

## CART Report to Provider

N = 11

### Section A

|                                      | Sat. or<br>Yes | Dissat<br>or No |
|--------------------------------------|----------------|-----------------|
| <b><u>Service Access</u></b>         |                |                 |
| Q#16 Clean safe building             |                |                 |
| Q#17 Number of visits                | 9              | 2               |
| Q#18 Available appointments          | 10             | 1               |
| Q#19 Transportation                  |                |                 |
| <b><u>Service Information On</u></b> |                |                 |
| Q#21 Get info on rights              | 8              | 3               |
| Q#22 Tell staff dislikes             | 10             | 1               |
| Q#24 Explain Urine/Sobriety test     |                |                 |
| Q#45 Complaint/Grievance             | 10             | 1               |
| Q#34 Staff answer questions          | 8              | 1               |
| Q#35 Family Support                  | 6              | 5               |
| Q#38 Medication benefit              | 8              | 2               |
| Q#39 Medication side- effects        | 8              | 2               |
| <b><u>Service Acceptability</u></b>  |                |                 |
| Q#31 Respect for beliefs             | 10             | 1               |
| Q#32 Comfortable w/ staff            | 8              | 2               |
| Q#46 Overall sat. w/ respect         | 8              | 3               |
| Q#33 Involved Treatment Plng.        | 9              | 2               |
| Q#48 Goals                           | 7              | 3               |
| <b><u>Perceived Choice</u></b>       |                |                 |
| Q#40 Knowledge of Choice             | 9              | 1               |
| Q#41 Choose this service             | 8              | 2               |
| Q#23 Perceived coerciveness          | 10             | 1               |
| <b><u>Overall Satisfaction</u></b>   |                |                 |
| Q#50 Recommend Program               | 8              | 2               |
| Q#51 Overall satisfaction            | 8              | 1               |

**Provider:** Allegheny Children's Initiative, Inc.

**Service:** Family Based

**Population:** Children & Adolescent Mental Health

**Interview Date(s):**  
 April 1, 2004 >  
 November 3, 2004  
 (Telephone Interviews)

**Site Address:**  
 2304 Jane Street  
 Pittsburgh, PA 15203

**Contact Person:**  
 Douglas Spencer, Director

**Address:** (Same)

**Phone:** (412) 390-3801

**# of Phone Int:** 11

**# of Refusals:** N/A

**Notes:** (None)

## Open-Ended Questions

(Q#25 > Q#30)

### Narrative Responses

#### Section B

Q#25: What do you like about your child's \_\_\_\_\_ services?

Parent #1: (CC) The staff was great, took a personal interest in the family, became friends with the adolescent and family, used alternative (not textbook) techniques, had a good sense of humor, and helped to improve the adolescent's behavior and his/her interactions with the family, the in-home services are much more effective, than at a clinic, doctor's office, etc.

Parent #3: (CC) "He had a lot of experience."

Parent #4: (CC) "My son was excited about family-based. They have helped family communication. We have stopped screaming at each other and now we walk away when we have a conflict."

Parent #5: (CC) "The service providers hear us and address our concerns."

Parent #6: (CC) "I really like the senior clinician that we have. He's very helpful, sympathetic, and this really helps me."

Parent #7: (CC) "I think the service is wonderful. They come into the home and they see the child's behavior, which is very useful. We learned how to deal with him."

Parent #8: (CC) "They're been counseling the parents and have been very helpful and supportive in keeping the family together."

Parent #9: (CC) "I had questions and I got answers. I'm able to make phone contact, on a daily basis."

Parent #10: (CC) The services were fair.

Parent #11: (CC) "They were here for scheduled visits but my daughter was in denial."

Q#26: What do you dislike about your child's \_\_\_\_\_ services?

Parent #2: (CC) "They made me try to accept his bad behavior. The staff was not appropriate with my son. They continued to reinforce his friendships with the wrong crowd. I felt that they were trying to split the family."

Parent #3: (CC) "I think that the child is different from our other children. They especially need to give the family the diagnosis. I didn't like his personality."

Parent #4: (CC) "Initially, the role of the service provider was not clear to me. We had a rough start."

Parent #5: (CC) "It's been difficult to include my husband in the services. He works fairly late."

Parent #9: (CC) "Punctuality, consistency were problems."

Parent #10: (CC) The female adolescent would have liked to have an all female staff working with her.

Q#27: What does your child need to reach their goals?

Parent #1: (CC) The adolescent needs acceptance by his/her peers, increased self esteem, and better social skills.

Parent #2: (CC) "He needs a consistent long term weekly therapist. He needs to be educated for his learning disability. He needs a job. He needs better education. He needs a readjustment in his medications."

Parent #3: (CC) "He needs consistency in services. He needs less staff turnover. He needs family-based. He needs to respect the fact his father is sick."

Parent #4: (CC) ) "As he matures he will have even more insight. He needs medication adjustment. He needs ACLA classes."

Parent #5: (CC) "He needs continuing therapeutic support."

Parent #6: (CC) "He needs medication. He also needs the right school setting which he has now."

Parent #7: (CC) "Family-based services have given him the support he needs."

Parent #8: (CC) "He needs to develop a better self-esteem and to deal with complex situations in a less angry way."

Parent #9: (CC) "She needs a TSS coming in, a one-on one relationship with a female."

Parent #10: (CC) The adolescent needs anger management and behavior modification.

Parent #11: (CC) "She needs to continue with her therapy. She is currently doing better."

Q#29: If you could improve anything about your child's services what would it be?

Parent #1: (CC) The family based services were discontinued. The parent would still like to have the exact family based team back in the home, even on a limited basis, because family based services were much better than wraparound.

Parent #2: (CC) "I would have competent professionals."

Parent #3: (CC) "I would have liked to have known when they were getting a treatment plan. I would have liked them to work with the rest of the family."

Parent #4: (CC) "I would liked to have known about the service sooner so my son would not have relapsed. I would not want to be left out of other services. I have recommended other options in the future."

Parent #5: (CC) "Less focus on the completion of paperwork and more focus on therapy."

Parent #9: (CC) "I'd make it mandatory that they make it on a scheduled basis."

Q#30: Is there anything else that you would like to say about your child's \_\_\_\_\_ services?

Parent #1: (CC) The staff was able to help the adolescent interact with the parent in an appropriate and loving way. The staff went to the adolescent's school and got the adolescent the proper educational program to keep him/her on track. The staff was the perfect team and worked with the family in a positive manner. The staff was never negative with the family.

Parent #3: (CC) "The therapist informed my son of his right to refuse treatment when I was not present. My son had a personality conflict so he fired him. I am having problems getting him back in treatment."

Parent #4: (CC) "My son has gotten attached to them. He is very comfortable."

Parent #5: (CC) "At times, it was confusing because there were two individuals."

Parent #8: (CC) "They're doing well. They're done their job well."

### Consumer Comments for Standardized (Close ended) Questions

Q#17: How satisfied are you with the number of your child's visits?

If Dissatisfied: How many scheduled visits would you like and, why?

Parent #2: (CC) "I was dissatisfied with their competency."

Parent #8: (CC) "They were supposed to be here twice a week, but they weren't."

Q#18: How satisfied are you with the hours of operation and appointment times made available to you and your child?

If Dissatisfied: What would you like?

Parent #9: (CC) "One time they kept saying they would be here, day after day, and they never showed up."

Q#21: Do you know where to go to get information about your child's consumer rights?

If No: What could someone do to help you get this information?

Parent #3: (CC) Didn't answer.

Parent #9: (CC) "I could ask staff for this."

Parent 11: (CC) "They could repeat them more often."

Q#22: Are you worried about telling staff what you don't like about your child's services?  
If Yes: What are you worried about?

Parent #9: (CC) "Complaining didn't help. My opinion doesn't seem to count."

Q#23: Have you felt forced or pressured to accept services that you didn't want for your child?  
If Yes: What happened?

Parent #2: (CC) "Because of insurance requirements, he could only see a therapist. He was forced to take family based wraparound."

Q#31: Do you feel that your child's religious beliefs, family traditions and social customs are respected by the staff?  
If No: How is the staff disrespectful?

Parent #2: (CC) "They were not with the same standards [social class] as me. I don't feel I was respected."

Q#32:\ Do you feel comfortable with the staff who work with your child?  
If No: What makes you feel uncomfortable?

Parent #2: (CC) "They had a condescending attitude."

Q#33: Were you involved in planning your child's treatment or in setting goals for your child?  
If No: What do you need to be more involved?

Parent #2: (CC) "I think that my rules in the community and school rules should have been part of the planning."

Parent #3: (CC) "They could have called me or let me write questions so I could give input into goals."

Q#46: Overall, are you satisfied with the respect shown to you and your child by the people who work with your child?  
If Dissatisfied: Why are you dissatisfied?

Parent #2: (CC) Didn't answer.

Parent #3: (CC) "I don't feel that he respected my son. My son felt insulted."

Parent #10: (CC) When the parent asked for the adolescent's diagnosis, the male staff member said that the adolescent was rude and ill mannered.

Q#50: Would you recommend this program/service to a friend?  
If No: Why not?

Parent #2: (CC) Didn't answer.

Parent #10: (CC) Didn't answer.

**INTERVIEWERS:** SA, KF & ES