Fairfax-Falls Church Children's Services Act Survey

Computer-Assisted Telephone Interview (CATI) - English

Hi, my name is ___ and I'm calling on behalf of the Fairfax-Falls Church Children's Service Act Program. May I please speak with <<Parent First and Last Name>> in relation to <<Child First and Last Name>>?

[Once Parent Confirmed on Phone] Thank you *Mr./Ms.* <<Parent Last Name>>, the reason that I am calling is because the Children's Service Act Program would like to know more about your child's experience since starting services with <<Service Name>>. Your comments and responses will be used to help continue to improve their services. This confidential call will only take a few minutes and may be recorded for quality assurance; are you ready to begin?

[If Yes] Great, thank you. [Continue Next Section]

[If Not Now] Is there another time that might be more convenient? [schedule time and note in records; ensure follow-through]

[If Refusal] No problem at all *Mr./Ms.* <<Parent Last Name>>, I understand. Have a nice *day/evening*.

(1) How long has your child been receiving services from <<Service Name>>? [Unaided]

❑ 1 month or less ❑ Over 3 months - 6 months ❑ Over 1 year
❑ Over 1 month - 3 months ❑ Over 6 months - 1 year ❑ Not Sure

(2) Has your child mainly accessed care through telehealth video for <<Service Name>>?

❑ Yes ❑ No ❑ Not Sure

(A) [If Yes] How would you rate the ease of connecting with the care team through the video system? [Aided]

❑ Poor ❑ Fair ❑ Good ❑ Excellent ❑ NA

(B) When connecting to the video system, did you experience any technical connection issues or delays? [Aided]

❑ Yes, very much ❑ Yes, somewhat ❑ No, not at all ❑ NA

I would like to begin by asking you to rate the extent to which you *agree* or *disagree* with the following statements, using a scale of *Strongly Agree, Agree, Disagree, or Strongly Disagree*. You may also respond non-applicable if you are unsure how to answer the question or if you feel that the question does not apply to you or your child. [pause] Okay, the first question is…

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
(3) When scheduling appointments, my child is able to get appointments as quickly and as often as needed. [Aided]	❑	❑	❑	❑	❑
(4) The care plan was explained to me in a way that I could understand. [Aided]	❑	❑	❑	❑	❑
(5) My family and I were made aware of whom to contact if we had any questions or concerns about the services that we are receiving. [Aided]	❑	❑	❑	❑	❑

{I am satisfied...}	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
(6) ...with the role that we had in choosing our provider. [Aided]	❑	❑	❑	❑	❑
(7) ... with the treatment planning process for my child. [Aided]	❑	❑	❑	❑	❑
(8) ...with the level of respect shown toward my family's culture, ethnicity, and language.	❑	❑	❑	❑	❑
(9) ...with the quality of the support and services received from <<Service name>>.	❑	❑	❑	❑	❑

The following questions relate to your experience with Provider <<Provider Name>>:

{I am satisfied...}	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
(10) ...with the frequency and quality of communication that I received from the provider who was working with my child. [Aided]	❑	❑	❑	❑	❑
(11) ...with the overall quality of care given by the provider. [Aided]	❑	❑	❑	❑	❑
(12) ...with the way that the provider has understood me and my child's concerns.	❑	❑	❑	❑	❑

(13) Do you feel that the provider has involved you in your child's treatment plan and goals?

❑ Yes ❑ No ❑ Not Sure

(14) Were you able to get all the services you thought were needed?

❑ Yes ❑ No ❑ Not Sure

We are almost finished…for the following questions, please rate the extent to which you agree or disagree with the statement.

(15) We will continue to use <<Service Name>>. [Aided]

❑ Strongly Agree ❑ Agree ❑ Disagree ❑ Strongly Disagree ❑ N/A

(16) I will refer others, if services are needed, to <<Provider Name>>.

❑ Strongly Agree ❑ Agree ❑ Disagree ❑ Strongly Disagree ❑ N/A

(17) Overall, the services provided to my family helped me and my child achieve our goals.

❑ Strongly Agree ❑ Agree ❑ Disagree ❑ Strongly Disagree ❑ N/A

(18) What are the most helpful or beneficial aspects of the services your child has received?

_____

_____

_____

_____

_____

©2022. The Crossroads Group, Inc.

(19) Is there anything that could be improved about the services that your child has received?

_____

_____

_____

_____

(20) Is there anything else that you would like to share about your experience?

_____

_____

_____

_____

Please conclude the survey with one of the following two closings:

1. Service Recovery Close: [For patients responding Poor, Fair, or Strongly Disagree/Disagree for any question or sharing other dissatisfaction] Thank you for sharing about your recent experience. Your feedback will be shared with management, who may wish to contact you to follow up at some point. Would that be alright?

❑ Yes ❑ No ❑ Not Sure

Thank you for taking the time to answer these questions. Child's Services Act will be using your responses to continue to improve future care. Have a nice *day/evening*.

2. Satisfied Close: This concludes our interview. Thank you for taking the time to answer these questions. Have a nice *day/evening*.

Background Roster Questions (for Interviewer)

(21) Date of Interview . . . . . _____ (22) Student Name _____

(23) Service Agency _____

(24) Provider Name _____

(25) Language of Interview . . . . . ❑ English ❑ Spanish

Background Roster Questions (for Project Manager)

(26) Gender . . . . . ❑ Male ❑ Female (27) Age . . . . . _____

(28) Ethnicity

❑ Asian
❑ Black or African American
❑ Caucasian
❑ Multi-Racial
❑ Unspecified
❑ American Indian
❑ Native Hawaiian or Pacific Islander
❑ Other

(29) Provider Agency _____

(30) Case Number _____ (31) Service Code _____

(32) Index Code _____ (33) Survey Mode . . . . . ❑ Phone ❑ Online