

CONSUMER/FAMILY SATISFACTION TEAM

(C/FST) Annual Report 2021-2022

(PEPS Standards 93 & 108)

OVERVIEW OF ACTIVITY: In response to the Pennsylvania Department of Human Services Health Choices Behavioral Health Program Standards and Requirements Appendix L, Guidelines for member/family satisfaction teams and member satisfaction surveys, the Peer Empowerment Network Consumer and Family Satisfaction Team (CFST), Behavioral Health of Cambria County (BHoCC), the Cambria County Department of Behavioral Health Intellectual Disabilities and Early Intervention (BHIDEI), and Magellan Behavioral Health of Pennsylvania work in collaboration to solicit consumer and family feedback as part of a continuous quality improvement process. The purpose of the C/FST program is to determine whether consumers and families are satisfied with services in terms of access, delivery, outcomes, appropriateness of service, and being treated with dignity and respect.

HISTORY: Cambria County began a contract with Magellan Behavioral Health of Pennsylvania on July 1, 2017. As a result, there was a need to redesign the CFST program. Peer Empowerment Network and BHoCC worked in collaboration to redesign the CFST program as part of the Behavioral Health of Cambria County's continuous quality improvement planning. A transition plan was developed to assure that all required changes were implemented.

POPULATION/SAMPLE: In the contract/fiscal year of 2021-2022, 450 surveys were completed with 187 individuals, by the CFST team. During this reporting period, 15% of the surveys were conducted face to face with the individual and 85% by phone. That is a 4% increase for face-to-face surveys from last year.

QUANTIFIABLE MEASURE: Cambria County uses a survey tool that is used by the C/FST for quarterly state reporting. The tool meets Appendix L requirements and includes questions that were mandated by the Office of Mental Health and Substance Abuse Services (OMHSAS).

METHODOLOGY: Data in this report was compiled from surveys with HealthChoices members conducted by the C/FST team in the fiscal year 2021-2022 (July 2021-June 2022)

PERFORMANCE GOAL: A performance goal of 85 percent positive responses is used.

ANALYSIS & RESULTS: The Cambria County C/FST team completed 450 surveys with 187 HealthChoices members between July 1, 2021– June 30, 2022.

Survey Breakdown:

Adult Mental Health – 260 surveys were completed with 106 individuals

Adult Drug & Alcohol – 65 surveys were completed with 21 individuals

Family/Children – 125 surveys were completed with 60 individuals

Total participants 187

Total of completed surveys 450

Survey Categories	Number of Surveys Completed	Percentage
MH Adult	260	58%
MH Family/Child	125	28%
D&A Adult	65	14%
D&A Family/Child	0	0%
	450	100%

Quarterly Breakdown

Category	Minimum Contracted per Quarter (100)	Annual Contracted Surveys (400-450)	Q1	Q2	Q3	Q4	Completed
MH Adult	60	210	74	54	53	79	260
Adult D&A	15	65	15	15	15	20	65
MH Family/Child	25	125	54	10	32	29	125
Children D&A	0	0	0	0	0	0	0
Totals	100	400	143	79	100	128	450

Above 85% Benchmark- Meets Expectations

Between 84%-80% - Satisfaction

Below 79% - Requires Action

No data available

Demographics & Community Resources Questions: There was a total of **187 individuals**

1. Age of participants:

Under 17	52 (27.8%) individuals
18 -24	2 (1.6%) individuals
25-44	74 (39.6%) individuals
45-64	54 (29%) individuals
65+	5 (3%) individuals

2. The question in regards to homelessness and/or at risk. Of the **187** individuals that participated, **185** stated that they were NOT homeless or at risk of homelessness. **2** individuals stated that they were at risk of homelessness, and they were referred to the Cambria County homeless coordinator.

3. Do you use the local food banks?

125 NO (67%) 62 YES (33%)

4. Do you use MATP services? (Med-Van)

155 NO (83%) 32 YES (17%)

5. Are you satisfied with MATP? (Med-Van)

152 DOES NOT APPLY 27 YES (14%) 8 NO (5%)

6. Do you have a family doctor?

180 YES (96%) 7 NO (4%)

Specific Questions Regarding Providers

Tobacco Recovery: There was a total of **187 individuals** participated.

Has your provider offered you information on Tobacco Recovery to help you quit?

76 (41%) No 28 (15%) Yes 83 Does not apply (44%)

Would you like information on Tobacco Recovery?

6 (3%) NO 0 (0%) Yes 181 Does not apply (97%)

Mental Health Advance Directive: There was a total of **187 individuals** participated.

During your intake where you offer information on Advanced Directive?

116 (62%) Yes 28 (14%) No 43 (4.7%) Can't remember

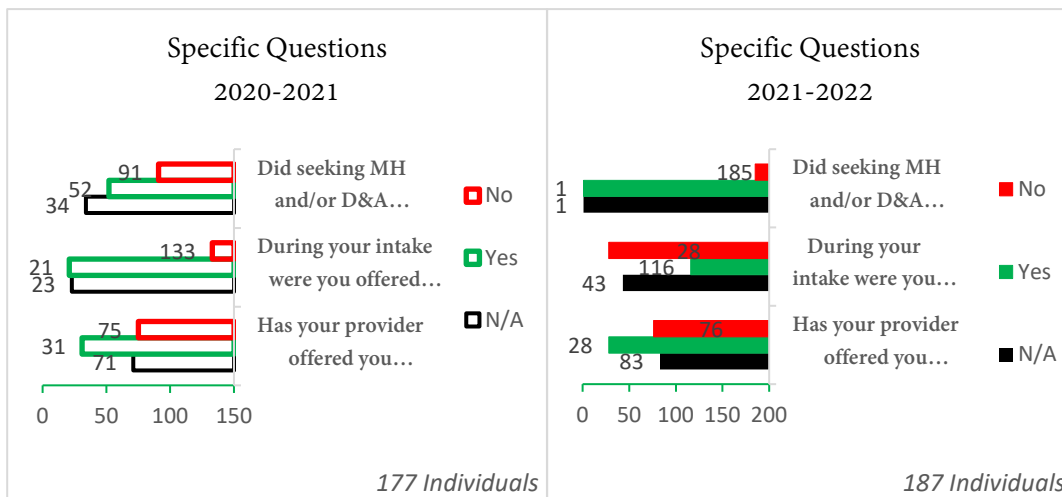
Would you like information on Advance Directives?

0 (0%) Yes 61 (33%) No 126 Does not apply (67%)

Treatment/Employment: There was a total of **187 individuals** that participated.

Did seeking Mental Health and/or D&A treatment services help you obtain or maintain employment? (*because I obtained services I can maintain my employment or get a job*).

98 (52%) Yes 31 (16%) No 58 Does not apply (31%)



Above 85% Benchmark- Meets Expectations
 Between 84%-80% - Satisfaction
 Below 79% - Requires Action
 No data available

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	85 YES (100%)	0 NO (0%)
MH Family/Child	62 YES (100%)	0 NO (0%)

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

MH Adult	81 YES (100%)	0 NO (0%)
MH Family/Child	38 YES (100%)	0 NO (0%)

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

Adult CPS	38 YES (98%)	1 NO (2%)
Adult CRS	1 YES (100%)	0 NO (0%)
Adult BCM	36 YES (100%)	0 NO (0%)
Family/Child BCM	1 YES (100%)	0 NO (0%)

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

Adult CPS	39 YES (100%)	NO (0%)	
Adult CRS	1 YES (100%)	NO (0%)	
Adult BCM	32 YES (90%)	NO (0%)	4 SOMETIMES (10%)
Family/Child BCM	1 YES (100%)	NO (0%)	

Managed Care Questions: There was a total of **187** individuals participated.

1. Before completing this survey, did you know that you can call the Magellan member call center 24/7?
180 YES (96%) 7 NO (4%)
2. If you had questions about your benefits or treatment options, do you know how to contact Magellan?
178 YES (95%) 9 NO (5%)
3. Have you ever called Magellan member call center?
10 YES (4%) 179 NO (96%)
 - 3a. If you answered yes, were you satisfied with the outcome?
10 YES (100%) 179 DOES NOT APPLY
4. Are you aware of how to file a complaint with Magellan?
171 YES (91%) 16 NO (9%)
 - 4a. Have you ever filed a complaint with Magellan?
10 YES (5%) 177 NO (95%)
 - 4b. If you answered yes, were you satisfied with the outcome?
10 YES (100%) 177 DOES NOT APPLY
5. Are you aware of how to file a grievance with Magellan?
170 YES (90%) 17 NO (10%)
 - 5a. Have you ever filed a grievance with Magellan?
2 YES (1%) 185 NO (99%)
 - 5b. If you answered yes, were you satisfied with the outcome?
1 YES (50%) 1 NO (50%) 185 DOES NOT APPLY

Manages Care
Positive
Percentages

Question	C/FST reported 2018-2019	C/FST reported 2019-2020	C/FST reported 2020-2021	C/FST Reported 2021-2022
Before completing this survey, did you know that you can call the Magellan member call center 24/7?	75%	59%	90.3%	96%
If you had questions about your benefits or treatment options, do you know how to contact Magellan?	N/A	62.7%	90.3%	95%
Have you called Magellan member call center?	N/A	77%	85%	96%
Were you satisfied with the outcome?	N/A	50%	95%	100%
Are you aware of how to file a complaint?	59%	60%	86.4%	91%
Have you filed a complaint?	N/A	1%	3%	5%
Were you satisfied with the outcome?	88%	50%	98%	100%
Are you aware of how to file a grievance?	57%	60%	85%	90%
Have you filed a grievance?	N/A	1%	1%	1%
Were you satisfied with the outcome?	75%	50%	50%	50%

Above 85% Benchmark- Meets Expectations
Between 84%-80% - Satisfaction
Below 79% - Requires Action
No data available

State Questions: 135 Adult individuals were surveyed

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

Yes (ALWAYS)	133	(99%)
Sometimes	2	(1%)
No (NEVER)	0	

Were you given the chance to make treatment decisions?

Yes (ALWAYS)	128	(95%)
Sometimes	7	(5%)
No (NEVER)	0	

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

Much Better	115	(85%)
A Little Better	15	(11%)
About the Same	4	(3%)
A Little Worse	1	(1%)
Much Worse	0	

Child/Family State Questions: 52 Child/Family individuals were surveyed.

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

Yes (ALWAYS)	0	
Sometimes	2	(4%)
No (NEVER)	50	(96%)

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

Yes	52	(100%)
Sometimes	0	
No (NEVER)	0	

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

Much Better	37	(71%)
A Little Better	11	(21%)
About the Same	4	(8%)
A Little Worse	0	
Much Worse	0	

Above 85% Benchmark- Meets Expectations

Between 84%-80% - Satisfaction

Below 79% - Requires Action

No data available

LOC Breakdown

Level of Care	Surveys	Percentage
ADULT MENTAL HEALTH		
Doctor/Nurse (IOP)	85	33%
Outpatient Therapy (IOP)	81	31%
Blended Case Management (BMC)	36	14%
Peer Support (CPS)	40	15%
Psych Rehab	5	2%
Cambria County Reach (Crisis)	10	4%
Inpatient Hospitalization	2	.5%
Partial Hospitalization	1	.5%
Mobile Therapy	0	0
TOTAL	260	100%

MH Adult Survey Questions Breakout:

*Outpatient Med Management (85) * Outpatient Therapy (81) *

- Are the services provided sensitive to your race, religion, and ethnic background?
166 YES (100%) 0 NO
- Do you feel that you can talk freely/openly to the provider?
165 YES (99%) 1 NO (1%)
- Do you feel that your provider instills hope for you regarding your future?
164 YES (99%) 2 NO (1%)
- Do you feel that the provider listens to you?
163 YES (98%) 3 NO (2%)
- Are staff respectful and friendly?
163 YES (98%) 3 NO (2%)
- Are you given a chance to ask questions about your treatment?
162 YES (98%) 4 NO (2%)
- Are your medications and their possible side effects clearly explained?
161 YES (97%) 5 NO (3%)
- If you had a problem with your provider would you feel comfortable filing a complaint
161 YES (97%) 5 NO (3%)
- Do you feel that you are getting the help that you need?
161 YES (97%) 5 NO (3%)
- Are you satisfied with the provider?
160 YES (95%) 6 NO (4%)

Above 85% Benchmark- Meets Expectations

Between 84%-80% - Satisfaction

Below 79% - Requires Action

No data available

***Blended Case Management (36) * Peer Support (40) * Crisis (10) ***

1. Are the services provided sensitive to your race, religion, and ethnic background?
86 YES (100%) 0 NO
2. Do you feel that you can talk freely/openly to the provider?
84 YES (98%) 2 NO (2%)
3. Do you feel that your provider instills hope for you regarding your future?
84 YES (98%) 2 NO (2%)
4. Do you meet with the provider enough to meet your needs?
83 YES (96%) 3 NO (3%)
5. Do you participate in your treatment planning goals?
84 YES (98%) 2 NO (2%)
6. Does this provider encourage you in making your own choices and being responsible for those choices?
69 YES (80%) 17 NO (20%)
7. Does this provider encourage you to advocate for yourself?
69 YES (80%) 17 NO (20%)
8. Do you feel that this provider is knowledgeable about the resources and supports in the community?
85 YES (99%) 1 NO (1%)
9. If you had a problem with this provider would you feel comfortable filing a complaint?
85 YES (99%) 1 NO (1%)
10. How long have you had this service? **(Q1)**
1-11 months = 5 1-3 years =22 over 3 years = 31
11. Do you feel that this service is helping?
85 YES (99%) 1 NO (1%)
12. Are you satisfied with this provider?
85 YES (99%) 1 NO (1%)

*** Psych-Rehab (5) * Partial Hospitalization (1) ***

1. Do you feel that the provider listens to you?
6 YES (100%) 0 NO
2. Are staff respectful and friendly?
6 YES (100%) 0 NO
3. Do you feel that your provider instills hope for you regarding your future?
6 YES (100%) 0 NO
4. Are the services provided sensitive to your race, religion, and ethnic background?
6 YES (100%) 0 NO

5. Does the provider give you the chance to ask questions about your treatment?
6 YES (100%) 0 NO
6. Do you feel that you are getting the education that you need to understand your illness?
6 YES (100%) 0 NO
7. Are you learning coping skills that help you manage your symptoms?
6 YES (100%) 0 NO
8. Do you feel that this provider is a safe place to express yourself?
6 YES (100%) 0 NO
9. Do you feel that the group sessions are helpful?
6 YES (100%) 0 NO
10. Do you feel that the provider is knowledgeable about the resources and supports in the community?
6 YES (100%) 0 NO
11. If you had a problem with your provider would you feel comfortable filing a complaint?
6 YES (100%) 0 NO
12. Do you feel that this service is helping you?
6 YES (100%) 0 NO
13. Are you satisfied with this provider?
6 YES (100%) 0 NO
14. How long have you had this service? (Q1)
1-11 months = 1 1-3 years = 0 over 3 years = 0

***MH Inpatient (2) ***

1. Are the services provided sensitive to your race, religion, and ethnic background?
2 YES (100%) 0 NO
2. Do you feel that the provider listens to you?
2 YES (100%) 0 NO
3. Are staff respectful and friendly?
2 YES (100%) 0 NO
4. Do you feel that your provider instills hope for 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
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?
2 YES (100%) 0 NO
- 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

Adult D&A LOC Breakdown:

Level of Care	Surveys	Percentage
Outpatient (IOP)	23	37%
Inpatient Rehab	1	2%
Certified Recovery Specialist (CRS)	1	2%
Methadone	25	40%
Suboxone	13	21%
Vivitrol	1	2%
Halfway House	1	2%
Partial		

*** Outpatient (23) * Methadone (bundled) (25) * Suboxone (13) * Vivitrol (1) ***

- 1. Are the services provided sensitive to your race, religion, and ethnic background?
60 YES (97%) 2 NO (3%)
- 2. Do you feel that the provider listens to you?
60 YES (97%) 2 NO (3%)
- 3. Are staff respectful and friendly?
60 YES (97%) 2 NO (3%)
- 4. Do you feel that your provider instills hope for you regarding your future?
60YES (97%) 2 NO (3%)

Above 85% Benchmark- Meets Expectations
Between 84%-80% - Satisfaction
Below 79% - Requires Action
No data available

5. Does the provider give you the chance to ask questions about your treatment?
60 YES (97%) 2 NO (3%)
6. Does the provider talk to you about how medications are working for you?
60 YES (97%) 2 NO (3%) 23 DOES NOT APPLY
7. Does the provider clearly explain your medications and their possible side effects?
60 YES (97%) 2 NO (3%) 23 DOES NOT APPLY
8. How often do you participate in therapy?
32 (52%)- ONCE A MONTH 2 (3%) TWICE OR MORE A MONTH
11 (18%)- ONCE A WEEK 21 (34%) DOES NOT APPLY
9. How long have you been receiving this service?
11 (18%) 1-11 MONTHS 15 (24%) 1-3 YEARS 33 (53%) OVER 3 YEARS
10. If you had a problem with your provider would you feel comfortable filing a complaint?
62 YES (97%) 2 NO (3%)
11. Are you satisfied with your provider?
62 YES (97%) 2 NO (3%)

***CRS (1) ***

1. Are the services provided sensitive to your race, religion, and ethnic background?
1 YES (100%) 0 NO
2. Do you feel that you can talk freely/openly to the provider?
1 YES (100%) 0 NO
3. Do you feel that your provider instills hope for you regarding your future?
1 YES (100%) 0 NO
4. Do you meet with the provider enough to meet your needs?
1 YES (100%) 0 NO
5. Do you participate in your treatment planning goals?
1 YES (100%) 0 NO
6. Does this provider encourage you in making your own choices and being responsible for those choices?
1 YES (100%) 0 NO
7. Does this provider encourage you to advocate for yourself?
1 YES (100%) 0 NO
8. Do you feel that this provider is knowledgeable about the resources and supports in the community?
1 YES (100%) 0 NO

9. If you had a problem with this provider would you feel comfortable filing a complaint?
1 YES (100%) 0 NO

10. How long have you had this service?
1-11 months = 0 1-3 years = 0 over 3 years = 1 (100%)

11. Do you feel that this service is helping?
1 YES (100%) 0 NO

12. Are you satisfied with this provider?
1 YES (100%) 0 NO

*** Rehab (1) *Halfway House (1) ***

1. Are the services provided sensitive to your race, religion, and ethnic background?
2 YES (100%) 0 NO

2. Do you feel that the provider listens to you?
2 YES (100%) 0 NO

3. Are staff respectful and friendly?
2 YES (100%) 0 NO

4. Do you feel that your provider instills hope for 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

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?
2 YES (100%) 0 NO

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

13.

***D&A Partial (0) ***

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
14. How long have you had this service?
1-11 months = 1-3 years = over 3 years =

LOC Breakout:

MH Children/Family	Surveys	Percentage
Doctor/Nurse (IOP)	24	39%
Outpatient Therapy (IOP)	38	61%
Blended Case Management (BMC)	1	2%
IBHS- BHT	23	38%
IBHC – BC	25	40%
Family Based	8	13%
Cambria County Reach (Crisis)	3	5%
Inpatient Hospitalization	3	5%
Partial Hospitalization		
Summer Program (STAP)		
After School Program (AST)		
Mobile Therapy		
Multisystemic Therapy		
CRR Host Home		
RTF		

*** Outpatient Med Management (24) * Outpatient Therapy (38) ***

- Are the services provided sensitive to your race, religion, and ethnic background?
62 YES (100%) 0 NO
- Do you feel that you can talk freely/openly to the provider?
62 YES (100%) 0 NO
- Do you feel that your provider instills hope for you regarding your future?
62 YES (100%) 0 NO
- Do you feel that the provider listens to you?
62 YES (100%) 0 NO
- Are staff respectful and friendly?
62 YES (100%) 0 NO
- Are you given a chance to ask questions about your treatment?
61 YES (98%) 1 NO (2%)
- Are your medications and their possible side effects clearly explained?
24 YES (100%) 0 NO 38 DOES NOT APPLY
- If you had a problem with your provider would you feel comfortable filing a complaint?
59 YES (95%) 3 NO (5%)

Above 85% Benchmark- Meets Expectations
Between 84%-80% - Satisfaction
Below 79% - Requires Action
No data available

9. Do you feel that you are getting the help that you need?

61 YES (98%) 1 NO (2%)

10. Are you satisfied with the provider?

62 YES (100%) 0 NO

MH Inpatient (3) * MH CRR * MH RTF *

1. Are the services provided sensitive to your race, religion, and ethnic background?

2 YES (66%) 1 NO (33%)

2. Do you feel that the provider listens to you?

2 YES (66%) 1 NO (33%)

3. Are staff respectful and friendly?

3 YES (100%) 0 NO

4. Do you feel that your provider instills hope for you regarding your future?

2 YES (100%) 1 NO

5. Does the provider give you the chance to ask questions about your treatment?

3 YES (100%) 0 NO

6. Does the provider clearly explain your medications and their possible side effects?

3 YES (100%) 0 NO

7. Are you learning coping skills that help you manage your symptoms?

3 YES (100%) 0 NO

8. Do you feel that this is a safe place to express yourself?

3 YES (100%) 0 NO

9. Are group sessions offered?

3 YES (100%) 0 NO

10. If you had a problem with the provider would you feel comfortable filing a complaint?

3 YES (100%) 0 NO

11. Do you feel that this service is/has helped you?

3 YES (100%) 0 NO

12. Are you satisfied with this provider?

3 YES (100%) 0 NO

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

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

Partial * Partial Hospitalization

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
14. How long have you had this service?
1-11 months = 1-3 years = over 3 years =

IBHS-BC (25) * IBHS-BHT (23) * Family Based (8) *

1. Does the provider return your call in a timely manner?
54 YES (96%) 2 NO (4%)
2. Are staff respectful and friendly?
56 YES (100%) 0 NO
3. Do you feel that your provider instills hope for you regarding your future?
54 YES (96%) 2 NO (4%)
4. Are the services provided sensitive to your race, religion, and ethnic background?
54 YES (100%) 0 NO

Above 85% Benchmark- Meets Expectations
Between 84%-80% - Satisfaction
Below 79% - Requires Action
No data available

5. Do you feel that the provider listens to you?
53 YES (95%) 3 NO (5%)
6. Do you feel that the provider is knowledgeable about the resources and support in the community?
54 YES (96%) 2 NO (4%)
7. Do you see the provider enough to meet your needs?
53 YES (95%) 3 NO (5%)
8. Are you and your child involved in treatment planning goals and decision-making?
56 YES (100%) 0 NO
9. Does the provider keep in contact with you regarding your child's progress and/or concerns?
54 YES (96%) 2 NO (4%)
10. Has the discharge/transition plan been discussed with you?
39 YES (70%) 17 NO (30%)
11. Were you satisfied with the ISPT meeting?
54 YES (96%) 2 NO (4%)
12. Do you feel that your child is getting the help that he/she needs?
53 YES (94%) 3 NO (5%)
13. If you had a problem with the provider would you feel comfortable filing a complaint?
56 YES (100%) 0 NO
14. How long have you had this service?
1-11 MONTHS = 34 (64%) 1-3 YEARS = 19 (34%)
15. Are you satisfied with this provider?
54 YES (96%) 2 NO (4%)

LOC Breakout:

MH Children/Family	Surveys	Percentage
Doctor/Nurse (IOP)	0	0

Family/Child D&A Rehab

1. Were you offered an appointment within 7 days of discharge from MH inpatient?
0 YES 0 NO
2. Were you re-admitted within 30 days of your discharge?
0 YES 0 NO
3. Are the services provided sensitive to your race, religion, and ethnic background?
0 YES 0 NO
4. Do you feel that the provider listens to you?
0 YES 0 NO
5. Are staff respectful and friendly?
0 YES 0 NO
6. Do you feel that your provider instills hope for you regarding your future?
0 YES 0 NO
7. Does the provider give you the chance to ask questions about your treatment?
0 YES 0 NO
8. Does the provider clearly explain your medications and their possible side effects?
0 YES 0 NO
9. Are you learning coping skills that help you manage your symptoms?
0 YES 0 NO
10. Do you feel that this is a safe place to express yourself?
0 YES 0 NO
11. Are group sessions offered?
0 YES 0 NO
12. If you had a problem with the provider would you feel comfortable filing a complaint?
0 YES 0 NO
13. Do you feel that this service is/has helped you?
0 YES 0 NO
14. Are you satisfied with this provider?
0 YES 0 NO

Identified Trends, Systemic Issues, & Quality Improvement Summary

Specific Questions Regarding Providers

- Tobacco Recovery: There was a total of 187 individuals participated.
 1. Has your provider offered you information on Tobacco Recovery to help you quit?
76 (41%) No 28 (15%) Yes 83 Does not apply (44%)
 2. Would you like information on Tobacco Recovery?
6 (3%) NO 0 (0%) Yes 181 Does not apply (97%)
- Mental Health Advance Directive: There was a total of 187 individuals participated.
 3. During your intake where do you offer information on Advanced Directive?
116 (62%) Yes 28 (14%) No 43 (4.7%) Can't remember

C/FST will continue monitoring these measures to assure that these percentages increase by 23% during the 2022-2023 contract bringing it to a satisfactory level. No action has taken place at this time.

Identified Trends, Systemic Issues, & Quality Improvement Summary

Adult Mental Health Survey

- Blended Case Management (36) * Peer Support (40)
 1. Does this provider encourage you in making your own choices and being responsible for those choices?
69 YES (80%) 17 NO (20%)
 2. Does this provider encourage you to advocate for yourself?
69 YES (80%) 17 NO (20%)

C/FST will continue monitoring these measures to assure that these percentages increase by 5% during the 2022-2023 contract bringing it to a satisfactory level. No action has taken place at this time.

Adult MH Yearly Comparison

Question	C/FST 2019-2020	C/FST 2020-2021	C/FST 2021-2022
Are staff respectful and friendly?	96%	97%	99%
Are the services provided sensitive to your race, religion, and ethnic background?	95%	99%	100%
Do you feel that your provider listens to you?	92%	92%	98%
Are you satisfied with your provider?	97%	97%	98%
If you have ever had a problem with your provider would you feel comfortable filing a complaint?	75% ↓	80% ↓	98%
Do you feel that you can talk freely/openly to your provider?	96%	98%	97% ↓
Do you feel that you are getting the help that you need?	94%	94%	98%

Adult Drug & Alcohol Survey: *There are no trends at this time.*

Identified Trends, Systemic Issues, & Quality Improvement Summary

Child/Family Mental Health Survey

- MH Inpatient (3) * MH CRR * MH RTF *
 1. Are the services provided sensitive to your race, religion, and ethnic background? 2 YES (66%) 1 NO (33%)
 2. Do you feel that the provider listens to you? 2 YES (66%) 1 NO (33%)
 3. Has the discharge/transition plan been discussed with you?

Q1- 0 YES (0%)	8 NO (100%)
Q2- 0 YES (0%)	3 NO (100%)
Q3- 4 YES (67%)	2 NO (33%)
Q4- 4 YES (44%)	5 NO (56%)

C/FST will continue monitoring these measures to assure that these percentages increase by 19% during the 2022-2023 contract bringing it to a satisfactory level. No action has taken place at this time.

Family/Child MH Yearly Comparison

Question	C/FST 2019- 2020	C/FST 2020-2021	C/FST 2021- 2022
Are staff respectful and friendly?	96%	97%	98.%
Are the services provided sensitive to your race, religion, and ethnic background?	95%	99%	99%
Do you feel that your provider listens to you?	92%	92%	97%
Are you satisfied with your provider?	97%	97%	98%
If you have ever had a problem with your provider would you feel comfortable filing a complaint?	75% ↓	80% ↓	96%
Do you feel that you can talk freely/openly to your provider?	96%	98%	97% ↓
Do you feel that you are getting the help that you need?	94%	94%	97%

Family/Child Drug & Alcohol Survey: *There are no trends at this time.*

