



CONSUMER/FAMILY SATISFACTION TEAM

(C/FST) Annual Report 2022-2023

(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 collaborated 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 ensure that all required changes were implemented.

POPULATION/SAMPLE: In the contract/fiscal year of 2022- 2023, 450 surveys were completed with 153 individuals by the CFST team. During this reporting period, 76% (342) of the surveys were conducted face-to-face with the individual and 30% (108) by phone.

QUANTIFIABLE MEASURE: Cambria County uses a survey tool that the C/FST uses for quarterly state reporting. The tool meets Appendix L requirements and includes questions 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 2022-2023 (July2022-June2023)

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

ANALYSIS & RESULTS: The Cambria County C/FST team completed 450 surveys with 153 HealthChoices members between July 1, 2022– June 30, 2023.

Survey Breakdown:

Adult Mental Health – 259 surveys were completed

Adult Drug & Alcohol – 65 surveys were completed

Family/Children – 125 surveys were completed

Drug & Alcohol Family/Children – 1 survey was completed

Survey Categories	Number of Surveys Completed	Percentage
MH Adult	259	58%
MH Family/Child	125	27%
D&A Adult	65	14%
D&A Family/Child	1	2%
	450	100%

153 individuals were surveyed, a collection of a total of 450 surveys concerning 43 providers

Quarterly Breakdown:

Category	Minimum Contracted per Quarter (100)	Annual Contracted Surveys (400-450)	Q1	Q2	Q3	Q4	Completed
MH Adult	60	259	63	56	60	80	259
D&A Adult	15	65	15	15	16	19	65
MH Family/Child	25	125	37	32	40	16	125
D&A Family/Child	0	1	1	0	0	0	1
Totals	100	450	116	103	116	115	450

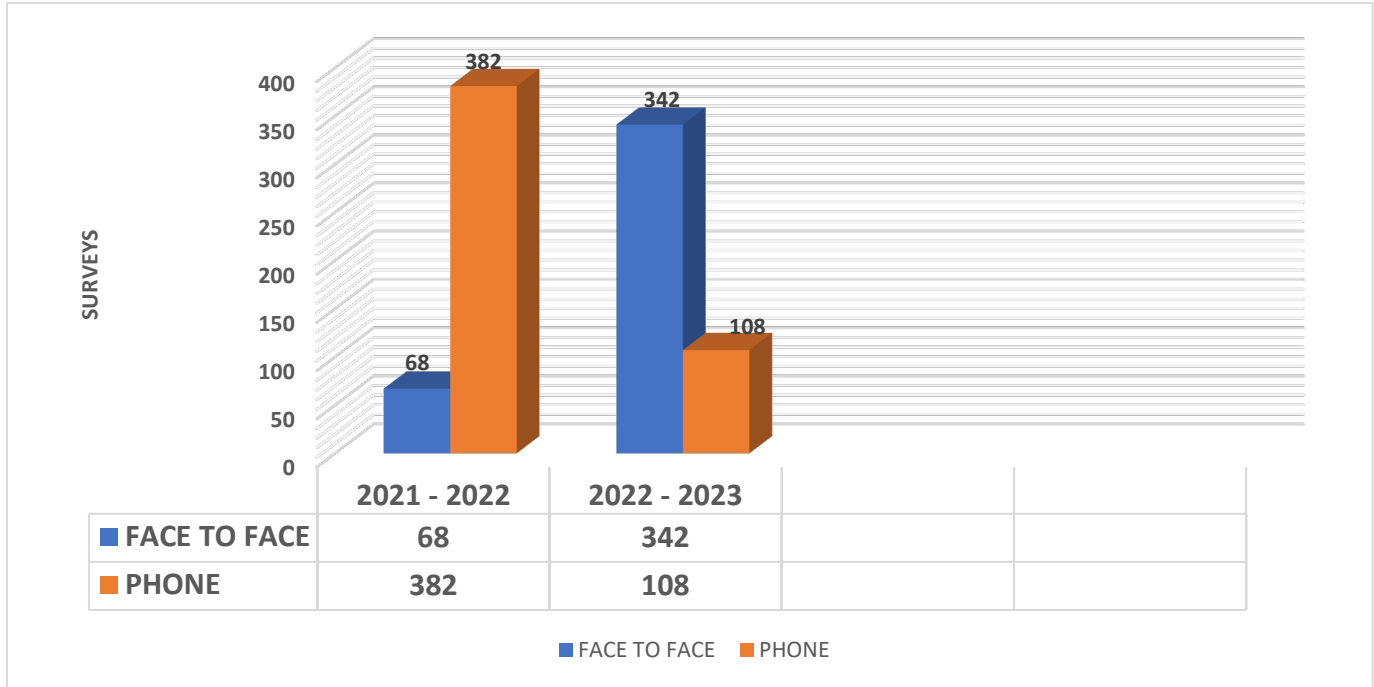
Above 85% Benchmark- Meets Expectations

Between 84%-80% - Satisfaction

Below 79% - Requires Action

No data available

Surveys were conducted both face-to-face and via phone.



Demographics & Community Resources Questions: There was a total of **153 individuals**

1. Age of participants:

Under 17,	37 (24%) individuals
18 -24	4 (1.6%) individuals
25-44	61 (40%) individuals
45-64	45 (30%) individuals
65+	6 (4%) individuals

2. The question is regarding homelessness and/or being at risk. Of the **153** individuals who participated, **144** stated they were NOT homeless. **Nine** stated they were at risk of homelessness. Of those **nine** individuals, **three** stated they were receiving assistance, and the remaining **six** were referred to the WHC.

3. Do you use the local food banks?

95 NO (62%) 58 YES (38%)

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

123 NO (80%) 30 YES (20%)

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

90 DOES NOT APPLY 16 YES (10%) 14 NO (9%)

6. Do you have a family doctor?

141 YES (92%) 12 NO (8%)

Specific Questions Regarding Providers

Tobacco Recovery: A total of **153 individuals** participated.

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

16 (20%) No 61 (80%) Yes 76 Does not apply

Would you like information on Tobacco Recovery?

59 (39%) NO 2 (1%) Yes 92 Does not apply (60%)

Mental Health Advance Directive: A total of **153 individuals** participated.

During your intake, were you offered information on Advanced Directive?

95 (62%) Yes 7 (7%) No 48 (31%) Can't remember

Would you like information on Advance Directives?

2 (1%) Yes 20 (13%) No 131 Does not apply (86%)

Treatment/Employment: A total of **153 individuals** participated.

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

54 (60%) Yes 37 (40%) No 62 Does not apply

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	82 YES (100%)	0 NO (0%)
MH Family/Child	33 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	79 YES (100%)	0 NO (0%)
MH Family/Child	30 YES (100%)	0 NO (0%)

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

Adult CPS	45 YES (100%)	0 NO (0%)
Adult CRS	2 YES (100%)	0 NO (0%)
Adult BCM	31 YES (100%)	0 NO (0%)
Family/Child BCM	8 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	45 YES (100%)	NO (0%)
Adult CRS	2 YES (100%)	NO (0%)
Adult BCM	31 YES (100%)	NO (0%)
Family/Child BCM	8 YES (100%)	NO (0%)

Managed Care Questions: A total of **153** individuals participated.

1. Before completing this survey, did you know that you can call the Magellan member call center 24/7?
144 YES (94%) 9 NO (6%)

2. If you had questions about your benefits or treatment options, do you know how to contact Magellan?
145 YES (95%) 8 NO (5%)

3. Have you ever called Magellan member call center?
11 YES (7%) 142 NO (93%)
 - 3a. If you answered yes, were you satisfied with the outcome?
10 YES (90%) 1 NO (9%) 142 DOES NOT APPLY

4. Are you aware of how to file a complaint with Magellan?
139 YES (91%) 14 NO (9%)
 - 4a. Have you ever filed a complaint with Magellan?
4 YES (3%) 149 No (97%)
 - 4b. If you answered yes, were you satisfied with the outcome?
3 YES (75%) 1 NO (25%) 149 DOES NOT APPLY

5. Are you aware of how to file a grievance with Magellan?
140 YES (92%) 13 NO (8%)
 - 5a. Have you ever filed a grievance with Magellan?
3 YES (2%) 150 NO (98%)
 - 5b. If you answered yes, were you satisfied with the outcome?
2 YES (75%) 1 NO (25%) 150 DOES NOT APPLY

ManageCare Questions Positive Results

Question	2018 2019	2019 2020	2020 2021	2021 2022	2022 2023
Before completing this survey, did you know that you can call the Magellan member call center 24/7?	75%	59%	90%	96%	94%
Do you know how to contact Magellan if you had questions about your benefits or treatment options?	N/A	63%	90%	95%	95%
Have you called the Magellan member call center?	N/A	77%	85%	96%	93%
Are you aware of how to file a complaint?	59%	60%	86%	91%	91%
Are you aware of how to file a grievance?	57%	60%	85%	90%	92%

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

Adult State Questions: 116 Adult individuals were surveyed

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

Yes (ALWAYS)	110 (95%)
Sometimes	6 (5%)
No (NEVER)	0

Were you given the chance to make treatment decisions?

Yes (ALWAYS)	106 (91%)
Sometimes	10 (9%)
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	87 (75%)
A Little Better	23 (20%)
About the Same	6 (5%)
A Little Worse	0
Much Worse	0

Child/Family State Questions: 37 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)	1 (3%)
Sometimes	0 (%)
No (NEVER)	36 (97%)

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

Yes	34 (92%)
Sometimes	2 (5%)
No (NEVER)	0

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

Much Better	21 (57%)
A Little Better	12 (32%)
About the Same	4 (11%)
A Little Worse	0
Much Worse	0

LOC Breakdown

Level of Care	Surveys	Percentage
ADULT MENTAL HEALTH		
Doctor/Nurse (IOP)	82	31%
Outpatient Therapy (IOP)	79	30%
Blended Case Management (BMC)	31	12%
Peer Support (CPS)	45	17%
Psych Rehab	2	2%
Cambria County Reach (Crisis)	11	4%
Inpatient Hospitalization	12	4%
Partial Hospitalization	0	0%
Mobile Therapy	0	0%
TOTAL	262	100%

*Outpatient Med Management (82) * Outpatient Therapy (79) *

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

Above 85% Benchmark- Meets Expectations

Between 84%-80% - Satisfaction

Below 79% - Requires Action

No data available

***Blended Case Management (31) * Peer Support (45) * Crisis (11) ***

1. Are the services provided sensitive to your race, religion, and ethnic background?
86 YES (99%) 1 NO (1%)
2. Do you feel that you can talk freely/openly to the provider?
86 YES (99%) 1 NO (1%)
3. Do you feel that your provider instills hope for you regarding your future?
86 YES (99%) 1 NO (1%)
4. Do you meet with the provider enough to meet your needs?
86 YES (99%) 1 NO (1%)
5. Do you participate in your treatment planning goals?
87 YES (100%) 0 NO (%)
6. Does this provider encourage you to make your own choices and be responsible for those choices?
76 YES (100%) 11 Does Not Apply (13%)
7. Does this provider encourage you to advocate for yourself?
76 YES (100%) 11 Does Not Apply (13%)
8. Do you feel that this provider is knowledgeable about the resources and supports in the community?
76 YES (100%) 11 Does Not Apply (13%)
9. If you had a problem with this provider, would you feel comfortable filing a complaint?
86 YES (99%) 1 NO (1%)
10. How long have you had this service?
1-11 months = 21 (28%) 1-3 years = 32 (42%) over 3 years = 23 (30%)
11. Do you feel that this service is helping?
86 YES (99%) 1 NO (1%)
12. Are you satisfied with this provider?
86 YES (99%) 1 NO (1%)

*** Psych-Rehab (2) * Partial Hospitalization (0) ***

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

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

6. Do you feel that you are getting the education that you need to understand your illness?
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 provider is a safe place to express yourself?
2 YES (100%) 0 NO
9. Do you feel that the group sessions are helpful?
2 YES (100%) 0 NO
10. Do you feel that the provider is knowledgeable about the resources and supports in the community?
2 YES (100%) 0 NO
11. If you had a problem with your provider, would you feel comfortable filing a complaint?
2 YES (100%) 0 NO
12. Do you feel that this service is helping you?
2 YES (100%) 0 NO
13. Are you satisfied with this provider?
2 YES (100%) 0 NO
14. How long have you had this service?
1-11 months = 0 1-3 years = 0 over 3 years = 2 (100%)

***MH Inpatient (12) ***

1. Are the services provided sensitive to your race, religion, and ethnic background?
11 YES (92%) 1 NO (8%)
2. Do you feel that the provider listens to you?
11 YES (92%) 1 NO (8%)
3. Are staff respectful and friendly?
11 YES (92%) 1 NO (8%)
4. Do you feel that your provider instills hope for you regarding your future?
11 YES (92%) 1 NO (8%)
5. Does the provider give you the chance to ask questions about your treatment?
12 YES (100%) 0 NO
6. Does the provider clearly explain your medications and their possible side effects?
10 YES (83%) 2 NO (17%)
7. Are you learning coping skills that help you manage your symptoms?
11 YES (92%) 1 NO (8%)
8. Do you feel that this is a safe place to express yourself?
11 YES (92%) 1 NO (8%)

9. Are group sessions offered?
6 YES (50%) 6 NO (50%)
10. If you had a problem with the provider, would you feel comfortable filing a complaint?
11 YES (92%) 1 NO (8%)
11. Do you feel that this service is/has helped you?
11 YES (92%) 1 NO (8%)
12. Are you satisfied with this provider?
9 YES (75%) 3 NO (25%)

Adult D&A LOC Breakdown:

Level of Care	Surveys	Percentage
Outpatient (IOP)	22	34%
Inpatient Rehab	16	25%
Certified Recovery Specialist (CRS)	2	3%
Methadone	17	26%
Suboxone	6	9%
Vivitrol	2	3%
Halfway House	0	0
Partial	1	1%

* Outpatient (22) * Methadone (bundled) (17) * Suboxone (6) * Vivitrol (2) *

- Are the services provided sensitive to your race, religion, and ethnic background?
47 YES (100%) 0 NO (%)
- Do you feel that the provider listens to you?
47 YES (100%) 0 NO (%)
- Are staff respectful and friendly?
47 YES (100%) 0 NO (%)
- Do you feel that your provider instills hope for you regarding your future?
47 YES (100%) 0 NO (%)
- Does the provider give you the chance to ask questions about your treatment?
47 YES (100%) 0 NO (%)
- Does the provider talk to you about how medications work for you?
22 YES (92%) 2 NO (8%) 23 DOES NOT APPLY
- Does the provider clearly explain your medications and their possible side effects?
22 YES (92%) 2 NO (8%) 23 DOES NOT APPLY
- How often do you participate in therapy?
22 (73%)- ONCE A MONTH 3 (10%) TWICE OR MORE A MONTH
5 (17%)- ONCE A WEEK 17 DOES NOT APPLY
- How long have you been receiving this service?
20 (37%) 1-11 MONTHS 11 (26%) 1-3 YEARS 16 (37%) OVER 3 YEARS

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

10. If you had a problem with your provider, would you feel comfortable filing a complaint?
47 YES (100%) NO (%)
11. Are you satisfied with your provider?
47 YES (100%) NO (%)

***CRS (2) ***

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

*** Rehab (16) *Halfway House (0) ***

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

4. Do you feel that your provider instills hope for you regarding your future?
16 YES (100%) 0 NO
5. Does the provider give you the chance to ask questions about your treatment?
16 YES (100%) 0 NO
6. Does the provider clearly explain your medications and their possible side effects?
15 YES (94%) 1 NO (6%)
7. Are you learning coping skills that help you manage your symptoms?
15 YES (94%) 1 NO (6%)
8. Do you feel that this is a safe place to express yourself?
15 YES (94%) 1 NO (6%)
9. Are group sessions offered?
15 YES (94%) 1 NO (6%)
10. If you had a problem with the provider, would you feel comfortable filing a complaint?
15 YES (94%) 1 NO (6%)
11. Do you feel that this service is/has helped you?
15 YES (94%) 1 NO (6%)
12. Are you satisfied with this provider?
15 YES (94%) 1 NO (6%)

***D&A Partial (1) ***

1. Do you feel that the provider listens to you?
1 YES (100%) NO
2. Are staff respectful and friendly?
1 YES (100%) NO
3. Do you feel that your provider instills hope for you regarding your future?
1 YES (100%) NO
4. Are the services provided sensitive to your race, religion, and ethnic background?
1 YES (100%) NO
5. Does the provider give you the chance to ask questions about your treatment?
1 YES (100%) NO
6. Do you feel that you are getting the education that you need to understand your illness?
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 provider is a safe place to express yourself?
1 YES (100%) NO
9. Do you feel that the group sessions are helpful?
1 YES (100%) NO

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

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?
1 YES (100%) NO
12. Do you feel that this service is helping you?
1 YES (100%) NO
13. Are you satisfied with this provider?
1 YES (100%) NO

LOC Breakout:

MH Children/Family	Surveys	Percentage
Doctor/Nurse (IOP)	33	26%
Outpatient Therapy (IOP)	30	30%
Blended Case Management (BMC)	6	4%
IBHS- BHT	15	12%
IBHC – BC	13	10%
Family Based	8	7%
Cambria County Reach (Crisis)	6	4%
Inpatient Hospitalization	7	6%
Partial Hospitalization	0	0
Summer Program (STAP)	1	0%
After School Program (AST)	2	0%
Mobile Therapy	0	0
Multisystemic Therapy	0	0
CRR Host Home	0	0
RTF	4	3%

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

*** Outpatient Med Management (33) * Outpatient Therapy (30) ***

1. Are the services provided sensitive to your race, religion, and ethnic background?
63 YES (100%) 0 NO
2. Do you feel that you can talk freely/openly to the provider?
63 YES (100%) 0 NO
3. Do you feel that your provider instills hope for you regarding your future?
63 YES (100%) 0 NO
4. Do you feel that the provider listens to you?
63 YES (100%) 0 NO
5. Are staff respectful and friendly?
63 YES (100%) 0 NO
6. Are you given a chance to ask questions about your treatment?
63 YES (100%) NO
7. Are your medications and their possible side effects clearly explained?
33 YES (100%) 0 NO 30 DOES NOT APPLY
8. If you had a problem with your provider, would you feel comfortable filing a complaint?
63 YES (95%) 0 NO
9. Do you feel that you are getting the help that you need?
63 YES (100%) 0 NO
10. Are you satisfied with the provider?
63 YES (100%) 0 NO

MH Inpatient (7) * MH CRR * MH RTF (4) *

1. Are the services provided sensitive to your race, religion, and ethnic background?
11 YES (100%) 0 NO
2. Do you feel that the provider listens to you?
11 YES (100%) 0 NO
3. Are staff respectful and friendly?
11 YES (100%) 0 NO
4. Do you feel that your provider instills hope for you regarding your future?
11 YES (100%) 0 NO
5. Does the provider give you the chance to ask questions about your treatment?
11 YES (100%) 0 NO
6. Does the provider clearly explain your medications and their possible side effects?
11 YES (100%) 0 NO
7. Are you learning coping skills that help you manage your symptoms?
11 YES (100%) 0 NO

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

8. Do you feel that this is a safe place to express yourself?
11 YES (100%) 0 NO
9. Are group sessions offered?
11 YES (100%) 0 NO
10. If you had a problem with the provider, would you feel comfortable filing a complaint?
11 YES (100%) 0 NO
11. Do you feel that this service is/has helped you?
11 YES (100%) 0 NO
12. Are you satisfied with this provider?
11 YES (100%) 0 NO

***Blended Case Management (6) * Crisis (6) ***

1. Are the services provided sensitive to your race, religion, and ethnic background?
12 YES (100%) 0 NO
2. Do you feel that you can talk freely/openly to the provider?
12 YES (100%) 0 NO
3. Do you feel that your provider instills hope for you regarding your future?
12 YES (100%) 0 NO
4. Do you meet with the provider enough to meet your needs?
6 YES (100%) 0 NO 6 DOES NOT APPLY
5. Do you participate in your treatment planning goals?
6 YES (100%) 0 NO 6 DOES NOT APPLY
6. Does this provider encourage you to make your own choices and be responsible for those choices?
6 YES (100%) 0 NO 6 DOES NOT APPLY
7. Does this provider encourage you to advocate for yourself?
6 YES (100%) 0 NO 6 DOES NOT APPLY
8. Do you feel that this provider is knowledgeable about the resources and supports in the community?
6 YES (100%) 0 NO 6 DOES NOT APPLY
9. If you had a problem with this provider, would you feel comfortable filing a complaint?
12 YES (100%) 0 NO
10. How long have you had this service?
1-11 MONTH = 0 1-3 YEARS = 6
11. Do you feel that this service is helping?
12 YES (100%) 0 NO
12. Are you satisfied with this provider?
12 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 (13) * IBHS-BHT (15) * Family Based (8) * AST (2) * STAP (1)

1. Does the provider return your call in a timely manner?
35 YES (90%) 4 NO (10%)
2. Are staff respectful and friendly?
38 YES (97%) 1 NO (3%)

3. Do you feel that your provider instills hope for you regarding your future?
39 YES (100%) 0 NO
4. Are the services provided sensitive to your race, religion, and ethnic background?
37 YES (95%) 2 NO (5%)
5. Do you feel that the provider listens to you?
37 YES (95%) 2 NO (5%)
6. Do you feel that the provider is knowledgeable about the resources and support in the community?
37 YES (95%) 2 NO (5%)
7. Do you see the provider enough to meet your needs?
37 YES (95%) 2 NO (5%)
8. Are you and your child involved in treatment planning goals and decision-making?
37 YES (95%) 2 NO (5%)
9. Does the provider keep in contact with you regarding your child's progress and/or concerns?
35 YES (90%) 4 NO (10%)
10. Has the discharge/transition plan been discussed with you?
37 YES (95%) 2 NO (5%)
11. Were you satisfied with the ISPT meeting?
39 YES (100%) 0 NO
12. Do you feel that your child is getting the help that he/she needs?
36 YES (92%) 3 NO (8%)
13. If you had a problem with the provider, would you feel comfortable filing a complaint?
36 YES (92%) 3 NO (8%)
14. How long have you had this service?
1-11 MONTHS = 13 (33%) 1-3 YEARS = 22 (56%)
15. Are you satisfied with this provider?
36 YES (92%) 3 NO (8%)

LOC Breakout:



MH Children/Family	Surveys	Percentage
Doctor/Nurse (IOP)	1	100%

Family/Child D&A Rehab (1)




1. Were you offered an appointment within 7 days of discharge from MH inpatient?
1 YES (100%) 0 NO
2. Were you re-admitted within 30 days of your discharge?
1 YES (100%) 0 NO
3. Are the services provided sensitive to your race, religion, and ethnic background?
1 YES (100%) 0 NO
4. Do you feel that the provider listens to you?
1 YES (100%) 0 NO
5. Are staff respectful and friendly?
1 YES (100%) 0 NO
6. Do you feel that your provider instills hope for you regarding your future?
1 YES (100%) 0 NO
7. Does the provider give you the chance to ask questions about your treatment?
1 YES (100%) 0 NO
8. Does the provider clearly explain your medications and their possible side effects?
1 YES (100%) 0 NO
9. Are you learning coping skills that help you manage your symptoms?
1 YES (100%) 0 NO
10. Do you feel that this is a safe place to express yourself?
1 YES (100%) 0 NO
11. Are group sessions offered?
1 YES (100%) 0 NO
12. If you had a problem with the provider, would you feel comfortable filing a complaint?
1 YES (100%) 0 NO
13. Do you feel that this service is/has helped you?
1 YES (100%) 0 NO
14. Are you satisfied with this provider?
1 YES (100%) 0 NO

Identified Trends, Systemic Issues, & and Quality Improvement Summary

Specific Questions Regarding Providers

Question	2021-2022	2022-2023
Has your provider offered you information on Tobacco Recovery to help you quit?	28 (15%) YES 76 (41%) NO 83 (0%) Does Not Apply	61 (40%) YES  16 (10%) NO 76 (0%) Does Not Apply
During your intake, where do you offer information on Advanced Directive?	116 (62%) YES 28 (14%) NO 43 (0%) Can't Remember	95 (62%) YES  7 (6%) NO 48 (0%) Can't Remember






Adult MH Yearly Comparison

Question	2019-2020	2020-2021	2021-2022	2022-2023
Are staff respectful and friendly?	96%	97%	99%	99%
Are the services provided sensitive to your race, religion, and ethnic background?	95%	99%	100%	99%
Do you feel that your provider listens to you?	92%	92%	98%	99% 
Are you satisfied with your provider?	97%	97%	98%	99% 
If you have ever had a problem with your provider, would you feel comfortable filing a complaint?	75% ↓	80% ↓	98%	97%
Do you feel that you can talk freely/openly to your provider?	96%	98%	97% ↓	98% 
Do you feel that you are getting the help that you need?	94%	94%	98%	98%

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

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

Family/Child MH Yearly Comparison

Question	2019-2020	2020-2021	2021-2022	2022-2023
Are staff respectful and friendly?	96%	97%	98%	97%
Are the services provided sensitive to your race, religion, and ethnic background?	95%	99%	99%	98%
Do you feel that your provider listens to you?	92%	92%	97%	98% 
Are you satisfied with your provider?	97%	97%	98%	97%
If you have ever had a problem with your provider, would you feel comfortable filing a complaint?	75% 	80% 	96%	97% 
Do you feel that you can talk freely/openly to your provider?	96%	98%	97%	97%
Do you feel that you are getting the help that you need?	94%	94%	97%	98% 

Family/Child Drug & Alcohol Survey: *There are no trends now.*

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



Cambria County

Consumer Family Satisfaction Team

Above 85% Benchmark- Meets Expectations

Between 84%-80% - Satisfaction

Below 79% - Requires Action

No data available