation, or religious background? | | | | |
| 10. Was information about community-based services (recreational, sports, volunteer opportunities, or others) included in your discharge plan? | | | | |
| 11. Were goals addressed in language that was understandable? | | | | |
| 12. Were goals updated regularly with your input? | | | | |
| 13. Were you encouraged to participate in the community (sports, clubs, etc.) while in residential treatment)? | | | | |
| 14. Did transportation difficulties stop you from visiting your child? If you answer yes, please explain. | | | | |
| 15. How many family therapy sessions were offered/attended during the residential stay? Please comment if these were in person or over the phone. | 1-3 | 4-6 | None | |
| | 6-10 | 10+ | | |

| | Yes | No | I don't know | Comments |
|---|-----|----|--------------|----------|
| 16. While in the facility, were the communications with your primary county worker (Mental Health, Mental Retardation, Office of Children & Youth or Probation officer) good? If you answer no, please comment. | | | | |
| 17. Were communications with the placement facility good once your child entered the facility? If you answer no, please comment. | | | | |
| 18. Upon discharge from treatment facility, were aftercare services/appointments set up within one week after returning home? If you answer no, please state what length of time you had to wait. | | | | |
| 19. Were after care services adequate? | | | | |
| 20. How long did you wait for actual placement in the treatment facility from the time placement was approved? | | | | |
| 21. What natural supports are used by your family? (example; support group, parent advocacy, ARC, sports, recreational activities, volunteer opportunities, etc.) | | | | |

We welcome any other comments you may have: (You can list any area of concern or any positive comments)

Thank you for participating. Your responses will help us improve services for Lehigh County residents. If you would like to discuss your responses or concerns with a member of the PIT Team, please provide your name and phone number below. Confidentiality will be respected.

Name: _____
Address: _____
Phone: _____