



Cambria County

Consumer Family Satisfaction Team

Quarter 4 REPORT April, May, June 2023-2024

Survey Overview:

A total of **31** individuals participated in **Quarter 4** surveys, resulting in **91** surveys.
12 individuals (**39%**) were surveyed face to face, and **19** (**61%**) were surveyed via phone.

Adult Mental Health 58-surveys were completed

Adult Drug & Alcohol 8-surveys were completed

Family/Children 25 -surveys were completed

Demographics & Community Resources Questions:

1. Age of participants: **31**

Under 17	11 (35%) individuals
18 – 24	1 (3%) individuals
25-44	12 (39%) individuals
45-64	7 (23%) individuals
65+	0 individual

2. Top three zip codes of individuals completing the survey in Q4.

15905 = 9 (29%) 15906 = 5 (16%) 15902 = 4 (13%)

3. Are you homeless or at risk of homelessness? 27 No (87%) 1 Yes (3.2%)
3 Yes (10%) BUT receiving assistance.

4. Do you use the local food banks? 22 No (71%) 9 Yes (29%)

5. Do you use MATP services? (Med-Van) 25 No (81%) 6 Yes (19%)

6. Are you satisfied with MATP? (Med-Van) 1 No (3%) 6 Yes (19%)
24 Does not apply (75%)

7. Do you have a family doctor? 31 Yes (100%) No (%)

8. Are there any barriers that prevent you from keeping your Mental Health and/or D&A appointments? 31 No (100%) 0 Yes (0%)

Specific questions regarding education from providers.

Tobacco Recovery: If you smoke, has your provider offered you information on resources to help you quit? 4 (13%) No 7 (23%) Yes 20 (64%) Does not apply

Would you like information on Tobacco Recovery? 31 NO (100%) YES (%)

Mental Health Advance Directive: Were you offered information on Advance Directives during your initial intake? 24 (77%) Yes 7 (23%) Can't remember

Would you like information on Advance Directives? 31 (100%) NO YES (%)

Were you offered peer services? (MH Peer Support &/or D&A Recovery Specialist)
11 (36%) Yes 9 (29%) No 11 (35%) Does Not Apply (Family/Child responses)

BHoCC outreach for HealthChoices members: Would you be interested in participating in HealthChoices meetings or as a complaint and grievance panel member? During Q4, there was no one interested member.

Commented [MJ1]:

Above 85% Benchmark- Meets Expectations

Between 84%-80% - Satisfaction

Below 79% - Requires Action

No data available



Questions regarding the treatment

How do you receive your treatment?

MH Adult	Telehealth	30 (93%)	In Person	2 (7%)	Both
Adult D&A	Telehealth	26 (100%)	In Person		Both
MH Family/Child	3 (11%)	Telehealth	25 (90%)	In Person	Both

Questions regarding the treatment and employment:

Did seeking Mental Health or D&A treatment services help you obtain or maintain employment?
7 Yes (23%) 5 No (16%) 19 Does not apply (61%)

Questions regarding the specific level of care:

1. Were you offered an appointment within seven days of discharge from MH Inpatient?

MH Adult	0 Yes (%)	0 No (%)
MH Family/Child	1 Yes (50%)	0 No (50%)
2. After your intake, were you offered an appointment with your prescriber within 90 days? (*med management only*)

MH Adult	25 Yes (100%)	0 No (%)
MH Family/Child	17 Yes (98%)	1 No (2%)
3. After your intake visit, were you offered an appointment with your therapist within 30 days? (*IOP therapy only*)

MH Adult	23 Yes (100%)	No (%)
MH Family/Child	9 Yes (100%)	No (%)
4. After your intake, were you offered an appointment within 30 days? (*BCM, CPS, CRS*)

Adult CPS	14 Yes (100%)	No (%)
Adult CRS	1 Yes (100%)	No (%)
Adult BCM	5 Yes (100%)	No (%)
Family/Child BCM	0 Yes (%)	No (%)
5. Does the provider meet you in your home or another location that is most convenient for you? (*BCM, CPS, CRS*)

Adult CPS	14 Yes (100%)	No (%)
Adult CRS	1 Yes (100%)	No (%)
Adult BCM	5 Yes (100%)	No (%)
Family/Child BCM	0 Yes (%)	No (%)

Managed Care Questions: A total of 31 individuals participated in Quarter 4.

1. Before completing this survey, did you know that you can call the Magellan member call center 24/7? 31 Yes (100%) No (%)
2. Before completing this survey, did you know that you can choose where you get your treatment? 27 Yes (87%) 4 No (13%)
3. If you had questions about your benefits or treatment options, do you know how to contact Magellan? 25 Yes (80%) 6 No (19%)
4. Have you ever called the Magellan member call center? 2 Yes (7%) 29 No (93%)
5. If you answered yes, were you satisfied with the outcome? 1 Yes (3%) 1 No (3%) 29 Does not apply (93%)
6. Are you aware of how to file a complaint with Magellan? 24 Yes (77%) 7 No (23%)
7. Have you ever filed a complaint with Magellan? 1 Yes (3%) 30 No (97%)

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- 8. If you answered yes, were you satisfied with the outcome? 0 Yes (%) 1 No (3%)
30 Does not apply (97%)
- 9. Are you aware of how to file a grievance with Magellan? 25 Yes (81%) 6 No (19%)
- 10. Have you ever filed a grievance with Magellan? Yes (%) 31 No (100%)
- 11. If you answered yes, were you satisfied with the outcome? Yes (%) 0 No (%) 31 Does not apply (100%)

State Questions: 20 Adult individuals were surveyed during Q4

- In the last 12 months were you able to get the help you needed?
19 Yes (ALWAYS) (98%)
1 Sometimes (2%)
0 No (NEVER) (%)
- Were you given the chance to make treatment decisions?
29 Yes (ALWAYS) (100%)
0 Sometimes (0%)
0 No (NEVER) (0%)
- What effect has the treatment you received had on the quality of your life?
The quality of my life is: 23 Much Better (79%)
6 A Little Better (21%)
About the Same (%)
A Little Worse (%)
Much Worse (%)

Child/Family State Questions: 18 Child/Family individuals were surveyed during Q4

- In the last 12 months, did you or your child have problems getting the help he or she needed?
0 Yes (ALWAYS) (%)
1 Sometimes (2%)
17 No (NEVER) (98%)
- Were you and your child given the chance to make treatment decisions?
18 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?
10 Much Better (55%)
7 A Little Better (40%)
1 About the Same (5%)
0 A Little Worse (%)
0 Much Worse (%)

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Q4 MH Adult Survey Questions Breakout: 48 surveys completed Q4

***Outpatient Med Management (25) * Outpatient Therapy (23) *
(2 providers)**

1. How do you receive your treatment? 43 (90%) In Person 5 (10%) Telehealth
2. Are the services provided sensitive to your race, religion, and ethnic background?
48 Yes (100%) No (%)
3. Do you feel that you can talk freely/openly to the provider?
48 Yes (100%) No (0%)
4. Do you feel that your provider instills hope for you regarding your future?
48 Yes (100%) No (0%)
5. Do you feel that the provider listens to you? 48Yes (100%) No (%)
6. Are staff respectful and friendly? 48 Yes (100%) No (%)
7. Are you given a chance to ask questions about your treatment?
31 Yes (97%) No (%)
8. Are your medications and their possible side effects clearly explained?
25 Yes (100%) No (%) 23 Does not apply
9. If you had a problem with your provider, would you feel comfortable filing a complaint?
44 Yes (92%) 4 No (8%)
10. Do you feel that you are getting the help that you need?
47 Yes (98%) 1 No (2%)
11. Are you satisfied with the provider? 48 Yes (100%) No (%)

*** Blended Case Management (5) * Peer Support (14) *Crisis (1) * (4 providers)**

1. How do you receive your treatment? (0%) Telehealth 20 (100%) In Person
2. Are the services provided sensitive to your race, religion, and ethnic background?
20 Yes (100 %) No (%)
3. Do you feel that your provider listens to you? 20 Yes (100%) No (%)
4. Do you feel that your provider instills hope for you regarding your future?
20 Yes (100%) No (%)
5. Are staff respectful and friendly? 20 Yes (100%) No (%)
6. Do you participate in your treatment planning goals? 20 Yes (100%) No (%)
7. Do you meet with the provider enough to meet your needs? 20 Yes (100%) No (%)
N/A (crisis) 1
8. Does this provider encourage you in making your own choices and being responsible for those choices? 20 Yes (100%) No (%) N/A (crisis) 1
9. Does this provider encourage you to advocate for yourself? 20 Yes (100%) No (%)
N/A (crisis) 1
10. Do you feel that this provider is knowledgeable about the resources and supports in the community?
20 Yes (100%) No (%) N/A (crisis) 1

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- 11. How long have you had this service? 1-11 months = 1 1-3 years = 5 over 3 years = 14 N/A (crisis) =1
12. If you had a problem with this provider, would you feel comfortable filing a complaint? 21 Yes (100%) No (%)
13. Do you feel that this service is helping? 21 Yes (100%) No (%)
14. Are you satisfied with this provider? 21 Yes (100%) No (%)

*Psych Rehab () * AMH Partial () * (providers)

- 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 for 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 () (provider)

- 1. Are the services provided sensitive to your race, religion, and ethnic background? Yes (0%) 0 No (%)
2. Do you feel that the provider listens to you? Yes (0%) 0 No (%)
3. Are staff respectful and friendly? Yes (0%) 0 No (%)
4. Do you feel that your provider instills hope for you regarding your future? Yes (0%) 0 No (%)
5. Does the provider give you the chance to ask questions about your treatment? Yes (0%) 0 No (%)
6. Does the provider clearly explain your medications and their possible side effects? Yes (0%) 0 No (%)
7. Are you learning coping skills that help you manage your symptoms?

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- 8. Do you feel that this is a safe place to express yourself? Yes (0%) No (%)
9. Are group sessions offered? Yes (0%) No (%)
10. If you had a problem with the provider, would you feel comfortable filing a complaint? Yes (%) No (%)
11. Do you feel that this service is/has helped you? Yes (0%) No (%)
12. Are you satisfied with this provider? Yes (0%) No (%)

Q4 D&A Adult Survey Breakout: 4 surveys were completed with individuals Q4

*D&A Outpatient (2) * Methadone (bundled) (1) * Suboxone (1) * Vivitrol (0) (3 providers)

- 1. Are the services provided sensitive to your race, religion, and ethnic background? 4 Yes (100%) No (%)
2. Do you feel that the provider listens to you? 4 Yes (100%) No (%)
3. Are staff respectful and friendly? 4 Yes (100%) No (%)
4. Do you feel that your provider instills hope for you regarding your future? 4 Yes (100%) No (0%)
5. Does the provider give you a chance to ask questions about your treatment? 4 Yes (100%) No (%)
6. Does the provider talk to you about how medications are working for you? 2 Yes (50%) 2 Does Not Apply (50%)
7. Does the provider clearly explain your medications and their possible side effects? 2 Yes (50%) No (%) 2 Does not apply (50%)
8. How often do you participate in therapy? 1 - Once a month = (25%) 0 Twice or more a month 2 Once a week = (50%) 1 (25%) Does not apply
9. How long have you been receiving this service? 1-11 months = (%) 1-3 years 1= (25%) over 3 years = 3 (75%)
10. If you had a problem with your provider, would you feel comfortable filing a complaint? 4 Yes (100%) No (%)
11. Are you satisfied with your provider? 4Yes (100%) No (%)

D&A Rehab(11) (8 providers)

- 1. Are the services provided sensitive to your race, religion, and ethnic background? 10 Yes (91%) No 1 (9%)
2. Do you feel that the provider listens to you? 10 Yes (91%) No 1 (9 %)
3. Are staff respectful and friendly 10 Yes (91%) No 1 (9 %)
4. Do you feel that your provider instills hope for you regarding your future? 10 Yes (91%) No 1 (9 %)
5. Does the provider give you the chance to ask questions about your treatment? 10 Yes (91%) No 1 (9 %)

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- 6. Does the provider clearly explain your medications and their possible side effects?
8 Yes (73%) 1 No (9%) 1 DNA (18%)
- 7. Are you learning coping skills that help you manage your symptoms?
10 Yes (91%) 1 No (9%)
- 8. Do you feel that this is a safe place to express yourself? 10 Yes (91%) 1 No (9%)
- 9. Are group sessions offered? Yes 10 (91%) 1 No (9%)
- 10. If you had a problem with the provider, would you feel comfortable filing a complaint?
10 Yes (91%) No 1 (9%)
- 11. Do you feel that this service is/has helped you? 10 Yes (91%) No 1 (9%)
- 12. Are you satisfied with this provider? 10 Yes (91%) No 1 (9%)

***D&A CRS (1) * (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 for 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 = 1-3 years = 1 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 (%)

Q4 MH Child/Family Survey Breakout: 26 surveys were completed in Q4

***Outpatient Med Management (17) * Outpatient Therapy (9) * (1 provider)**

- 1. How do you receive your treatment? 1 (3.8%) Telehealth 25 (96%) In Person
- 2. Are the services provided sensitive to your race, religion, and ethnic background?
26 Yes (100%) No (%)
- 3. Do you feel that you can talk freely/openly to the provider?
26 Yes (100%) No (%)
- 4. Do you feel that your provider instills hope for you regarding your future?
25 Yes (96%) 1 No (4%)

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- 5. Do you feel that the provider listens to you? 25 Yes (96%) 1 No (4%)
- 6. Are staff respectful and friendly 25 Yes (96%) 1 No (4%)
- 7. Are you given a chance to ask questions about your treatment?
25 Yes (96%) 1 No (4%)
- 8. Are your medications and their possible side effects clearly explained?
17 Yes (65%) No (%) 9 Does not apply (35%)
- 9. If you had a problem with your provider, would you feel comfortable filing a complaint?
26 Yes (100%) No (%)
- 10. Do you feel that you are getting the help that you need?
25 Yes (96%) 1 No (4%)
- 11. Are you satisfied with the provider? 25 Yes (96%) 1 No (4%)

***Blended Case Management () * Crisis (3) * (1 provider)**

- 1. How do you receive your treatment? (%) Telehealth 3 (100%) In Person
- 2. Are the services provided sensitive to your race, religion, and ethnic background?
3 Yes (100%) No (%)
- 3. Do you feel that you can talk freely/openly to the provider? 3 Yes (100%) No (%)
- 4. Do you feel that your provider instills hope for you regarding your future?
3 Yes (100%) No (%)
- 5. Do you meet with the provider enough to meet your needs? Yes (0%) No (%)
3 Does not apply
- 6. Do you participate in your treatment planning goals? Yes (0%) No (%)
3 Does not apply
- 7. Does this provider encourage you in making your own choices and being responsible for those choices? Yes (0%) No (%) 3 Does not apply
- 8. Does this provider encourage you to advocate for yourself? Yes (0%) No (%)
3 Does not apply
- 9. Do you feel that this provider is knowledgeable about the resources and supports in the community? 3 Yes (100%) No (%) Does not apply
- 10. If you had a problem with this provider, would you feel comfortable filing a complaint?
3 Yes (100%) No (%)
- 11. How long have you had this service? 1-11 Month = 0 1-3 Years = 0
3 Does not apply
- 12. Do you feel that this service is helping? 3 Yes (100%) No (%)
- 13. Are you satisfied with this provider? 3 Yes (100%) No (%)

***IBHS/BHT () * IBHS/BC () * Family Based (5) *ASP () *SP ()**

***Mobile Therapy () *MST () (2 providers)**

- 1. Does the provider return your call in a timely manner? 5 Yes (100%) No (%)
- 2. Are staff respectful and friendly? 5 Yes (100%) No (%)
- 3. Do you feel that your provider instills hope for you regarding your future?
5 Yes (100%) No (%)

Commented [MJ2]: Left therapy, therapist was not kind and abrupt; The child would do well in sessions and the therapist would have an attitude.

There were lots of cancellations from the provider side. December it was due to weather and January it was sickness.

Both provider are the same. NDTc



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- 4. Are the services provided sensitive to your race, religion, and ethnic background?
5 Yes (100%) No (%)
- 5. Do you feel that the provider listens to you? 5 Yes (100%) No (%)
- 6. Do you feel that the provider is knowledgeable about the resources and support in the community? 5 Yes (100%) No (%)
- 7. Do you see the provider enough to meet your needs? 5 Yes (100%) No (%)
- 8. Are you and your child involved in treatment planning goals and decision-making?
5 Yes (100%) No (%)
- 9. Does the provider keep in contact with you regarding your child's progress and/or concerns? 5 Yes (100%) No (%)
- 10. Has the discharge/transition plan been discussed with you? 5 Yes (100%)
No (%)
- 11. Were you satisfied with the ISPT meeting? 5 Yes (100%) No (%)
- 12. Do you feel that your child is getting the help that he/she needs?
5 Yes (100%) No (%)
- 13. If you had a problem with the provider, would you feel comfortable filing a complaint? 5 Yes
(100%) No (%)
- 14. How long have you had this service? 1-11 months = 5 (100%) 1-3 years = (%)
over 3 years = (0%)
- 15. Are you satisfied with this provider? 5 Yes (100%) No (%)

***MH Inpatient (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 (%)

Q4 Family/Child D&A Survey Breakout: 0 individuals were surveyed Q

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Overview:

- ❖ **Adult Mental Health Trends:**
 1. There were multiple comments that BCM only wants to meet individuals via phone.
 2. Long waits for medication management and therapy services

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

- ❖ **Family/Child Mental Health Trends:**
 1. There were multiple comments that BCM only wants to meet individuals via phone.
 2. Long waits for medication management and therapy services

- ❖ **Family/Child D&A Summary:** There are no trends at this time.

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Provider	Q1	Q2	Q3	Q4
ACRP (location not given)	24	22		
Walnut Street	26	23	12	
Ebensburg		2		
Adelphi Village	1	1		
Alliance	6	4	1	
Altoona Hospital				
Dr. Hand				
Amy Eshelman				
Assist				
Assurance				
Behavioral Health of the Alleghanies (BHA)	1	2		
Belmont Pines		1		
Bowling Green Brandywine Treatment Center		1		
Brodock		1		
Crossroads (ARS)	10	6	1	
Cambria County BHI/DEI				
Cambria Reach	2	4	4	
Cambria/Somerset Counseling				
Children's Behavioral Health (location not given)	2	2		
College Park Plaza		4		
Eisenhower Blvd	1	5		
Cen Clear Child Services				
Clarion				
Children's Hospital Child Development Unit (CDU)				
Community Guidance		1		
Conemaugh Counseling	3			
Conemaugh Hospital				
Cove Forge		2		
Croyle Nielsen				
Discovery House				
Dr. James Koben				
Dr. Kutz				
Dr. Kandell				
FBR Main Street				
FBR Ebensburg	2			
Footsteps				
Gateway				
Gaudenzia		1		
Goodwill				

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Independent Family Services	1	3	1	
Impact Counseling				
Laural Pediatric Dr. Nicoloff				
Mary Berge				
Meadows	1		2	
New Perspectives/White Deer Run			1	
New Visions				
NHS				
Nulton Diagnostic & Treatment Center (location not indicated)			30	
College Park Plaza	9	13	5	
Main Street	16	7	34	
Ebensburg	4	1	1	
Altoona			1	
Pediatric Care Specialist		3		
Peer Star LLC	2	3	12	
Peniel	8	1		
PENN Foundation	1			
Primary Health Network Altoona				
Pyramid Healthcare Altoona		1	1	
Pyramid Pine Ridge				
Safe Haven/Recovery House				
Skills				
Southside				
Southwood Psych		1		
Somerset Hospital				
Twin Lakes (location not given)				
Ebensburg			1	
Somerset		1	3	
Walnut Street	1	3	1	
Valley Forge Medical Center/Hospital			1	
Western Psychiatric	1			
White Deer Run Men's				
White Deer Run Women's				

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