



Consumer Satisfaction Services
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Crisis Intervention Survey Tool

Thank you for your participation in our survey. Your voice can make a difference! Consumer Satisfaction Services, Inc. (CSS) gauges and reports on the impact of behavioral health (mental health and/or substance abuse) services which you received under HealthChoices and your healthcare provider. In this instance we are interviewing about your Crisis Intervention services.

Crisis Provider: _____

Level of Care: CRISIS INTERVENTION

The information we gather is used to evaluate the delivery of these services. **Your participation is voluntary; any information you choose to share is kept strictly confidential. You have the option of refusing to answer any question as well as ending the survey at any point. Your choosing or declining to participate will not effect any services you are receiving now or may need in the future.**

Do not write your name or any personal information which could identify you anywhere on this survey form. All information which you choose to provide is kept strictly confidential.

Demographic Information

<p>1) Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Self-Identify/Other _____</p> <p>2) Age _____</p> <p>3) County where you live: _____</p>	<p>4) Race: <input type="checkbox"/> African American <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Native American / American Indian <input type="checkbox"/> White / Caucasian <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other: _____</p>
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Method of Services

<p>Method of Services: (Surveyor to answer this-will have access to the information) <input type="checkbox"/> Phone <input type="checkbox"/> Walk-In <input type="checkbox"/> Mobile (ER, Home, School, Police Station, etc.)</p>

	Yes	No	Not Sure	NA
Has your provider interviewed you on your satisfaction level with services during the last year?				
Have you completed a survey with Consumer Satisfaction Services during the last year?				
Did you seek out crisis services for yourself? Comments:				

Please indicate your response by placing a check mark or an x in the box which best identifies how you feel for that question.

We also invite you to comment on or explain any of your answers in the space that has been provided.

PERFORMCARE The following questions are intended to evaluate your overall satisfaction with your managed care organization (MCO) PERFORMCARE.		Yes	No	Not Sure	NA
1	I have received a copy of the Member Handbook from PERFORMCARE. Comments:				
1a	I am satisfied with PERFORMCARE'S publications such as the Member handbook, website, and newsletters.				
1b	PERFORMCARE's publications (handbook, website, and newsletters) give me useful information.				
2	I am aware of my right to file a complaint or grievance. Comments:				
3	I know whom to call to file a complaint or grievance. Comments:				
4	In the last twelve months, I called member services at PERFORMCARE to get information? (example: getting treatment or other services) If NO, go to question 5. Comments:				
4a	I was able to obtain information on treatment and/or services from PERFORMCARE without unnecessary delays. Comments:				
5	When I call PERFORMCARE, the staff treats me courteously and with respect. Comments:				
6	Overall, I am satisfied with the interactions that I have had with PERFORMCARE.				
6a	I have seen PERFORMCARE (formerly CBHNP) interacting in the community (Conference, Health Fair, Community Event, CSP, Committee)?				

Additional PERFORMCARE Comments:

SERVICES

The following questions are intended to evaluate your overall satisfaction with the Crisis services you have received. Remember to answer each question using the scale below. We also urge you to add any additional comments or concerns for each question asked.

		Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	NA
7	I felt supported by the crisis worker during my crisis experience. Comments:						
8	I felt crisis responded to my needs in a timely manner. Comment:						
9	I was involved as much as I could be in determining what care I received. Comments:						
10	The crisis worker informed me who to call if I have questions about my mental health/crisis or substance abuse services. Comments:						
11	The crisis worker provided me with information about additional resources when I asked for information (example: support groups, housing assistance, etc.). Comments:						
12	The crisis worker discussed other services that may benefit me in my treatment/recovery. Comments:						

		Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	NA
13	I felt comfortable asking the crisis worker questions. Comments:						
14	The crisis worker spent adequate time with me. Comments:						
15	I was treated with dignity and respect by the crisis worker. Comments:						
16	I trusted the crisis provider. Comments:						
17	The crisis worker offered me the opportunity to involve my supports (example: family, friends, significant other, etc.) Comments:						
18	The crisis worker explained the advantages and limitations of my recommended care. Comments:						
19	Overall, I am satisfied with the crisis services I received. Comments:						

Outcomes

As a result of your crisis services with the crisis provider, please rate any changes made in the following areas by the response that comes closest to your experience.

		Much Worse	A Little Worse	About the Same	A Little Better	Much Better	NA
20	Feeling in control of my crisis situation. Comments:						
21	Coping with personal crisis (example: relapse, serious health problems, death or illness of a loved one or friend, job loss, accident, etc.) Comments:						
22	Feeling good (hopeful) about the future. Comments:						
23	Coping with the specific problems or issues that led me to seek crisis services. Comments:						

Treatment Environment

		Poor	Fair	Good	Excellent	NA
24A	(Walk-In Consumers Only) Comfort of the facility. Comments:					
24B	(Walk-In Consumers Only) Cleanliness of the facility. Comments:					
24C	Friendliness of the staff. Comments:					
24D	Attentiveness of the staff. Comments:					

The Department of Human Services / Office of Mental Health and Substance Abuse Services have asked us to obtain your responses to the following three questions.

		Much Worse	A Little Worse	About the Same	A Little Better	Much Better	NA
25	What effect has the treatment you received had on the quality of your life? Comments:						

26	Were you given the chance to make treatment decisions? Comments:	[] Yes [] No [] Sometimes					
27	In the last 12 months were you able to get the help you needed. (Child: In the last 12 months did you or your child have problems getting the help he or she needed?) Comments:	[] Yes [] No [] Sometimes					

Interview Information

Name of interviewer(s) _____ Date of interview: _____
Location of interview: <input type="checkbox"/> Home <input type="checkbox"/> Other: _____
Is the interview for an: <input type="checkbox"/> Adult or <input type="checkbox"/> Child? Who was interviewed? <input type="checkbox"/> Self (Consumer) <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Both Parent/Guardian and Self (Consumer)
Method of interview: <input type="checkbox"/> In-person <input type="checkbox"/> Phone
Data Entry Only: Quarter <input type="checkbox"/> 1st (July-Sept) <input type="checkbox"/> 2 nd (Oct-Dec) <input type="checkbox"/> 3 rd (Jan-Mar) <input type="checkbox"/> 4 th (April-June) Consumer Number: _____ Gift Card Number: _____

Interviewer Comments (Use this space to verbalize any concerns you may have witnessed regarding the consumers situation. Example: physical abuse, which warrants immediate follow-up by CSS staff).