

PIEDMONT BEHAVIORAL HEALTHCARE –LME
ON-SITE MONITORING –PERIODIC SERVICES CLIENT/FAMILY
INTERVIEW

Directions: The reviewer should interview clients or family members away from staff and other clients. Each section contains sub-sections. Unless otherwise indicated at beginning of the sections, please ask the client/family member a minimum of one question from each of the sub-sections and write the answers. Only provide the minimal assistance to clients to obtain answers. Please complete the rating scales at the end of the sub-section based on answers provided by clients.

Reviewer: _____ Date: _____
Provider Agency: _____
Client Name: _____ Position: _____

Client Rights:

Knowledge of Client Rights:

1. Has anyone spoken to you about your rights? If yes, who spoke to you and when did they speak to you about your rights?

2. Name 3 rights you have? What are your responsibilities in regards to these rights? (What do you have to do to respect the rights of others?)

3. Has anyone told you how and to whom you would make a complaint? Do you feel comfortable reporting problems with staff to their supervisor?

Please score Knowledge of Client Rights

1-Poor 2-Needs Improvement 3-Average 4-Above Average 5-Exceeds Expectations

Please list any additional comments here:

Exercising Client Rights:

1. Please ask one of the following scenarios:

- a. What would you do if staff hit you?
- b. Is it okay for staff to ask you to purchase an item from them? **OR** Is it okay for staff to ask you to purchase an item for them? What would you do if this happened?

2. Are you able to exercise your rights as much as possible? If not, does staff provide you with an explanation as to why?

3. Are your friends/family able to join you for leisure activities in the community?

Please score Exercising Client Rights

1-Poor 2-Needs Improvement 3-Average 4-Above Average 5-Exceeds Expectations

Please list any additional comments here:

Agency/Staff Respect of Client Rights:

1. How does staff help promote your rights? How do staff help you make decisions and support your rights?

2. Do you feel you are treated with courtesy, respect and enthusiasm?

Please score Agency/Staff Respect of Client Rights

1-Poor 2-Needs Improvement 3-Average 4-Above Average 5-Exceeds Expectations

Please list any additional comments here:

Client Choice/Empowerment/Self Determination:

Knowledge of Client Choice/Empowerment/Self Determination:

1. How did you participate in developing your treatment plan?
2. Are you involved as much as you want to be in decisions about your services? If not, have you told someone?
3. Do you have an identification card? Do you carry your identification card with you in case of an emergency?

Please score Knowledge of Client Choice/Empowerment/Self Determination

1-Poor 2-Needs Improvement 3-Average 4-Above Average 5-Exceeds Expectations

Please list any additional comments here:

Client Control/Input/Involvement in Decisions:

1. Does your service plan reflect your strengths and things that are most important to you? Tell me a little about your strengths and things that are important to you?
2. Does your service plan have goals that focus on areas you want to improve/work on or dreams you have for your future? Tell me a little about these areas?
3. How were your services coordinated? Did you choose your service or have input into the service choice? Did you meet staff prior to choosing your services?

Please score Client Control/Input/Involvement in Decisions

1-Poor 2-Needs Improvement 3-Average 4-Above Average 5-Exceeds Expectations

Please list any additional comments here:

Agency Support/Implementation of Client Choice/Empowerment:

1. In what way are you involved in hiring and evaluating staff who work with you?

2. How does staff provide you with assistance, support and education in understanding and accessing your services?

3. Are you asked whether your supports/services are working for you?

Please score Agency Support/Implementation of Client Choice/Empowerment

1-Poor 2-Needs Improvement 3-Average 4-Above Average 5-Exceeds Expectations

Please list any additional comments here:

Self Advocacy/Empowerment:

Knowledge/Input of Self Advocacy/Empowerment:

1. How are you encouraged to make suggestions to improve or make changes at your service/provider agency? Are there scheduled meetings or committee meetings where you can express concerns, make suggestions or provide input?

2. Are you able to discuss your feelings of dissatisfaction with staff or provider agency personnel without being afraid of retaliation?

3. How was your medical provider chosen? Did you choose your medical provider or were you given a choice? Who choose your medical provider?

4. What input do you have regarding medication changes or medical treatments?

Please score Self Advocacy/Empowerment

1-Poor 2-Needs Improvement 3-Average 4-Above Average 5-Exceeds Expectations

Please list any additional comments here:

Agency Support/Implementation of Self Advocacy/Empowerment:

1. How often has the staff or agency asked you to complete a satisfaction survey? Have you been asked to provide suggestions on how to improve services?
2. Name 1 thing/activity/group, etc. staff have encouraged you to get involved in the community?
3. Have you ever attended a self-advocacy conference, convention or meeting? If not, have staff ever asked you if you were interested in attending a self-advocacy conference, convention or meeting?

Please score Agency Support/Implementation of Self Advocacy/Empowerment

1-Poor 2-Needs Improvement 3-Average 4-Above Average 5-Exceeds Expectations

Please list any additional comments here:

Confidentiality:

Knowledge of Confidentiality:

1. Are you able to review your medical record information? What would you do if you wanted to review your medical record information?
2. Is it okay for staff to share your treatment information with other clients/peers/group members? What would you do if this happened?

Please score Knowledge of Confidentiality

1-Poor 2-Needs Improvement 3-Average 4-Above Average 5-Exceeds Expectations

Please list any additional comments here:

Agency/Staff Respect of Confidentiality:

1. How does staff assure you have privacy?
2. Does staff ask your consent/permission before discussing your treatment information? Have you over heard staff discussing you or another client's treatment information?

Please score Agency/Staff Respect of Confidentiality

1-Poor 2-Needs Improvement 3-Average 4-Above Average 5-Exceeds Expectations

Please list any additional comments here:

Relationships/Social Belonging/Inclusion:*(Please ask a minimum of two questions from this section.)

1. Are you able to pick and choose your friends? If not, are you given an explanation?
2. Does the staff assist and encourage you in maintaining friendships?
3. Are you able to spend time with your friends or engage in leisure activities with your friends? If so, how often are you able to do things in the community? Does the agency/staff assist you with transportation or other planning activities to enable you to maintain friendships or complete leisure activities?
If not, are you given an explanation?
4. Are you involved in any community groups/associations? If not, is there an activity or community group/association you would like to be involved with in the community?
5. Does staff respect your cultural beliefs, religious beliefs and/or other interest/hobbies? How does staff help you to maintain these cultural beliefs, religious beliefs and/or other interest/hobbies?
6. Who are the most important people in your life? Do you spend as much time with them as you would like? If not, why?
7. How often do you have a chance to meet new people?

Please score Relationships/Social Belonging/Inclusion

1-Poor 2-Needs Improvement 3-Average 4-Above Average 5-Exceeds Expectations

Please list any additional comments here:

Satisfaction:*(Please ask two questions from this section)

1. Do you feel you are making progress as a result of services received? Tell me a little about the progress or lack of progress made?
2. If you have made a complaint about something, was your complaint followed up in a timely manner? Were you satisfied with the results?
3. If you were asked to recommend a provider for services, would you recommend this provider? Please explain why or why not? When asked, what do you tell others about your services/provider?
4. Are you getting everything you need from your staff/service provider? Do the services meet your expectations? Why or Why not? Do you feel you can rely on your services/providers?
5. Do you like your service provider/staff? Are there things you would change? Do staff members make it easy for you to work with them?

