

C/FST Quarter 2 Report (October, November, December)

Survey breakdown:

Adult Mental Health – 56 surveys were completed

Adult Drug & Alcohol – 15 surveys were completed

Family/Children – 32 surveys were completed

Family/Children Drug & Alcohol – 0 survey was completed

Total participants 41 Total of completed surveys 103 Total Providers 13

Demographics & Community Resources Questions: There was a total of **41** individuals that participated in Q2.

1. Age of participants:

Under 17	10 individuals (24%)
18 – 24	2 individuals (5%)
25-44	8 individuals (20%)
45-64	20 individuals (48%)
65+	1 individual (3%)

2. The question in regards to homelessness and/or at risk. Of the **41** individuals that participated, **1= (2.4%)** stated that they were homeless or at risk of homelessness that individual was referred to the Homeless Coordinator at the County. **40= (97%)** individuals stated no, they were not homeless or at risk of homelessness.

3. Do you use the local food banks?
25 No (61%) 16 Yes (39%)
4. Do you use MATP services? (Med-Van)
31 No (76%) 4 Yes (24%)
5. Are you satisfied with MATP? (Med-Van)
28 Does not apply (68%) 9 Yes (22%) 4 No (10%)
6. Do you have a family doctor?
36 Yes (88%) 5 No (12%)

C/FST Quarter 2 Report (October, November, December)

Specific questions regarding education from providers.

Tobacco Recovery

3 (7%) No 17 (41%) Yes 21 (51%) Does not apply

Would you like information on Tobacco Recovery?

4 (10%) No 1 (2.5%) Yes 36 (88%) Does not apply

Mental Health Advance Directive

26 (63%) Yes 4 (10%) No 10 (25%) Can't remember

Would you like information on Advance Directives?

1(2%) Yes 8 (19%) No 37 (90%) Does not apply

Questions regarding the treatment and employment:

Did seeking Mental Health and or D&A treatment services help you to obtain or maintain employment?

13 Yes (32%) 12 No (29%) 16 Does not apply (39%)

Questions regarding the specific level of care:

1. After your intake, were you offered an appointment with your prescriber within 90 days? *(med management only)*

MH Adult	19 Yes (100%)	No (%)
MH Family/Child	10 Yes (100%)	No (%)

2. After your intake visit, were you offered an appointment with your therapist within 30 days? *(IOP therapy only)*

MH Adult	15 Yes (100%)	No (%)
MH Family/Child	10 Yes (100%)	No (%)

3. After your intake, were you offered an appointment within 30 days? *(BCM, CPS, CRS)*

Adult CPS	10 Yes (100%)	No (%)
Adult CRS	1 Yes (100%)	No (%)
Adult BCM	1 Yes (100%)	No (%)
Family/Child BCM	Yes (%)	No (%)

C/FST Quarter 2 Report (October, November, December)

4. Does the provider meet you in your home or another location that is most convenient for you? (BCM, CPS, CRS)

Adult CPS	10 Yes (100%)	No (%)
Adult CRS	1 Yes (100%)	No (%)
Adult BCM	7 Yes (100%)	No (%)
Family/Child BCM	1 Yes (100%)	No (%)

5. Has the discharge/transition plan been discussed with you?

Family/Child BHRS	8 Yes (100%)	1 No (%)
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Managed Care Questions: There was a total of **41** individuals that participated in **Q2**.

1. Before completing this survey, did you know that you can choose where you get your treatment?
40 Yes (98%) 1 No (2%)
2. Before completing this survey, did you know that you can call the Magellan member call center 24/7?
37 Yes (90%) 4 No (10%)
3. If you had questions about your benefits or treatment options, do you know how to contact Magellan?
37 Yes (90%) 4 No (10%)
4. Have you ever called Magellan member call center?
3 Yes (7%) 37 No (90%) 1 Does not apply (2%)
 - 4a. If you answered yes, were you satisfied with the outcome?
3 Yes (100%) 38 Does not apply
5. Are you aware of how to file a complaint with Magellan?
37 Yes (90%) 4 No (10%)
 - 5a. Have you ever filed a complaint with Magellan?
0 Yes (%) 41 NO (100%)
 - 5b. If you answered yes, were you satisfied with the outcome?
0 Yes (%) 41 Does not apply (100%)
6. Are you aware of how to file a grievance with Magellan?
36 Yes (88%) 5 No (12%)
 - 6a. Have you ever filed a grievance with Magellan?
0 Yes (%) 41 No (100%) 0 Does not apply (%)
 - 6b. If you answered yes, were you satisfied with the outcome?
0 Yes (%) 0 No (0%) 41 Does not apply (100%)

C/FST Quarter 2 Report (October, November, December)

State Questions: 31 Adult individuals were surveyed during Q2

In the last 12 months were you able to get the help you needed?

28 Yes(ALWAYS) (93%)
3 Sometimes (7%)
0 No (NEVER) (0%)

Were you given the chance to make treatment decisions?

30 Yes (ALWAYS) (97%)
1 Sometimes (3%)
0 No (NEVER) (%)

What effect has the treatment you received had on the quality of your life?
The quality of my life is:

25 Much Better (81%)
6 A Little Better (19%)
0 About the Same(%)
0 A Little Worse (%)
0 Much Worse (%)

Child/Family State Questions: 10 Child/Family individuals were surveyed during Q2

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

0 Yes (ALWAYS) (%)
0 Sometimes (%)
10 No (NEVER) (100%)

Were you and your child given the chance to make treatment decisions?

10 Yes (ALWAYS) (100%)
0 Sometimes (%)
0 No (NEVER) (%)

What effect has the treatment you received had on the quality of your (or your child's) life?

4 Much Better (40%)
4 A Little Better (40%)
2 About the Same (20%)
0 A Little Worse (%)
0 Much Worse (%)

C/FST Quarter 2 Report (October, November, December)

Q2 MH Adult Survey Questions Breakout: 34 surveys were completed with individuals Q2

***Outpatient Med Management (19=34%) * Outpatient Therapy (15=27%)*
(5 providers)**

1. Are the services provided sensitive to your race, religion, and ethnic background?
34 Yes (100%) No (%)
2. Do you feel that you can talk freely/openly to the provider?
34 Yes (100%) No (%)
3. Do you feel that your provider instills hope in you regarding your future?
34 Yes (100%) No (%)
4. Do you feel that the provider listens to you?
34 Yes (100%) No (%)
5. Are staff respectful and friendly?
34 Yes (100%) No (%)
6. Are you given a chance to ask questions about your treatment?
34 Yes (100%) No (%)
7. Are your medications and their possible side effects clearly explained?
19 Yes (100%) 0 No (%) 15 Does not apply
8. If you had a problem with your provider would you feel comfortable filing a complaint?
34 Yes (100%) No (%)
9. Do you feel that you are getting the help that you need?
34 Yes (100%) No (%)
10. Are you satisfied with the provider?
34 Yes (100%) No (%)

***Blended Case Management (7=12%) * Peer Support (10=18%) *Crisis (2=3%) *
(6 providers)**

1. Are the services provided sensitive to your race, religion, and ethnic background?
19 Yes (100 %) No (%)
2. Do you feel that you can talk freely/openly to the provider?
19 Yes (100%) No (%)
3. Do you feel that your provider instills hope in you regarding your future?
19 Yes (100%) No (%)
4. Do you meet with the provider enough to meet your needs?
19 Yes (100%) No (%)
5. Do you participate in your treatment planning goals?
17 Yes (100%) No (%) 2 Does not apply
6. Does this provider encourage you in making your own choices and being responsible for those choices?
19 Yes (100%) No (%) Does not apply

C/FST Quarter 2 Report (October, November, December)

7. Does this provider encourage you to advocate for yourself?
19 Yes (100%) No (%) Does not apply
8. Do you feel that this provider is knowledgeable about the resources and supports in the community?
19 Yes (100%) No (%)
9. If you had a problem with this provider would you feel comfortable filing a complaint?
19 Yes (100%) No (%)
10. How long have you had this service?
1-11 months = 6 (32%) 1-3 years = 13 (68%) over 3 years = 0 (%)
11. Do you feel that this service is helping? 19 Yes (100%) No (%)
12. Are you satisfied with this provider? 19 Yes (100%) No (%)

**Psych-Rehab () * AMH Partial () *
(Provider)**

1. Do you feel that the provider listens to you? Yes (%) No (%)
2. Are staff respectful and friendly? Yes (%) No (%)
3. Do you feel that your provider instills hope in you regarding your future? Yes (%) No (%)
4. Are the services provided sensitive to your race, religion, and ethnic background? Yes (%) No (%)
5. Does the provider give you the chance to ask questions about your treatment? Yes (%) No (%)
6. Do you feel that you are getting the education that you need to understand your illness?
Yes (%) No (%)
7. Are you learning coping skills that help you manage your symptoms? Yes (%) No (%)
8. Do you feel that this provider is a safe place to express yourself? Yes (%) No (%)
9. Do you feel that the group sessions are helpful? Yes (%) No (%)
10. Do you feel that the provider is knowledgeable about the resources and supports in the community?
Yes (%) No (%)
11. If you had a problem with your provider would you feel comfortable filing a complaint?
Yes (%) No (%)
12. Do you feel that this service is helping you? Yes (%) No (%)
13. Are you satisfied with this provider? Yes (%) No (%)

***MH Inpatient (2=6%)*
(1 providers)**

1. Are the services provided sensitive to your race, religion, and ethnic background?
1 Yes (50%) 1 No (50%)
2. Do you feel that the provider listens to you? 1 Yes (50%) 1 No (50%)
3. Are staff respectful and friendly? 1 Yes (50%) 1 No (50%)
4. Do you feel that your provider instills hope in you regarding your future?
2 Yes (100%) 0 No (%)
5. Does the provider give you the chance to ask questions about your treatment?
2 Yes (100%) 0 No (%)

C/FST Quarter 2 Report (October, November, December)

6. Does the provider clearly explain your medications and their possible side effects?
2 Yes (100%) 0 No (%)
7. Are you learning coping skills that help you manage your symptoms?
2 Yes (100%) 0 No (%)
8. Do you feel that this is a safe place to express yourself?
2 Yes (100%) 0 No (%)
9. Are group sessions offered?
1 Yes (50%) 1 No (50%)
10. If you had a problem with the provider would you feel comfortable filing a complaint?
2 Yes (100%) 0 No (%)
11. Do you feel that this service is/has helped you?
2 Yes (100%) 0 No (%)
12. Are you satisfied with this provider?
2 Yes (100%) 0 No (%)

D&A Adult Survey Breakout: 16 surveys were completed with 10 individuals Q2

***D&A Outpatient (2=12%) * Methadone (bundled) (9=56%) * Suboxone (1=6%) *
Vivitrol () (4 providers)**

1. Are the services provided sensitive to your race, religion, and ethnic background?
12 Yes (100%) No (%)
2. Do you feel that the provider listens to you?
12 Yes (100%) No (%)
3. Are staff respectful and friendly?
12 Yes (100%) No (%)
4. Do you feel that your provider instills hope in you regarding your future?
12 Yes (100%) No (%)
5. Does the provider give you the chance to ask questions about your treatment?
12 Yes (100%) No (%)
6. Does the provider talk to you about how medications are working for you?
12 Yes (100%) No (%) Does not apply
7. Does the provider clearly explain your medications and their possible side effects?
12 Yes (100%) No (%) Does not apply
8. How often do you participate in therapy?
5 - Once a month = (42%) 2- Twice or more a month = (17%) 4- Once a week = (33%)
1- No therapy= (8)
9. How long have you been receiving this service? 1-11 months =3 (25%) 1-3 years = 4 (33%)
over 3 years = 5 (42%)

C/FST Quarter 2 Report (October, November, December)

10. If you had a problem with your provider would you feel comfortable filing a complaint?
12 Yes (100%) No (%)
11. Are you satisfied with your provider?
12 Yes (100%) No (%)

***D&A Rehab (3=19%)*
(2 providers)**

1. Are the services provided sensitive to your race, religion, and ethnic background?
3 Yes (100%) No (%)
2. Do you feel that the provider listens to you?
3 Yes (100%) No (%)
3. Are staff respectful and friendly
3 Yes (100%) No (%)
4. Do you feel that your provider instills hope in you regarding your future?
3 Yes (100%) No (%)
5. Does the provider give you the chance to ask questions about your treatment?
3 Yes (100%) No (%)
6. Does the provider clearly explain your medications and their possible side effects?
3 Yes (100%) No (%) Does not apply
7. Are you learning coping skills that help you manage your symptoms?
3 Yes (100%) No (%)
8. Do you feel that this is a safe place to express yourself?
3 Yes (100%) No (%)
9. Are group sessions offered?
3 Yes (100%) No (%)
10. If you had a problem with the provider would you feel comfortable filing a complaint?
3Yes (100%) No (%)
11. Do you feel that this service is/has helped you?
3 Yes (100%) No (%)
12. Are you satisfied with this provider?
3 Yes (100%) No (%)

**D&A Partial ()*
(provider)**

1. Do you feel that the provider listens to you? Yes (0%) No (%)
2. Are staff respectful and friendly? Yes (0%) No (%)
3. Do you feel that your provider instills hope in you regarding your future? Yes (0%) No (%)
4. Are the services provided sensitive to your race, religion, and ethnic background? Yes (0%) No (%)
5. Does the provider give you the chance to ask questions about your treatment? Yes (0%) No (%)
6. Do you feel that you are getting the education that you need to understand your illness? Yes (0%) No (%)
7. Are you learning coping skills that help you manage your symptoms? Yes (0%) No (%)

C/FST Quarter 2 Report (October, November, December)

- 8. Do you feel that this provider is a safe place to express yourself? Yes (0%) No (%)
- 9. Do you feel that the group sessions are helpful? Yes (0%) No (%)
- 10. Do you feel that the provider is knowledgeable about the resources and supports in the community? Yes (0%) No (%)
- 11. If you had a problem with your provider would you feel comfortable filing a complaint? Yes (0%) No (%)
- 12. Do you feel that this service is helping you? Yes (0%) No (%)
- 13. Are you satisfied with this provider? Yes (0%) No (%)

***D&A CRS (1=6%) *
(1 provider)**

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

**D&A Partial
(provider)**

- 1. Did you wait longer than 30 days for your initial appointment?
- 2. Do you feel that the provider listens to you?
- 3. Are staff respectful and friendly?
- 4. Do you feel that your provider instills hope in you regarding your future?
- 5. Are the services provided sensitive to your race, religion, and ethnic background?
- 6. Does the provider give you the chance to ask questions about your treatment?
- 7. Do you feel that you are getting the education that you need to understand your illness?

C/FST Quarter 2 Report (October, November, December)

8. Are you learning coping skills that help you manage your symptoms?
9. Do you feel that this provider is a safe place to express yourself?
10. Do you feel that the group sessions are helpful?
11. Do you feel that the provider is knowledgeable about the resources and supports in the community?
12. If you had a problem with your provider would you feel comfortable filing a complaint?
13. Do you feel that this service is helping you?
14. How long have you had this service?
15. Are you satisfied with this provider?

MH Child/Family Survey Breakout 24 surveys were completed in Q2

**Outpatient Med Management (10=50%) * Outpatient Therapy (10=50%) *
(5 providers)**

1. Are the services provided sensitive to your race, religion, and ethnic background?
20 Yes (100%) No (%)
2. Do you feel that you can talk freely/openly to the provider? 20 Yes (100%) No (%)
3. Do you feel that your provider instills hope in you regarding your future?
20 Yes (100%) No (%)
4. Do you feel that the provider listens to you? 20 Yes (100%) No (%)
5. Are staff respectful and friendly? 20 Yes (100%) No (%)
6. Are you given a chance to ask questions about your treatment?
20 Yes (100%) No (%)
7. Are your medications and their possible side effects clearly explained?
10 Yes (100%) No (%) 10 Does not apply (%)
8. If you had a problem with your provider would you feel comfortable filing a complaint?
20 Yes (100%) No (%)
9. Do you feel that you are getting the help that you need? 20 Yes (100%) No (%)
10. Are you satisfied with the provider? 20 Yes (100%) No (%)

***MH Inpatient (1=4%)* MH CRR () * MH RTF () *
(1 Providers)**

1. Are the services provided sensitive to your race, religion, and ethnic background?
1 Yes (100%) No (%)
2. Do you feel that the provider listens to you? 1 Yes (100%) No (%)
3. Are staff respectful and friendly 1 Yes (100%) No (%)
4. Do you feel that your provider instills hope in you regarding your future?
1 Yes (100%) No (%)
5. Does the provider give you the chance to ask questions about your treatment?
1 Yes (100%) No (%)

C/FST Quarter 2 Report (October, November, December)

6. Does the provider clearly explain your medications and their possible side effects?
1 Yes (100%) No (%)
7. Are you learning coping skills that help you manage your symptoms?
1 Yes (100%) No (%)
8. Do you feel that this is a safe place to express yourself?
1 Yes (100%) No (%)
9. Are group sessions offered? 1 Yes (100%) No (%)
10. If you had a problem with the provider would you feel comfortable filing a complaint?
1 Yes (100%) No (%)
11. Do you feel that this service is/has helped you? 1 Yes (100%) No (%)
12. Are you satisfied with this provider? 1 Yes (100%) No (%)

***Blended Case Management (1=4%) * Crisis (2=8%) *
(2 provider)**

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

C/FST Quarter 2 Report (October, November, December)

***Partial (0) * Partial Hospitalization (0)*
(provider)**

1. Did you wait longer than 30 days for your initial appointment?
2. Do you feel that the provider listens to you?
3. Are staff respectful and friendly?
4. Do you feel that your provider instills hope in you regarding your future?
5. Are the services provided sensitive to your race, religion, and ethnic background?
6. Does the provider give you the chance to ask questions about your treatment?
7. Do you feel that you are getting the education that you need to understand your illness?
8. Are you learning coping skills that help you manage your symptoms?
9. Do you feel that this provider is a safe place to express yourself?
10. Do you feel that the group sessions are helpful?
11. Do you feel that the provider is knowledgeable about the resources and supports in the community?
12. If you had a problem with your provider would you feel comfortable filing a complaint?
13. Do you feel that this service is helping you?
14. How long have you had this service?
15. Are you satisfied with this provider?

***IBHS/BHT (4=17%) * IBHS/BC (4=17%) * Family Based (1=4%) *ASP () *SP ()
*Mobile Therapy () *MST () *
(2 providers)**

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

C/FST Quarter 2 Report (October, November, December)

13. How long have you had this service? 1-11 months = 4 (44%) 1-3 years = 5 (56%)
over 3 years =
14. Are you satisfied with this provider? 9 Yes (100%) No (%)

Family/Child D&A Survey Breakout: 0 individual were surveyed **Q2**

D&A Opt. Therapy (provider)

1. Are the services provided sensitive to your race, religion, and ethnic background? Yes (%) No (%)
2. Do you feel that you can talk freely/openly to the provider? Yes (%) No (%)
3. Do you feel that your provider instills hope in you regarding your future? Yes (%) No (%)
4. Do you feel that the provider listens to you? Yes (%) No (%)
5. Are staff respectful and friendly? Yes (%) No (%)
6. Are you given a chance to ask questions about your treatment? Yes (%) No (%)
7. Are your medications and their possible side effects clearly explained? Yes (0%) No (%) Does not apply (%)
8. If you had a problem with your provider would you feel comfortable filing a complaint? Yes (%) No (%)
9. Do you feel that you are getting the help that you need? Yes (%) No (%)
10. Are you satisfied with the provider? Yes (%) No (%)