



Cambria County

Consumer Family Satisfaction Team

Quarter 1 REPORT
July, August, September 2023-2024

Survey Overview:

There was a total of 46 individuals that participated in Quarter1 surveys, resulting in 122 surveys. 26 (57%) individuals surveyed were conducted face to face. 20 (43%) individuals surveyed were conducted via phone.

Adult Mental Health 69-surveys were completed (57%)
Adult Drug & Alcohol 21-surveys were completed (17%)
Family/Children 32 -surveys were completed (26%)

Demographics & Community Resources Questions:

- 1. Age of participants: Under 17 16 individuals, 18-24 0 individuals, 25-44 14 individuals, 45-64 10 individuals, 65+ 6 individuals
2. Are you homeless or at risk of homelessness? 45 No (98%) 1 Yes (2%) currently receiving assistance.
3. Do you use the local food banks? 32 No (70%) 14 Yes (30%)
4. Do you use MATP services? (Med-Van) 40 No (87%) 6Yes (13%)
5. Are you satisfied with MATP? (Med-Van) 0 No (0%) 6 Yes (13%) 40 Does not apply (87%)
6. Do you have a family doctor? 46Yes (100%) No (%)
7. Are there any barriers that prevent you from keeping your Mental Health and/or D&A appointments? 44 No (96%) 2 Yes (4%)

Specific questions regarding education from providers.

Tobacco Recovery: If you smoke, has your provider offered you information on resources to help you quit? 2 (4%) No 9 (20%) Yes 35 (76%) Does not apply

Would you like information on Tobacco Recovery? 46 (100%) No (%) Yes

Mental Health Advance Directive: During your initial intake, were you offered information on Advance Directives? 25 (54%) Yes 3 (6%) No 18 (39%) Can't remember

Would you like information on Advance Directives? 1(2%) Yes 45 (98%) No

Were you offered peer services? (MH Peer Support &/or D&A Recovery Specialist) 21(46%) Yes 10 (22%) No 15 (33%) Does not apply

Above 85% Benchmark- Meets Expectations
Between 84%-80% - Satisfaction
Below 79% - Requires Action
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BHoCC outreach for HealthChoices members: Would you be interested in participating in HealthChoices meetings or as complaint and grievance panel member? During Q1 there were 5 interested members, their contact information was given to BHoCC on 9/19/2023.

Questions regarding the treatment and employment:

How do you receive your treatment?

Table with 3 columns: Group, Telehealth, In Person. Rows: MH Adult, Adult D&A, MH Family/Child.

Did seeking Mental Health and or D&A treatment services help you to obtain or maintain employment? 2 Yes (4%) 44 No (96%) Does not apply (%)

Questions regarding the specific level of care:

- 1. Were you offered an appointment within 7 days of discharge from MH Inpatient?
2. After your intake, were you offered an appointment with your prescriber within 90 days?
3. After your intake visit, were you offered an appointment with your therapist within 30 days?
4. After your intake, were you offered an appointment within 30 days?
5. Does the provider meet you in your home or another location that is most convenient for you?

Managed Care Questions: There was a total of 46 individuals that participated in Quarter 1.

- 1. Before completing this survey, did you know that you can call the Magellan member call center 24/7?
2. Before completing this survey, did you know that you can choose where you get your treatment?
3. If you had questions about your benefits or treatment options, do you know how to contact Magellan?



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- 4. Have you ever called Magellan member call center?
5. If you answered yes, were you satisfied with the outcome?
6. Are you aware of how to file a complaint with Magellan?
7. Have you ever filed a complaint with Magellan?
8. If you answered yes, were you satisfied with the outcome?
9. Are you aware of how to file a grievance with Magellan?
10. Have you ever filed a grievance with Magellan?
11. If you answered yes, were you satisfied with the outcome?

State Questions: 30 Adult individuals were surveyed during Q1

- In the last 12 months were you able to get the help you needed?
Were you given the chance to make treatment decisions?
What effect has the treatment you received had on the quality of your life?
The quality of my life is:

Child/Family State Questions: 16 Child/Family individuals were surveyed during Q1

- In the last 12 months did you or your child have problems getting the help he or she needed?

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- Were you and your child given the chance to make treatment decisions?
15 Yes (ALWAYS) (94%)
1 Sometimes (6%)
0 No (NEVER) (0%)
What effect has the treatment you received had on the quality of your (or your child's) life?
4 Much Better (25%)
8 A Little Better (50%)
3 About the Same (19%)
0 A Little Worse (6%)
0 Much Worse (%)

Q1 MH Adult Survey Questions Breakout: 69 (57%) surveys completed Q1

*Outpatient Med Management (19=27%) * Outpatient Therapy (23=33%) *
(6 providers)

- 1. How do you receive your treatment? 4 (10%) Telehealth 38 (90%) In Person
2. Are the services provided sensitive to your race, religion, and ethnic background?
42 Yes (100%) No (%)
3. Do you feel that you can talk freely/openly to the provider?
42 Yes (100%) No (%)
4. Do you feel that your provider instills hope for you regarding your future?
42 Yes (100%) No (%)
5. Do you feel that the provider listens to you? 42 Yes (100%) No (%)
6. Are staff respectful and friendly? 42 Yes (100%) No (%)
7. Are you given a chance to ask questions about your treatment? 42 Yes (100%)
No (%)
8. Are your medications and their possible side effects clearly explained?
19 Yes (100%) No (%) 23 Does not apply
9. If you had a problem with your provider, would you feel comfortable filing a
complaint? 41 Yes (98%) 1 No (2%)
10. Do you feel that you are getting the help that you need?
42 Yes (100%) No (%)
11. Are you satisfied with the provider? 42 Yes (100%) No (%)

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* Blended Case Management (10=14%) * Peer Support (14=20%) *Crisis (1=1%) * (5 providers)

- 1. How do you receive your treatment? (0%) Telehealth (%) In Person
2. Are the services provided sensitive to your race, religion, and ethnic background? 25 Yes (100%) No (%)
3. Do you feel that your provider listens to you? 25 Yes (100%) No (%)
4. Do you feel that your provider instills hope for you regarding your future? 25 Yes (100%) No (%)
5. Are staff respectful and friendly? 25 Yes (100%) No (%)
6. Do you participate in your treatment planning goals? 25 Yes (100%) No (%)
7. Do you meet with the provider enough to meet your needs? 24 Yes (100%) No (%) N/A (crisis) 1
8. Does this provider encourage you in making your own choices and being responsible for those choices? 24 Yes (100%) No (%) N/A (crisis) 1
9. Does this provider encourage you to advocate for yourself? 24 Yes (100%) No (%) N/A (crisis) 1
10. Do you feel that this provider is knowledgeable about the resources and supports in the community? 24 Yes (100%) No (%) N/A (crisis) 1
11. How long have you had this service? 1-11 months = 3 (11%) 1-3 years = 7 (26%) over 3 years = 16 (60%) N/A (crisis) =1 (4%)
12. If you had a problem with this provider, would you feel comfortable filing a complaint? 23 Yes (89%) 2 No (11%)
13. Do you feel that this service is helping? 25 Yes (100%) No (%)
14. Are you satisfied with this provider? 25 Yes (100%) No (%)

*Psych-Rehab (1=1%) * AMH Partial () * (1 providers)

- 1. Do you feel that the provider listens to you? 1Yes (100%) No (%)
2. Are staff respectful and friendly? 1Yes (100%) No (%)
3. Do you feel that your provider instills hope for you regarding your future? 1Yes (100%) No (%)
4. Are the services provided sensitive to your race, religion, and ethnic background? 1Yes (100%) No (%)
5. Does the provider give you the chance to ask questions about your treatment? 1Yes (100%) No (%)
6. Do you feel that you are getting the education that you need to understand your illness? 1Yes (100%) No (%)
7. Are you learning coping skills that help you manage your symptoms? 1Yes (100%) No (%)

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- 8. Do you feel that this provider is a safe place to express yourself? 1Yes (100%) No (%)
9. Do you feel that the group sessions are helpful? 1Yes (100%) No (%)
10. Do you feel that the provider is knowledgeable about the resources and supports in the community? 1 Yes (100%) No (%)
11. If you had a problem with your provider, would you feel comfortable filing a complaint? 1Yes (100%) No (%)
12. Do you feel that this service is helping you? 1Yes (100%) No (%)
13. Are you satisfied with this provider? 1Yes (100%) No (%)

MH Inpatient (1=1%) (1 provider)

- 1. Are the services provided sensitive to your race, religion, and ethnic background? 1 Yes (100%) 0 No (%)
2. Do you feel that the provider listens to you? 1 Yes (100%) 0 No (%)
3. Are staff respectful and friendly? 1 Yes (100%) 0 No (%)
4. Do you feel that your provider instills hope for you regarding your future? 1 Yes (100%) 0 No (%)
5. Does the provider give you the chance to ask questions about your treatment? 1 Yes (100%) 0 No (%)
6. Does the provider clearly explain your medications and their possible side effects? 1 Yes (100%) 0 No (%)
7. Are you learning coping skills that help you manage your symptoms? 1 Yes (100%) 0 No (%)
8. Do you feel that this is a safe place to express yourself? 1 Yes (100%) 0 No (%)
9. Are group sessions offered? 1 Yes (100%) 0 No (%)
10. If you had a problem with the provider, would you feel comfortable filing a complaint? 1 Yes (100%) 0 No (%)
11. Do you feel that this service is/has helped you? 1 Yes (100%) 0 No (%)
12. Are you satisfied with this provider? 1 Yes (100%) 0 No (%)

Adult Mental Health Summary: There are no trends at this time

D&A Adult Survey Breakout: 21 (17%) surveys were completed with individuals Q1

*D&A Outpatient (9=43%) * Methadone (bundled) (3=14%) * Suboxone (5=24%) * Vivitrol (0) (3 providers)

- 1. Are the services provided sensitive to your race, religion, and ethnic background? 17 Yes (100%) No (%)
2. Do you feel that the provider listens to you? 17 Yes (100%) No (%)

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- 3. Are staff respectful and friendly? 17 Yes (100%) No (%)
4. Do you feel that your provider instills hope for you regarding your future? 17 Yes (100%) No (%)
5. Does the provider give you the chance to ask questions about your treatment? 17 Yes (100%) No (%)
6. Does the provider talk to you about how medications are working for you? 10 Yes (59%) 4 No (23%) 3 Does not apply (18%)
7. Does the provider clearly explain your medications and their possible side effects? 8 Yes (47%) 5 No (30%) 4 Does not apply (23%)
8. How often do you participate in therapy? 6 - Once a month = (35%) 6- Twice or more a month = (35%) 4- Once a week = (23%) 1 (6%) Does not apply
9. How long have you been receiving this service? 1-11 months 1 = (6%) 1-3 years 6= (35%) over 3 years 10 = (59%)
10. If you had a problem with your provider, would you feel comfortable filing a complaint? 17 Yes (100%) No (%)
11. Are you satisfied with your provider? 17 Yes (100%) No (%)

D&A Rehab(2=9%) (2 providers)

- 1. Are the services provided sensitive to your race, religion, and ethnic background? 2 Yes (100%) No (%)
2. Do you feel that the provider listens to you? 2 Yes (100%) No (%)
3. Are staff respectful and friendly 2 Yes (100%) No (%)
4. Do you feel that your provider instills hope for you regarding your future? 2 Yes (100%) No (%)
5. Does the provider give you the chance to ask questions about your treatment? 2 Yes (100%) No (%)
6. Does the provider clearly explain your medications and their possible side effects? Yes (%) 2 No (100%)
7. Are you learning coping skills that help you manage your symptoms? 2 Yes (100%) No (%)
8. Do you feel that this is a safe place to express yourself? 2 Yes (100%) No (%)
9. Are group sessions offered? 2 Yes (100%) No (%)
10. If you had a problem with the provider, would you feel comfortable filing a complaint? 2 Yes (100%) No (%)
11. Do you feel that this service is/has helped you? 2 Yes (100%) No (%)
12. Are you satisfied with this provider? 2 Yes (100%) No (%)

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*D&A CRS (2=9%) (1 provider)

- 1. Are the services provided sensitive to your race, religion, and ethnic background? 2 Yes (100%) No (%)
2. Do you feel that you can talk freely/openly to the provider? 2 Yes (100%) No (%)
3. Do you feel that your provider instills hope for you regarding your future? 2 Yes (100%) No (%)
4. Do you meet with the provider enough to meet your needs? 2Yes (100%) No (%)
5. Do you participate in your treatment planning goals? 2Yes (100%) No (%)
6. Does this provider encourage you in making your own choices and being responsible for those choices? 2 Yes (100%) No (%)
7. Does this provider encourage you to advocate for yourself? 2 Yes (100%) No (%)
8. Do you feel that this provider is knowledgeable about the resources and supports in the community? 2 Yes (100%) No (%)
9. If you had a problem with this provider, would you feel comfortable filing a complaint? 2 Yes (100%) No (%)
10. How long have you had this service? 1-11 months = 1-3 years = 2 (100%) over 3 years =
11. Do you feel that this service is helping? 2 Yes (100%) No (%)
12. Are you satisfied with this provider? 2 Yes (100%) No (%)

Adult D&A Summary: There are no trends at this time.

MH Child/Family Survey Breakout: 32=(26%) surveys were completed in Q1

*Outpatient Med Management (9=28%) * Outpatient Therapy (14=44%) * (5 providers)

- 1. How do you receive your treatment? 1 (4.3%) Telehealth 22 (96%) In Person
2. Are the services provided sensitive to your race, religion, and ethnic background? 23 Yes (100%) No (%)
3. Do you feel that you can talk freely/openly to the provider? 20 Yes (87%) 3 No (13%)
4. Do you feel that your provider instills hope for you regarding your future? 24 Yes (100%) No (%)
5. Do you feel that the provider listens to you? 24 Yes (100%) No (%)
6. Are staff respectful and friendly? 24 Yes (100%) No (%)
7. Are you given a chance to ask questions about your treatment? 24 Yes (100%) No (%)
8. Are your medications and their possible side effects clearly explained? 10 Yes (100%) No (%) 13 Does not apply (%)

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- 9. If you had a problem with your provider, would you feel comfortable filing a complaint? 22 Yes (96%) 1 No (4%)
10. Do you feel that you are getting the help that you need? 20 Yes (87%) 3 No (13%)
11. Are you satisfied with the provider? 21 Yes (91%) 2 No (9%)

Comments:

- Struggled to get ahold of them
Very unhappy! Therapist was very condescending.
Lack of services when a therapist graduate
meds didn't work, child is young, options are limited

*Blended Case Management (1=3%) * Crisis (1=3%) * (2 provider)

- 1. How do you receive your treatment? (%) Telehealth 2 (100%) In Person
2. Are the services provided sensitive to your race, religion, and ethnic background? 2 Yes (100%) No (%)
3. Do you feel that you can talk freely/openly to the provider? 2 Yes (100%) No (%)
4. Do you feel that your provider instills hope for you regarding your future? 2 Yes (100%) No (%)
5. Do you meet with the provider enough to meet your needs? 1Yes (100%) No (%) 1 Does not apply
6. Do you participate in your treatment planning goals? 1Yes (100%) No (%) 1 Does not apply
7. Does this provider encourage you in making your own choices and being responsible for those choices? 1 Yes (100%) No (%) 1 Does not apply
8. Does this provider encourage you to advocate for yourself? 1Yes (100%) No (%) 1 Does not apply
9. Do you feel that this provider is knowledgeable about the resources and supports in the community? 2 Yes (100%) No (%) Does not apply
10. If you had a problem with this provider, would you feel comfortable filing a complaint? 2 Yes (100%) No (%)
11. How long have you had this service? 1-11 Month = (%) 1-3 Years 1= (100%) 1 Does not apply
12. Do you feel that this service is helping? 2 Yes (100%) No (%)
13. Are you satisfied with this provider? 2 Yes (100%) No (%)

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*IBHS/BHT (2=6%) * IBHS/BC (1=3%) * Family Based (2=6%) *ASP () *SP (1=3%)
*Mobile Therapy () *MST (1=3%) (3 providers)

1. Does the provider return your call in a timely manner? 7 Yes (100%) No (%)
2. Are staff respectful and friendly? 7 Yes (100%) No (%)
3. Do you feel that your provider instills hope for you regarding your future?
7 Yes (100%) No (%)
4. Are the services provided sensitive to your race, religion, and ethnic background?
7 Yes (100%) No (%)
5. Do you feel that the provider listens to you? 7 Yes (100%) No (%)
6. Do you feel that the provider is knowledgeable about the resources and support in the community? 7 Yes (100%) No (%)
7. Do you see the provider enough to meet your needs? 7 Yes (100%) No (%)
8. Are you and your child involved in treatment planning goals and decision-making?
7 Yes (100%) No (%)
9. Does the provider keep in contact with you regarding your child's progress and/or concerns? 7 Yes (100%) No (%)
10. Has the discharge/transition plan been discussed with you? 6 Yes (86%) 1 No (14%)
11. Were you satisfied with the ISPT meeting? 7 Yes (100%) No (%)
12. Do you feel that your child is getting the help that he/she needs?
7 Yes (100%) No (%)
13. If you had a problem with the provider, would you feel comfortable filing a complaint? 6 Yes (100%) No (%)
14. How long have you had this service? 1-11 months = 4 (57%) 1-3 years = 3 (43%)
over 3 years =
15. Are you satisfied with this provider? 7 Yes (100%) No (%)

Family/Child D&A Survey Breakout: 0 individual were surveyed Q1

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No data available