

Cambria County C/FST Quarterly Report

Reporting Period: Q1-Q2 2024- 2025 – July 1, 2024 – December 31, 2024

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I. Executive Summary

Quarter 1 & Quarter 2, the Cambria County C/FST conducted satisfaction surveys across Mental Health, IBHS, and D&A. This report outlines feedback from individuals and families, identifies areas of strength and concern, and highlights steps being taken to support continuous quality improvements in Cambria County.

II. C/FST Overview

The Cambria County C/FST is a peer-run program dedicated to gathering input from individuals and families receiving Behavioral Health services. Our goal is to elevate the voice of service recipients and ensure their perspectives are integrated into program development and system improvement.

- Mission: Ensure consumer and family voices are heard and valued
- Services Monitored: Outpatient, Inpatient, Residential, Walk-In Crisis, Case Management, Medication Management, etc.
- Method: In-person, phone, and paper surveys
- Participation: Voluntary for individuals; Provider participation is mandatory per contract

III. Survey Collection Summary

See table below for summary of collected surveys.

Adult Survey Demographics		
1. How survey was conducted	Count	Percentages
In-Person	26	52%
Phone	7	14%
Provider via phone	17	34%
Grand Total	50	100%
2. Location of Completed Survey	Count	Percentages
Conemaugh Counseling	1	2%
Downtown	4	8%
Drop-in Center	2	4%
Nulton	17	34%
PEN	11	22%
Recovery in the Valley	15	30%
Grand Total	50	100%
3. Age	Count	Percentages
18-24	2	4%
25-44	25	50%
45-64	19	38%
65 older	4	8%
Grand Total	50	100%
4. Zip Codes	Count	Percentages
15902	17	37%
15906	8	16%
15904	5	10%
Grand Total	30	63%
5. Homelessness	Count	Percentages
Yes	1	2%
No	48	96%
Yes, but receiving assistance	1	2%
Grand Total	50	100%
6. Utilization of Food Bank	Count	Percentages
Yes	32	64%
No	18	36%
Grand Total	50	100%
7. Utilization of Med Van	Count	Percentages
Yes	32	64%
No	18	36%
Grand Total	50	100%
8. Satisfaction with MedVan	Count	Percentages
Yes	32	64%
No	2	4%
N/A	16	32%
Grand Total	50	100%

9. Family Doctor	Count	Percentages
Yes	48	96%
No	2	4%
Grand Total	50	100%
Tobacco Recovery	Count	Percentages
Yes	16	32%
No	5	10%
N/A	29	58%
Grand Total	50	100%
Advance Directives	Count	Percentages
Yes	39	78%
No	2	4%
Can't Remember	9	18%
Grand Total	50	100%
Recovery Centers	Count	Percentages
PEN Drop-In Center		
Yes	28	56%
No	22	44%
Grand Total	50	100%
Favor		
Yes	9	18%
No	41	82%
Grand Total	50	100%
Employment/Treatment Questions	Count	Percentages
Yes	16	32%
No	14	28%
N/A	20	40%
Grand Total	50	100%
Barriers	Count	Percentages
Yes	0	0%
No	38	76%
Blank	12	24%
Grand Total	50	100%
Specific Level of Care	Count	Percentages
Were you offered CPS/CRS		
Yes	27	54%
No	19	38%
Blank	4	8%
Grand Total	50	100%

Adult Survey Managed Care Questions	Count	Percents
1. Before completing this survey, did you know that you can choose where you get your treatment?		
Yes	48	96%
No	2	4%
Grand Total	50	100%
2. If you had questions about your benefits or treatment et options, do you know how to contact Magellan?		
Yes	43	86%
No	7	14%
Grand Total	50	100%
3. Before completing this survey did you know you can call Magellan member call center 24/7?		
Yes	39	78%
No	11	22%
Grand Total	50	100%
4. Have you ever called the Magellan member call center?		
Yes	12	24%
No	38	76%
Grand Total	50	100%
4a. If yes, were you satisfied with the outcome?		
Yes	9	18%
No	2	4%
N/A	39	78%
Grand Total	50	100%
5. Are you aware of how to file a complaint?		
Yes	23	46%
No	27	54%
Grand Total	50	100%
6. Have you ever filed a complaint with Magellan?		
Yes	3	6%
No	47	94%
Grand Total	50	100%
6a. If yes, were you satisfied with the outcome?		
Yes	2	4%
No	1	2%
N/A	47	94%
Grand Total	50	100%
7. Are you aware of how to file a grievance with Magellan?		

Yes	28	56%
No	22	44%
Grand Total	50	100%
8. Have you ever filed a grievance with Magellan?		
Yes		
No	50	100%
N/A		
Grand Total	50	100%
8a. If yes, were you satisfied with the outcome?		
Yes		
No		
N/A	50	100%
Grand Total	50	100%

Adult Survey State Questions	Count	Percentage
In the last 12 months were you able to get the help that you needed?		
Yes (ALWAYS)	50	100%
Sometimes	0	0
No (Never)	0	0
Grand Total	50	100%
Were you given the chance to make treatment decisions?		
Yes (ALWAYS)	50	100%
Sometimes	0	0
No (Never)	0	0
Grand Total	50	100%
What effect has the treatment you received had on the quality of your life? The quality of my life is:		
Much Better	40	80%
A Little Better	6	12%
About the Same	4	8%
A Little Worse	0	0
Much Worse	0	0
Grand Total	50	100%

Adult MH Medication Management	Count	Percentages
Who is the Provider:		
ACRP	11	30%
Conemaugh Counseling	1	3%
FBR	3	8%
Nulton	22	59%
Grand Total	37	100%
2. How did you receive your services?		
In- Person	31	84%
Telehealth	1	3%
Both	5	13%
Grand Total	37	100%
3. Are the services provided sensitive to your race, religion, & ethnic background?		
Yes	37	100%
No		
Grand Total	37	100%
4. After your initial visit, were you offered an appointment with your prescriber within 90 days for your medication management appointment?		
Yes	33	89%
No	4	11%
Grand Total	37	100%
5. Do you feel that you can talk freely/openly to the provider?		
Yes	37	100%
No		
N/A		
Grand Total	37	100%
6. Do you feel that your provider instills hope in you regarding your future?		
Yes	37	100%
No		
Grand Total	37	100%
7. Do you feel that the provider listens to you?		
Yes	35	95%
No	2	5%
Grand Total	37	100%
8. Are staff respectful and friendly?		
Yes	35	4%
No	2	2%
N/A		94%
Grand Total	37	100%

9. Are you given a chance to ask questions about your treatment?		
Yes	37	100%
No		
Grand Total	37	100%
10. Are the medications and their side effects clearly explained?		
Yes	36	97%
No	1	3%
N/A		
Grand Total	37	100%
11. If you had a complaint, would you feel comfortable filing a complaint?		
Yes	36	97%
No	1	3%
N/A		
Grand Total	37	100%
12. Do you feel that you are getting the help you need?		
Yes	37	100%
No		
N/A		
Grand Total	37	100%
13. Are you satisfied with the provider?		
Yes	37	100%
No		
N/A		
Grand Total	37	100%

Adult MH Out/Pt Therapy	Count	Percentages
Who is the Provider:		
ACRP	8	30%
FBH	1	3%
FBR	3	8%
Nulton	22	59%
Grand Total	34	100%
2. How did you receive your services?		
In- Person	28	82%
Telehealth	3	9%
Both	3	9%
Grand Total	34	100%
3. After your initial visit, were you offered an appointment with your prescriber within 90 days?		
Yes	31	100%
No	3	
Grand Total	34	100%
4. Are the services provided sensitive to your race, religion, & ethnic background?		
Yes	34	89%
No	0	11%
Grand Total	34	100%
5. Do you feel that you can talk freely/openly to the provider?		
Yes	33	97%
No	1	3%
N/A		
Grand Total	34	100%
6. Do you feel that your provider instills hope in you regarding your future?		
Yes	34	100%
No		
Grand Total	34	100%
7. Do you feel that the provider listens to you?		
Yes	34	100%
No		
Grand Total	34	100%
8. Are staff respectful and friendly?		
Yes	34	100%
No		
N/A		
Grand Total	34	100%

9. Are you given a chance to ask questions about your treatment?		
Yes	33	97%
No	1	3%
Grand Total	34	100%
10. If you had a complaint, would you feel comfortable filing a complaint?		
Yes	33	97%
No	1	3%
N/A		
Grand Total	34	100%
11. Do you feel that you are getting the help you need?		
Yes	34	100%
No		
Grand Total	34	100%
12. Are you satisfied with the provider?		
Yes	34	100%
No		
N/A		
Grand Total	34	100%

Adult MH Walk- In Crisis	Count	Percentages
1. Who is the Provider:		
Nulton	3	
Grand Total	3	0%
2. Are the services provided sensitive to your race, religion, & ethnic background?		
Yes	3	100%
No		
Grand Total	3	100%
3. Do you feel that the provider listens to you?		
Yes	3	100%
No		
Grand Total	3	100%
4. Are staff respectful and friendly?		
Yes	3	100%
No		
Grand Total	3	100%

5. Did you with a peer?		
Yes	3	100%
No		
Grand Total	3	100%
6. Do you feel that your provider instills hope in you regarding your future?		
Yes	3	100%
No		
Grand Total	3	100%
7. Were you satisfied with the services?		
Yes	3	100%
No		
Grand Total	3	100%
8. Did you receive community resources?		
Yes	3	100%
No		
Grand Total	3	100%
9. Did you receive a follow-up appointment for treatment?		
Yes	3	100%
No		
Grand Total	3	100%
10. What did you like most about your experience at the Walk in Crisis Center?		
COMMENTS:		
1. <i>Everything</i>		
2. <i>The staff is very nice.</i>		
3. <i>The staff were very nice</i>		
Grand Total	3	100%
11. What would you improve about the Walk-In Crisis Center?		
1. <i>Nothing</i>		
2. <i>Nothing</i>		
3. <i>Nothing</i>		
Grand Total	3	100%
12. If you had a complaint, would you feel comfortable filing a complaint?		
Yes	3	100%
No		
Grand Total	3	100%

Adult MH Peer Support	Count	Percentages
1. Who is the Provider:		
ACRP	10	
Peer Star	11	
Grand Total	21	0%
2. How are you receiving your services?		
In-Person	21	100%
Telehealth		
Both		
Grand Total	21	100%
3. Are the services provided sensitive to your race, religion, & ethnic background?		
Yes	21	100%
No		
Grand Total	21	100%
4. Do you feel that the provider listens to you?		
Yes	21	100%
No		
Grand Total	21	100%
5. Are staff respectful and friendly?		
Yes	21	100%
No		
Grand Total	21	100%
6. Do you feel that your provider instills hope in you regarding your future?		
Yes	21	100%
No		
Grand Total	21	100%
7. Do you participate in treatment planning goals?		
Yes	21	100%
No		
Grand Total	21	100%
8. Do you meet with the provider enough to meet your needs?		
Yes	21	100%
No		
Grand Total	21	100%
9. Does the provider encourage you to make your own choices and be responsible for those choices?		
Yes	21	100%
No		
Grand Total	21	100%
10. Does the provider encourage you to advocate for yourself?		
Yes	21	100%

No		
Grand Total	21	100%
11. Do you feel that this provider is knowledgeable about the resources and support in the community?		
Yes	21	100%
No		
Grand Total	21	100%
12. After your intake, were you offered an appointment within 30 days?		
Yes	21	100%
No		
Grand Total	21	100%
13. Does the provider meet you in your home or another location that is most convenient for you?		
Yes	21	100%
No		
Grand Total	21	100%
14. How long have you had these services		
1-11 Months	3	
1-3 Years	5	
Over 3 Years	13	
Grand Total	21	0%
15. If you had a complaint, would you feel comfortable filing a complaint?		
Yes	3	100%
No		
Grand Total	3	100%
16. Do you feel that this service is helping?		
Yes	21	100%
No		
Grand Total	21	100%
17. Are you satisfied with the provider?		
Yes	21	100%
No		
Grand Total	21	100%

Adult MH Blended Case Management	Count	Percentages
1. Who is the Provider:		
ACRP	5	62%
Nulton	3	38%
Grand Total	8	100%
2. How are you receiving your services?		
In-Person	8	100%
Telehealth		
Both		
Grand Total	8	100%
3. After your intake, were you offered an appointment within 30 days?		
Yes	8	100%
No		
Grand Total	8	100%
4. Are the services provided sensitive to your race, religion, & ethnic background?		
Yes	8	100%
No		
Grand Total	8	100%
5. Do you feel that the provider listens to you?		
Yes	8	100%
No		
Grand Total	8	100%
6. Are staff respectful and friendly?		
Yes	8	100%
No		
Grand Total	8	100%
7. Do you feel that your provider instills hope in you regarding your future?		
Yes	8	100%
No		
Grand Total	8	100%
8. Do you participate in treatment planning goals?		
Yes	8	100%
No		
Grand Total	8	100%
9. Do you meet with the provider enough to meet your needs?		
Yes	8	100%
No		
Grand Total	8	100%

10. Does the provider encourage you to make your own choices and be responsible for those choices?		
Yes	8	100%
No		
Grand Total	8	100%
11. After your intake, were you offered an appointment within 30 days?		
Yes	8	100%
No		
Grand Total	8	100%
12. Does the provider meet you in your home or another location that is most convenient for you?		
Yes	7	88%
No	1	12%
Grand Total	8	100%
13. Does the provider encourage you to advocate for yourself?		
Yes	8	100%
No		
Grand Total	8	100%
14. Do you feel that this provider is knowledgeable about the resources and support in the community?		
Yes	8	100%
No		
Grand Total	8	100%
15. How long have you had this service?		
1-11 Months		
1-3 Years	4	50%
Over 3 Years	4	50%
Grand Total	8	100%
16. If you had a complaint, would you feel comfortable filing a complaint?		
Yes	8	100%
No		
Grand Total	8	100%
17. Do you feel that this service is helping?		
Yes	8	100%
No		
Grand Total	8	100%
18. Are you satisfied with the provider?		
Yes	8	100%
No		
Grand Total	8	100%

Adult D&A Recovery Specialist	Count	Percentages
1. Who is the Provider:		
ACRP	2	
Peer Star	1	
Grand Total	3	100%
2. How are you receiving your services?		
In-Person	3	100%
Telehealth		
Both		
Grand Total	3	100%
3. Are the services provided sensitive to your race, religion, & ethnic background?		
Yes	3	100%
No		
Grand Total	3	100%
4. Do you feel that the provider listens to you?		
Yes	3	100%
No		
Grand Total	3	100%
5. Are staff respectful and friendly?		
Yes	3	100%
No		
Grand Total	3	100%
6. Do you feel that your provider instills hope in you regarding your future?		
Yes	3	100%
No		
Grand Total	3	100%
7. Do you participate in treatment planning goals?		
Yes	3	100%
No		
Grand Total	3	100%
8. Do you meet with the provider enough to meet your needs?		
Yes	3	100%
No		
Grand Total	3	100%
9. Does the provider encourage you to make your own choices and be responsible for those choices?		
Yes		
No	3	100%
Grand Total	3	100%

10. After your intake, were you offered an appointment within 30 days?		
Yes	1	33%
No	2	67%
Grand Total	3	100%
11. Does the provider meet you in your home or another location that is most convenient for you?		
Yes	3	100%
No		
Grand Total	3	100%
12. Does the provider encourage you to advocate for yourself?		
Yes	3	100%
No		
Grand Total	3	100%
13. Do you feel that this provider is knowledgeable about the resources and support in the community?		
Yes	3	100%
No		
Grand Total	3	100%
14. How long have you had this service?		
1-11 Months		
1-3 Years	3	100%
Over 3 Years		
Grand Total	3	100%
15. If you had a complaint, would you feel comfortable filing a complaint?		
Yes	3	100%
No		
Grand Total	3	100%
16. Do you feel that this service is helping?		
Yes	3	100%
No		
Grand Total	3	100%
17. Are you satisfied with the provider?		
Yes	3	100%
No		
Grand Total	3	100%

Adult D&A Rehab	Count	Percentages
1. Who is the Provider:		
Cove Forge	2	
Twin Lakes	2	
Grand Total	4	100%
2. Are the services provided sensitive to your race, religion, & ethnic background?		
Yes	4	100%
No		
Grand Total	4	100%
3. Do you feel that the provider listens to you?		
Yes	4	100%
No		
Grand Total	4	100%
4. Are staff respectful and friendly?		
Yes	4	100%
No		
Grand Total	4	100%
5. Do you feel that your provider instills hope in you regarding your future?		
Yes	4	100%
No		
Grand Total	4	100%
6. Does the provider give you the chance to ask questions about your treatment?		
Yes	4	100%
No		
Grand Total	4	100%
7. Are the medications and their side effects clearly explained?		
Yes	4	100%
No		
Grand Total	4	100%
8. Are you learning skills to help you manage your symptoms?		
Yes	4	100%
No		
Grand Total	4	100%
9. Do you feel that it is a safe place to express yourself?		
Yes	4	100%
No		

Grand Total	4	100%
10. Are group sessions offered?		
Yes	4	
No		100%
Grand Total	4	100%
11. If you had a complaint, would you feel comfortable filing a complaint?		
Yes	4	100%
No		
Grand Total	4	100%
12. Do you feel that this service is helping?		
Yes	2	100%
No		
Grand Total	2	100%
13. Are you satisfied with the provider?		
Yes		
No	2	100%
Grand Total	2	100%

Adult D&A Out/Pt	Count	Percentages
1. Who is the Provider:		
Crossroads	2	40%
New Visions	2	40%
Pinnacle	1	20%
Grand Total	5	100%
2. Are the services provided sensitive to your race, religion, & ethnic background?		
Yes	5	100%
No		
Grand Total	5	100%
3. Do you feel that the provider listens to you?		
Yes	5	100%
No		
Grand Total	5	100%
4. Are staff respectful and friendly?		
Yes	5	100%
No		
Grand Total	5	100%
5. Do you feel that your provider instills hope in you regarding your future?		
Yes	5	100%
No		

Grand Total	5	100%
6. Does the provider give you the chance to ask questions about your treatment?		
Yes	5	100%
No		
Grand Total	5	100%
7. Are the medications and their side effects clearly explained?		
Yes	5	100%
No		
Grand Total	5	100%
8. Are you learning skills to help you manage your symptoms?		
Yes	5	100%
No		
Grand Total	5	100%
9. How often do you participate in therapy?		
Once a week	4	80%
Twice or more a week		
Once a month	1	20%
Never		
N/A		
Grand Total	5	100%
10. How long have you had this service?		
1-11 Months	4	80%
1-3 Years		
Over 3 years	1	20%
Grand Total	5	100%
11. If you had a complaint, would you feel comfortable filing a complaint?		
Yes	5	
No		100%
Grand Total	5	100%
12. Are you satisfied with the provider?		
Yes	5	
No		100%
Grand Total	5	100%

Adult D&A Methadone	Count	Percentages
1. Who is the Provider:		
Alliance	4	
Grand Total	4	100%
2. Are the services provided sensitive to your race, religion, & ethnic background?		
Yes	4	100%
No		
Grand Total	4	100%
3. Do you feel that the provider listens to you?		
Yes	4	100%
No		
Grand Total	4	100%
4. Are staff respectful and friendly?		
Yes	4	100%
No		
Grand Total	4	100%
5. Do you feel that your provider instills hope in you regarding your future?		
Yes	4	100%
No		
Grand Total	4	100%
6. Does the provider give you the chance to ask questions about your treatment?		
Yes	4	100%
No		
Grand Total	4	100%
7. Does the provider talk to you about how your medications are working for you?		
Yes	4	100%
No		
Grand Total	4	100%
8. Are the medications and their side effects clearly explained?		
Yes	4	100%
No		
Grand Total	4	100%
9. How often do you participate in therapy?		
Once a week	1	20%
Twice or more a week		
Once a month		
Never		
N/A	4	80%

Grand Total	5	100%
10. How long have you had this service?		
1-11 Months	3	80%
1-3 Years	1	20%
Over 3 years		
Grand Total	4	100%
11. If you had a complaint, would you feel comfortable filing a complaint?		
Yes	4	100%
No		
Grand Total	4	100%
12. Are you satisfied with the provider?		
Yes	4	100%
No		
Grand Total	4	100%

Adult D&A Suboxone	Count	Percentages
1. Who is the Provider:		
Crossroads	4	
Grand Total	4	100%
2. Are the services provided sensitive to your race, religion, & ethnic background?		
Yes	3	100%
No		
Grand Total	3	100%
3. Do you feel that the provider listens to you?		
Yes	3	100%
No		
Grand Total	3	100%
4. Are staff respectful and friendly?		
Yes	3	100%
No		
Grand Total	3	100%
5. Do you feel that your provider instills hope in you regarding your future?		
Yes	3	100%
No		
Grand Total	3	100%
6. Does the provider give you the chance to ask questions about your treatment?		
Yes	3	100%
No		
Grand Total	3	100%
7. Does the provider talk to you about how your medications are working for you?		
Yes	3	100%
No		
Grand Total	3	100%
8. Are the medications and their side effects clearly explained?		
Yes	3	100%
No		
Grand Total	3	100%
9. How often do you participate in therapy?		
Once a week		
Twice or more a week		
Once a month	1	20%
Never		
N/A	2	80%

Grand Total	3	100%
10. How long have you had this service?		
1-11 Months	2	80%
1-3 Years		
Over 3 years	1	20%
Grand Total	3	100%
11. If you had a complaint, would you feel comfortable filing a complaint?		
Yes	3	100%
No		
Grand Total	3	100%
12. Are you satisfied with the provider?		
Yes	3	100%
No		
Grand Total	3	100%

Adult D&A Vivitrol	Count	Percentages
1. Who is the Provider:		
Highland Health	2	
Grand Total	2	100%
2. Are the services provided sensitive to your race, religion, & ethnic background?		
Yes	2	100%
No		
Grand Total	2	100%
3. Do you feel that the provider listens to you?		
Yes	2	100%
No		
Grand Total	2	100%
4. Are staff respectful and friendly?		
Yes	2	100%
No		
Grand Total	2	100%
5. Do you feel that your provider instills hope in you regarding your future?		
Yes	2	100%
No		
Grand Total	2	100%
6. Does the provider give you the chance to ask		

questions about your treatment?		
Yes	2	100%
No		
Grand Total	2	100%
7. Does the provider talk to you about how your medications are working for you?		
Yes	2	100%
No		
Grand Total	2	100%
8. Are the medications and their side effects clearly explained?		
Yes	2	100%
No		
Grand Total	2	100%
9. How often do you participate in therapy?		
Once a week		
Twice or more a week		
Once a month		
Never		
N/A	2	100%
Grand Total	2	100%
10. How long have you had this service?		
1-11 Months		
1-3 Years	2	100%
Over 3 years		
Grand Total	2	100%
11. If you had a complaint, would you feel comfortable filing a complaint?		
Yes	2	100%
No		
Grand Total	2	100%
12. Are you satisfied with the provider?		
Yes	2	100%
No		
Grand Total	2	100%

Family/Child Survey Demographics		
1. How survey was conducted	Count	Percentages
In-Person	6	22%
Phone	21	78%
Provider via phone		
Grand Total	27	100%
2. Location of Completed Survey		
Provider - Nulton	3	10%
PEN	24	88%
Grand Total	27	100%
3. Age		
Under 17	27	
Grand Total	27	100%
4. Zip Codes		
15902	17	63%
15906	8	30%
15904	2	7%
Grand Total	27	100%
5. Homelessness		
Yes		
No	27	100%
Yes, but receiving assistance		
Grand Total	27	100%
6. Utilization of Food Bank		
Yes	11	41%
No	16	59%
Grand Total	27	100%
7. Utilization of Med Van		
Yes	1	4%
No	26	96%
Grand Total	27	100%
8. Satisfaction with MedVan		
Yes	1	4%
No	1	4%
N/A	25	93%
Grand Total	27	100%
9. Family Doctor		
Yes	27	100%
No		
Grand Total	27	100%

Family/Child Survey Managed Care Questions	Count	Percents
1. Before completing this survey, did you know that you can choose where you get your treatment?		
Yes	28	100%
No		
Grand Total	28	100%
2. If you had questions about your benefits or treatment et options, do you know how to contact Magellan?		
Yes	28	100%
No		
Grand Total	28	100%
3. Before completing this survey did you know you can call Magellan member call center 24/7?		
Yes	27	96%
No	1	4%
Grand Total	28	100%
4. Have you ever called the Magellan member call center?		
Yes	4	14%
No	24	86%
Grand Total	28	100%
4a. If yes, were you satisfied with the outcome?		
Yes	4	14%
No		
N/A	24	86%
Grand Total	28	100%
5. Are you aware of how to file a complaint?		
Yes	26	93%
No	2	7%
Grand Total	28	100%
6. Have you ever filed a complaint with Magellan?		
Yes	28	100%
No		
Grand Total	28	100%
6a. If yes, were you satisfied with the outcome?		
Yes		
No		
N/A	28	100%
Grand Total	28	100%

7. Are you aware of how to file a grievance with Magellan?		
Yes	27	96%
No	1	4%
Grand Total	28	100%
8. Have you ever filed a grievance with Magellan?		
Yes		
No	28	100%
N/A		
Grand Total	28	100%
8a. If yes, were you satisfied with the outcome?		
Yes		
No		
N/A	28	100%
Grand Total	28	100%
State Questions	Count	Percentage
In the last 12 months, did you or your child have problems getting the help that she/he needed?		
Yes (ALWAYS)		
Sometimes	3	11%
No (Never)	25	89%
Grand Total	28	100%
Were you give the chance to make treatment decisions?		
Yes (ALWAYS)	28	100%
Sometimes		
No (Never)		
Grand Total	28	100%
What effect has the treatment you received had on the quality of your life? The quality of my life is:		
Much Better	7	25%
A Little Better	11	39%
About the Same	10	36%
A Little Worse		
Much Worse		
Grand Total	28	100%

Family/Child Survey Med Management	Count	Percentages
Who is the Provider:		
ACRP	13	20%
Behavioral Health Services (BHS)	2	8%
Nulton	18	72%
Grand Total	37	100%
2. How did you receive your services?		
In- Person	33	89%
Telehealth	4	11%
Both	0	%
Grand Total	37	100%
3. Are the services provided sensitive to your race, religion, & ethnic background?		
Yes	37	100%
No		
Grand Total	37	100%
4. After your initial visit, were you offered an appointment with your prescriber within 90 days for your medication management appointment?		
Yes	33	89%
No	4	11%
Grand Total	37	100%
5. Do you feel that you can talk freely/openly to the provider?		
Yes	37	100%
No		
N/A		
Grand Total	37	100%
6. Do you feel that your provider instills hope in you regarding your future?		
Yes	37	100%
No		
Grand Total	37	100%
7. Do you feel that the provider listens to you?		
Yes	35	95%
No	2	5%
Grand Total	37	100%
8. Are staff respectful and friendly?		
Yes	35	4%
No	2	2%

N/A		94%
Grand Total	37	100%
9. Are you given a chance to ask questions about your treatment?		
Yes	37	100%
No		
Grand Total	37	100%
10. Are the medications and their possible side effects clearly explained?		
Yes	36	97%
No	1	3%
N/A		
Grand Total	37	100%
11. If you had a complaint, would you feel comfortable filing a complaint?		
Yes	36	97%
No	1	3%
N/A		
Grand Total	37	100%
12. Do you feel that you are getting the help you need?		
Yes	37	100%
No		
N/A		
Grand Total	37	100%
13. Are you satisfied with the provider?		
Yes	37	100%
No		
N/A		
Grand Total	37	100%

Family/Child OPT/Therapy	Count	Percentages
Who is the Provider:		
ACRP	6	33%
Independent Family Services (IFS)	1	6%
Behavioral Health Services (BHS)	1	6%
Community Guidance	1	6%
Nulton	9	50%
Grand Total	18	100%
2. How did you receive your services?		
In- Person	16	82%
Telehealth		9%
Both	2	9%
Grand Total	18	100%
3. After your initial visit, were you offered an appointment with your prescriber within 90 days?		
Yes	2	100%
No	16	
Grand Total	18	100%
4. Are the services provided sensitive to your race, religion, & ethnic background?		
Yes	18	100%
No		
Grand Total	18	100%
5. Do you feel that you can talk freely/openly to the provider?		
Yes	18	100%
No		
N/A		
Grand Total	18	100%
6. Do you feel that your provider instills hope in you regarding your future?		
Yes	18	100%
No		
Grand Total	18	100%
7. Do you feel that the provider listens to you?		
Yes	18	100%
No		
Grand Total	18	100%
8. Are staff respectful and friendly?		
Yes	18	100%
No		
N/A		
Grand Total	18	100%

9. Are you given a chance to ask questions about your treatment?		
Yes	18	100%
No		
Grand Total	18	100%
10. If you had a complaint, would you feel comfortable filing a complaint?		
Yes	18	100%
No		
N/A		
Grand Total	18	100%
11. Do you feel that you are getting the help you need?		
Yes	18	100%
No		
Grand Total	18	100%
12. Are you satisfied with the provider?		
Yes	18	100%
No		
N/A		
Grand Total	18	100%

Family /Child Survey Walk- In Crisis	Count	Percentages
1. Who is the Provider:		
Nulton	2	100%
Grand Total	2	100%
2. Are the services provided sensitive to your race, religion, & ethnic background?		
Yes	2	100%
No		
Grand Total	2	100%
3. Do you feel that the provider listens to you?		
Yes	2	100%
No		
Grand Total	2	100%
4. Are staff respectful and friendly?		
Yes	2	100%
No		
Grand Total	2	100%
5. Did you with a peer?		
Yes	1	50%
No	1	50%
Grand Total	2	100%
6. Do you feel that your provider instills hope in you regarding your future?		
Yes	2	100%
No		
Grand Total	2	100%
7. Were you satisfied with the services?		
Yes	2	100%
No		
Grand Total	2	100%
8. Did you receive community resources?		
Yes	2	100%
No		
Grand Total	2	100%
9. Did you receive a follow-up appointment for treatment?		
Yes	2	100%
No		
Grand Total	2	100%
10. What did you like most about your experience at the Walk in Crisis Center?		

Blank	2	100%
COMMENTS:	0	
Grand Total	2	100%
11. What would you improve about the Walk-In Crisis Center?		
Blank	2	100%
COMMENTS:		
Grand Total	2	100%
12. If you had a complaint, would you feel comfortable filing a complaint?		
Yes	2	100%
No		
Grand Total	2	100%

Family /Child Survey Mobile Crisis (REACH)	Count	Percentages
1. Who is the Provider:		
Breaking the Barriers	8	100%
Grand Total	8	100%
2. How did you receive your services?		
In- Person	7	88%
Telehealth	1	13%
Both		
Grand Total	8	100%
3. Are the services provided sensitive to your race, religion, & ethnic background?		
Yes	8	100%
No		
Grand Total	8	100%
4. Do you feel that the provider listens to you?		
Yes	8	100%
No		
Grand Total	8	100%
5. Are staff respectful and friendly?		
Yes	8	50%
No		50%
Grand Total	8	100%
6. Do you feel that your provider instills hope in you regarding your future?		
Yes	8	100%
No		

Grand Total	8	100%
7. Do you feel that the provider is knowledgeable about the resources and support in the community?		
Yes	8	100%
No		
Grand Total	8	100%
6. Do you feel that your provider instills hope in you regarding your future?		
Yes	8	100%
No		
Grand Total	8	100%
9. Did you receive a follow-up appointment for treatment?		
Yes	2	100%
No		
Grand Total	2	100%
10. If you had a complaint, would you feel comfortable filing a complaint?		
Yes	8	100%
No		
Grand Total	8	100%
11. Do you feel that this service is helping you?		
Yes	8	100%
No		
Grand Total	8	100%
12. Are you satisfied with the provider?		
Yes	8	100%
No		
Grand Total	8	100%

Family/Child MH In-Patient	Count	Percentages
1. Who is the Provider:		
Meadows	2	67%
Southwood Psychiatric	1	33%
Grand Total	3	100%
2. Were you offered an appointment within 7 days of discharge of MH inpatient services?		
Yes	3	100%
No		
Grand Total	3	100%
3. Did you attend your follow-up appointment?		
Yes	3	100%
No		
Grand Total	3	100%
4. Are the services provided sensitive to your race, religion, & ethnic background?		
Yes	3	100%
No		
Grand Total	3	100%
5. Do you feel that the provider listens to you?		
Yes	3	100%
No		
Grand Total	3	100%
6. Are staff respectful and friendly?		
Yes	3	100%
No		
Grand Total	3	100%
7. Do you feel that your provider instills hope in you regarding your future?		
Yes	3	100%
No		
Grand Total	3	100%
8. Does the provider give you the chance to ask questions about your treatment?		
Yes	3	100%
No		
Grand Total	3	100%
9. Are the medications and their possible side effects clearly explained?		
Yes	3	100%
No		
Grand Total	3	100%
10. Are you learning skills to help you manage your symptoms?		

Yes	3	100%
No		
Grand Total	3	100%
11. Do you feel that it is a safe place to express yourself?		
Yes	3	100%
No		
Grand Total	3	100%
12. Are group sessions offered?		
Yes	3	100%
No		
Grand Total	3	100%
13. If you had a complaint, would you feel comfortable filing a complaint?		
Yes	3	100%
No		
Grand Total	3	100%
14. Do you feel that you are getting the help you need?		
Yes	3	100%
No		
Grand Total	3	100%
15. Are you satisfied with the provider?		
Yes	3	
No		100%
Grand Total	3	100%

Family/Child Survey Family Based	Count	Percentages
1. Who is the Provider:		
ACRP	1	20%
Community Guidance	1	20%
IFS	3	60%
Grand Total	5	100%
2. Does the provider return your calls promptly?		
Yes	5	100%
No		
Grand Total	5	100%
3. How do you receive your services?		
In-person	5	100%
Telehealth		

Both		
Grand Total	5	100%
4. Are staff respectful and friendly?	5	
Yes		100%
No		
Grand Total	5	100%
5. Do you feel that your provider instills hope in you regarding your future?	5	
Yes		100%
No		
Grand Total	5	100%
6. Are the services provided sensitive to your race, religion, & ethnic background?		
Yes	5	100%
No		
Grand Total	5	100%
7. Do you feel that the provider listens to you?		
Yes	5	100%
No		
Grand Total	5	100%
8. Do you feel that the provider has knowledgeable resources and support in the community?		
Yes		100%
No		
Grand Total		100%
9. Do you see your provider enough to meet your needs?		
Yes	5	100%
No		
Grand Total	5	100%
10. Are you and your child involved in treatment planning goals and decision making?		
Yes	5	100%
No		
Grand Total	5	100%
11. Does the provider contact you regarding your child's progress and or concerns?		
Yes	5	100%
No		
Grand Total	5	100%

12. Has the discharge/transition plan been discussed with you?		
Yes	5	100%
No		
Grand Total	5	100%
13. Were you satisfied with the ISPT meeting?		
Yes	5	100%
No		
Grand Total	5	100%
14. Do you feel that your child is getting the help you need?		
Yes	5	100%
No		
Grand Total	5	100%
15. Would you feel comfortable filing a complaint if you had a problem with the provider?		
Yes	5	100%
No		
Grand Total	5	100%
15. Are you satisfied with the provider?		
Yes	5	100%
No		
Grand Total	5	100%