

Cambria County C/FST Quarterly Report

Reporting Period: Q1 – 2025-2026 – July 1, 2025 – September 30th, 2025
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I. Executive Summary

The Cambria County Consumer/Family Satisfaction Team (C/FST) conducted satisfaction surveys across Adult Mental Health, Family/Child, and Drug & Alcohol (D&A) service lines. This report summarizes feedback from individuals and families, identifies key strengths and areas for improvement, and highlights ongoing efforts to support quality enhancement throughout Cambria County’s Behavioral Health system.

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 mission is to elevate the voices of service recipients and ensure that their perspectives are integrated into system improvement and program development.

- 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 provider-facilitated surveys
- Participation: Voluntary for individuals; Provider participation is mandatory per contract

III. Survey Collection Summary

The table below provides a summary of the total surveys collected during Q1 (July – September 2025), including participation across key service lines.

Service Line	# Surveys
Adult Mental Health	66
Family/Child	37
Drug & Alcohol	17

Total Surveys Completed: 120

Overall Satisfaction Rate: 98.9%

VIII. Adult Demographics and MCO Awareness Summary

Demographic Overview

A total of 32 adult participants completed satisfaction surveys during Q1 2025–2026. The data highlights key demographic patterns, access to care, and engagement with support services throughout Cambria County.

- Total Respondents: 32
- Survey Method: 27 (in-person), 5 (at provider location), 0 (phone)
- Survey Sites: PEN (8), LTSR (10), ACRP (6), Nulton (6)
- Age Distribution: 69% aged 24–44, 31% aged 45–64
- Housing Stability: 75% reported stable housing; 13% identified as homeless or at risk
- Food Insecurity: 34% reported using local food banks
- Transportation: 28% use the MedVan; of those, 80% were satisfied
- Healthcare Access: 44% reported having a family doctor
- Peer Support: 78% were offered a Peer Support Specialist; 47% were offered a Recovery Support Specialist
- Community Engagement: 25% used the PEN Drop-In Center; 20% used the FAVOR Recovery Center
- Advance Directives: 28% were offered information during intake; 53% could not recall receiving this information

MCO & Service Quality Awareness (MCO/SQ)

The following section outlines consumer awareness of Magellan Behavioral Health processes and service impact measures collected during this quarter.

- Choice of Provider: 87% were aware they could choose their treatment provider
- Knowledge of Magellan Contact: 72% knew how to reach Magellan for questions or benefits
- 24/7 Call Center Awareness: 66% were aware of Magellan’s hotline
- Complaint Process: 69% knew how to file a complaint; only 6% reported ever filing one
- Grievance Process: 69% knew how to file a grievance; none had filed one
- Overall Service Impact: 94% reported their treatment improved quality of life, with 78% saying it made things “much better”

Trends and Insights

- Awareness of consumer rights and MCO contact options continues to improve among adult participants.
- Increased referrals to community-based recovery supports.
- High satisfaction among MedVan users and individuals engaged in consistent outpatient care.
- Opportunity for provider education on advance directives and complaint/grievance processes.

- Strong recovery outcomes: 100% reported that treatment improved quality of life and supported engagement in care decisions

Adult Demographic					
provider	Via phone - 0	In person - 27	phone- 5		
2. What is the location where survey was completed?	CFST - 0	PEN - 8	LTSR- 10	ACRP - 6	Nulton - 6
3. How old are you? age 1 = under 17 2= 18-24 3= 24-44 4=45-64 5 = 65 and older	under 17 - 0	18-24 - 0	24-44 - 22	45-64 - 10	65 and older - 0
4. Zip code	15901 - 11	15931 - 9	15902 - 4	15906 - 2	16630 - 2
5. Are you homeless or at risk of homelessness? 1 = yes 2= no 3= homeless but getting help	Yes - 4	No - 24	Yes, but receiving help - 4		
6. Do you use the food banks?	Yes - 11	No - 21			
7. Do you use the MedVan	Yes - 9	No - 23			
8. Are you satisfied with MedVan? 1= yes 2= no 3= N/A	Yes - 8	No - 2	N/A - 22		
9. Do you have a Family Doctor?	Yes - 14	No - 18			
Has your provider offered you information on Tobacco Recovery? 1= yes 2= no 3= NA	Yes - 3	No - 6	N/A - 23		
During your initial intake did your provider offer you information on Advance Directives 1= yes 2= no 3= can't remember	Yes - 9	No - 6	Can't remember - 17		
Would you like to participate in HealthChoices meetings or as a complaint and grievance panel member?	Yes - 0	No - 32			
Have you utilized the Favor Recovery Center	Yes - 8	No - 24			
Have you utilized the PEN Drop In Center?	Yes - 11	No - 21			
Has treatment your received helped you obtain or maintain employment? 1= yes 2= no 3= N/A	Yes - 5	No - 1	N/A - 26		
Are there any barriers preventing you from attending your appointments?	Yes - 3	No - 29			
Did your provider offer you a Peer Support Specialist?	Yes - 25	No - 7			
Did you provider offer you a Recovery Support Specialist?	Yes - 15	No - 17			
MCO/SQ					
Q1 Did you know that you can choose where you get your treatment?	Yes- 28	No - 4			
Q2 If you have questions about your benefits or treatment options do you know how to contact Magellan?	Yes - 23	No - 9			
Q3 Before completing this survey, did you know you can call all the Magellan member call center 24/7?	Yes - 21	No - 11			
Q4 Have you called the Magellan member call center?	Yes - 4	No - 28			
Q4a. If yes, were you satisfied with outcome 1= yes 2= no 3= N/A	Yes - 2	No - 0	N/A - 30		
Q5 Are you aware of how to file a complaint?	Yes - 22	No - 10			
Q6 Have you ever filed complaint?	Yes - 2	No - 30			
Q6a. If yes, were you satisfied? 1= yes 2= no 3= NA	Yes - 0	No - 1	N/A - 31		
Q7 Are you aware of how to file a grievance?	Yes - 22	No - 10			
Q8 Have you ever filed a grievance?	Yes - 0	No - 32			
Q8a If yes, were you satisfied? 1= yes 2= no 3= NA	Yes - 0	No - 0	N/A - 32		
SQ1. In the last 12 months was your child able to get the help that they needed? 1= yes 2= sometimes 3= never	Yes - 30	Sometimes - 2	Never - 0		
SQ2 Were you and your child given the chance to make treatment decisions? 1= yes 2= sometimes 3= never	Yes - 23	Sometimes - 9	Never - 0		
SQ3 What effects has the treatment you received had on the quality of your child's life? 1= much better 2= a little better 3= about the same 4 = a little worse 5 = much worse	Much Better - 25	A Little Better - 5	About the Same - 2	A Little Worse - 0	Much Worse - 0

IV. Adult Mental Health Services

A total of 66 surveys were completed across six levels of care. Satisfaction remained at or near 100% across all service lines, demonstrating strong engagement, accessibility, and provider respect.

Category	# Surveys	Satisfaction
Medication Management	17	100%
Outpatient Therapy	13	100%
Walk-In Crisis	1	100%
Certified Peer Specialist (CPS)	14	100%
Blended Case Management (BCM)	12	100%
Inpatient	9	100%

Trends and Insights

- Participants consistently rated providers as respectful, empathetic, and empowering.
- 100% reported feeling listened to and supported in their recovery.
- Increased awareness of available supports such as Peer Support Services & Drop-In Centers.
- Most services were delivered in-person (90%), with minimal use of telehealth.
- Employment and housing stability improved among participants with consistent provider engagement.

MED MANAGEMENT			
Q1 Provider			
Q2 How are you receiving your services? 1= in person 2= telehealth 3= both	In person - 14	Telehealth - 1	Both - 2
Q3 Were you offered an appointment with your prescriber within 90 days?	Yes - 17	No - 0	
Q4 Are the services provided sensitive to your race, religion, and ethnic background?	Yes - 16	No - 1	
Q5 Do you feel that you can talk openly/ freely to the provider?	Yes - 17	No - 0	
Q6 Do you feel that the provider instills hope regarding your future?	Yes - 17	No - 0	
Q7 Do you feel that the provider listens to you?	Yes - 17	No - 0	
Q8 Are staff respectful and friendly?	Yes - 17	No - 0	
Q9 Are you given the chance to ask treatment questions?	Yes - 17	No - 0	
Q10 Are the medications and their possible side effects explained clearly to you?	Yes - 17	No - 0	
Q11 Would you feel comfortable filing a complaint if you have a problem with the provider?	Yes - 17	No - 0	
Q12 Do you feel that you are getting the help that you need?	Yes - 17	No - 0	
Q13 Are you satisfied with provider?	Yes - 17	No - 0	

THERAPY			
Q1 Provider			
Q2 How are you receiving your services? 1= in person 2= telehealth 3= both	In person - 13	Telehealth - 0	Both - 0
Q3 Were you offered an appointment with your prescriber within 90 days?	Yes - 13	No - 0	
Q4 Are the services provided sensitive to your race, religion, and ethnic background?	Yes - 13	No - 0	
Q5 Do you feel that you can talk openly/ freely to the provider?	Yes - 13	No - 0	
Q6 Do you feel that the provider instills hope regarding your future?	Yes - 13	No - 0	
Q7 Do you feel that the provider listens to you?	Yes - 13	No - 0	
Q8 Are staff respectful and friendly?	Yes - 13	No - 0	
Q9 Are you given the chance to ask treatment questions?	Yes - 13	No - 0	
Q10 Would you feel comfortable filing a complaint if you had a problem with the provider?	Yes - 13	No - 0	
Q11 Do you feel that you are getting the help that you need?	Yes - 13	No - 0	
Q12 Are you satisfied with provider?	Yes - 13	No - 0	

WALK IN CRISIS			
Q1 Provider			
Q2 Are the services provided sensitive to your race, religion, and ethnic background?	Yes - 1	No - 0	
Q3 Do you feel that the provider listens to you?	Yes - 1	No - 0	
Q4 Are the staff respectful and friendly?	Yes - 1	No - 0	
Q5 Did you meet with a peer?	Yes - 1	No - 0	
Q6 Do you feel that the provider instills hope regarding your future?	Yes - 1	No - 0	
Q7 Were you satisfied with your services?	Yes - 1	No - 0	
Q8 Did you receive community resources?	Yes - 1	No - 0	
Q9 Did you receive a follow up appointment for treatment?	Yes - 1	No - 0	
Q10 What most did you like about your experience?	1. "Everyone"		
Q11 What would you improve?	1. "Everything was good"		
Q12 Would you feel comfortable filing a complaint if you had a problem with the provider?	Yes - 1	No - 0	

CPS			
Q1 Provider			
Q2 How are you receiving your services? 1= in person 2= telehealth 3= both	In Person - 14	Telehealth - 0	Both - 0
Q3 Are the services provided sensitive to your race, religion, and ethnic background?	Yes - 14	No - 0	
Q4 Do you feel that the provider listens to you?	Yes - 14	No - 0	
Q5 Are the staff respectful and friendly?	Yes - 14	No - 0	
Q6 Do you feel that the provider instills hope regarding your future?	Yes - 14	No - 0	
Q7 Do you participate in treatment planning goals?	Yes - 14	No - 0	
Q8 Do you meet the provider enough to meet your needs?	Yes - 14	No - 0	
Q9 Does the provider encourage you to make your own choices and be responsible for them?	Yes - 14	No - 0	
Q10 Does the provider encourage you to advocate for yourself?	Yes - 14	No - 0	
Q11 Do you feel that this provider is knowledgeable about resources and support in the community?	Yes - 14	No - 0	
Q12 After your intake, were you offered appt within 30 days?	Yes - 14	No - 0	
Q13 Does the provider meet you at a location that is most convenient for you?	Yes - 14	No - 0	Sometimes
Q14 How long have you had services? 1=1-11months 2= 1-3 years 3= over 3 years	1 - 11 months - 7	1-3 years - 7	over 3 years - 0
Q15 Would you feel comfortable filing a complaint if you had a problem with the provider?	Yes - 14	No - 0	
Q16 Do you feel that this service is helping?	Yes - 14	No - 0	
Q17 Are you satisfied with the provider?	Yes - 14	No - 0	

BCM			
Q1 Provider			
Q2 How are you receiving your services? 1= in person 2= telehealth 3= both	In Person - 12	Telehealth - 0	Both - 0
Q3 Are the services provided sensitive to your race, religion, and ethnic background?	Yes - 12	No - 0	
Q4 After your intake, were you offered appt within 30 days?	Yes - 12	No - 0	
Q5 Does the provider meet you at a location that is most convenient for you?	Yes - 11	No - 0	Sometimes - 1
Q6 Do you feel that the provider listens to you?	Yes - 12	No - 0	
Q7 Are the staff respectful and friendly?	Yes - 11	No - 1	
Q8 Do you feel that the provider instills hope regarding your future?	Yes - 12	No - 0	
Q9 Do you participate in treatment planning goals?	Yes - 11	No - 1	
Q10 Do you meet the provider enough to meet your needs?	Yes - 10	No - 2	
Q11 Does the provider encourage you to make your own choices and be responsible for them?	Yes - 12	No - 0	
Q12 Does the provider encourage you to advocate for yourself?	Yes - 12	No - 0	
Q13 Do you feel that this provider is knowledgeable about resources and support in the community?	Yes - 12	No - 0	
Q14 How long had service 1=1-11months 2= 1-3 years 3= over 3 years	1 - 11 months - 1	1-3 years - 4	over 3 years - 1
Q15 Would you feel comfortable filing a complaint if you had a problem with the provider?	Yes - 12	No - 0	
Q16 Do you feel that this service is helping?	Yes - 12	No - 0	
Q17 Are you satisfied with the provider?	Yes - 12	No - 0	

INPT		
Q1 Provider		
Q2 Are the services provided sensitive to your race, religion, and ethnic background?	Yes - 9	No - 0
Q3 Do you feel that the provider listens to you?	Yes - 8	No - 1
Q4 Are staff respectful and friendly?	Yes - 9	No - 0
Q5 Do you feel that the provider instills hope regarding your future?	Yes - 9	No - 0
Q6 Are you given the chance to ask treatment questions?	Yes - 9	No - 0
Q7 Are the medications and their possible side effects explained clearly to you?	Yes - 9	No - 0
Q8 Are you learning coping skills that help you manage your symptoms?	Yes - 9	No - 0
Q9 Do you feel that this is a safe place to express yourself?	Yes - 8	No - 1
Q10 Are group session offered?	Yes - 9	No - 0
Q11 Would you feel comfortable filing a complaint if you had a problem with the provider?	Yes - 9	No - 0
Q12 Do you feel that this service helped you?	Yes - 9	No - 0
Q13 Were you offered an appointment within 7 days of discharge?	Yes - 9	No - 0
Q14 Did you attend your follow up appointment?	Yes - 9	No - 0
Q14a If no, why		
Q15 Are satisfied with provider?	Yes - 9	No - 0

IX. Family/Child Demographics and MCO Awareness Summary

Demographic Overview

A total of 12 family participants completed satisfaction surveys during Q1 2025–2026. The following summary reflects household characteristics, care access, and engagement levels.

- Total Respondents: 12
- Survey Method: 9 (by phone), 3 (in-person)
- Survey Sites: CFST (10), PEN (2)
- Age Group: 100% of children were under age 17
- Housing Stability: 100% reported stable housing
- Food Insecurity: 58% reported using food banks
- Transportation: 25% used the MedVan; among users, 50% were satisfied
- Healthcare Access: 92% reported having a family doctor
- Advance Directives: 33% recalled being offered information; 67% could not remember
- Community Engagement: None expressed interest in joining HealthChoices or grievance panels

MCO & Service Quality Awareness (MCO/SQ)

This section reflects caregiver awareness of Magellan Behavioral Health resources, complaint procedures, and the overall impact of treatment on child and family outcomes.

- Choice of Provider: 100% knew they could choose their child's treatment provider
- Knowledge of Magellan Contact: 75% knew how to contact Magellan for questions or benefits
- 24/7 Call Center Awareness: 67% were aware of the Magellan hotline
- Complaint Process: 58% knew how to file a complaint; none reported filing one
- Grievance Process: 67% knew how to file a grievance; none reported filing one
- Quality of Care: 100% reported their child received needed help in the past 12 months
- Shared Decision-Making: 100% said they were included in treatment decisions
- Treatment Impact: 67% said treatment made life "much better," 33% "a little better"

Trends and Insights

- Families reported consistently positive outcomes and satisfaction with service accessibility.
- Awareness of complaint and grievance procedures remains lower than adult participants, suggesting continued education is needed.
- Providers continue to perform strongly in supporting family engagement and shared treatment planning.
- Transportation and food access remain mild barriers for a small portion of families.

Family Demographic					
1. How was this survey conducted? 1= in person 2= phone 3= via phone @ provider	in person - 3	phone - 9	at providers via phone - 0		
2. What is the location where survey was completed?	CFST - 10	PEN - 2			
3. How old are you? age1 = under 17 2= 18-24 3= 24-44 4=45-64 5 = 65 and older	under 17 - 12				
4. Zip code	15901 - 3	15905 - 5	15906 - 4		
5. Are you homeless or at risk of homelessness? 1 = yes 2= no 3= homeless but getting help	No -12				
6. Do you use the food banks?	Yes - 7	No - 5			
7. Do you use the MedVan	Yes - 3	No - 9			
8. Are you satisfied with MedVan? 1= yes 2= no 3= N/A	1=Yes - 2	2=No - 2	3=N/A - 8		
9. Do you have a Family Doctor?	Yes -11	No - 1			
Has your provider offered you information on Tobacco Recovery? 1= yes 2= no 3= NA	1 =Yes - 0	2=No -1	3=N/A - 11		
During your initial intake did your provider offer you information on Advance Directives 1= yes 2= no 3= can't remember	1= Yes -0	2= No - 4	3= Can't remember - 8		
Would you like to participate in HealthChoices meetings or as a complaint and grievance panel member?	Yes - 0	No -12			
MCO/SQ					
Q1 Did you know that you can choose where you get your treatment?	Yes- 12	No - 0			
Q2 If you have questions about your benefits or treatment options do you know how to contact Magellan?	Yes - 9	No - 3			
Q3 Before completing this survey, did you know you can call all the Magellan member call center 24/7?	Yes - 8	No - 4			
Q4 Have you called the Magellan member call center?	Yes - 0	No - 12			
Q4a. If yes, were you satisfied with outcome 1= yes 2= no 3= N/A	Yes - 0	No - 0	N/A - 12		
Q5 Are you aware of how to file a complaint?	Yes - 7	No 5			
Q6 Have you ever filed complaint?	Yes - 0	No - 12			
Q6a. If yes, were you satisfied? 1= yes 2= no 3= NA	Yes - 0	No - 0	N/A - 12		
Q7 Are you aware of how to file a grievance?	Yes - 8	No - 4			
Q8 Have you ever filed a grievance?	Yes - 0	No - 12			
Q8a If yes, were you satisfied? 1= yes 2= no 3= NA	Yes - 0	No - 0	N/A - 12		
SQ1. In the last 12 months was your child able to get the help that they needed? 1= yes 2= sometimes 3= never	Yes - 12	Sometimes - 0	Never - 0		
SQ2 Were you and your child given the chance to make treatment decisions? 1= yes 2= sometimes 3= never	Yes - 12	Sometimes - 0	Never - 0		
SQ3 What effects has the treatment you received had on the quality of your child's life? 1= much better 2= a little better 3= about the same 4 = a little worse 5 = much worse	Much Better -8	A Little Better - 4	About the Same - 0	A Little Worse - 0	Much Worse -0

V. Family/Child Services

A total of 37 Family/Child surveys were completed across multiple levels of care. All respondents indicated satisfaction, reflecting strong family engagement, effective communication, and overall trust in their providers.

Category	# Surveys	Satisfaction
Medication Management	8	100%
Therapy	8	100%
Blended Case Management (BCM)	1	100%
After School Program (ASP)	1	100%
STAP	1	100%
BHT	7	100%
BC	7	100%
Family Based	4	100%

Trends and Insights

- All Family/Child respondents reported being satisfied with their provider.
- Families emphasized positive communication and trust in staff.
- Providers were praised for fostering inclusion and collaborative care.
- 100% indicated services were sensitive to race, culture, and family needs.
- High engagement with behavioral health technician (BHT) and behavioral consultant (BC) programs.

MED MANAGEMENT			
Q1 Provider			
Q2 How are you receiving your services? 1= in person 2= telehealth 3= both	In person - 8	Telehealth - 0	Both - 0
Q3 Were you offered an appointment with your prescriber within 90 days?	Yes - 8	No - 0	
Q4 Are the services provided sensitive to your race, religion, and ethnic background?	Yes - 8	No - 0	
Q5 Do you feel that you can talk openly/ freely to the provider?	Yes - 8	No - 0	
Q6 Do you feel that the provider instills hope regarding your future?	Yes - 8	No - 0	
Q7 Do you feel that the provider listens to you?	Yes - 8	No - 0	
Q8 Are staff respectful and friendly?	Yes - 8	No - 0	
Q9 Are you given the chance to ask treatment questions?	Yes - 8	No - 0	
Q10 Are the medications and their possible side effects explained clearly to you?	Yes - 8	No - 0	
Q11 Would you feel comfortable filing a complaint if you have a problem with the provider?	Yes - 8	No - 0	
Q12 Do you feel that you are getting the help that you need?	Yes - 8	No - 0	
Q13 Are you satisfied with provider?	Yes - 8	No - 0	

THERAPY			
Q1 Provider			
Q2 How are you receiving your services? 1= in person 2= telehealth 3= both	In person - 8	Telehealth - 0	Both - 0
Q3 Were you offered an appointment with your prescriber within 90 days?	Yes - 8	No - 0	
Q4 Are the services provided sensitive to your race, religion, and ethnic background?	Yes - 8	No - 0	
Q5 Do you feel that you can talk openly/ freely to the provider?	Yes - 8	No - 0	
Q6 Do you feel that the provider instills hope regarding your future?	Yes - 8	No - 0	
Q7 Do you feel that the provider listens to you?	Yes - 8	No - 0	
Q8 Are staff respectful and friendly?	Yes - 8	No - 0	
Q9 Are you given the chance to ask treatment questions?	Yes - 8	No - 0	
Q10 Would you feel comfortable filing a complaint if you had a problem with the provider?	Yes - 8	No - 0	
Q11 Do you feel that you are getting the help that you need?	Yes - 8	No - 0	
Q12 Are you satisfied with provider?	Yes - 8	No - 0	

BCM			
Q1 Provider			
Q2 How are you receiving your services? 1= in person 2= telehealth 3= both	1= In Person - 1	2= Telehealth - 0	3= Both - 0
Q3 Are the services provided sensitive to your race, religion, and ethnic background?	Yes - 1	No - 0	
Q4 After your intake, were you offered appt within 30 days?	Yes - 1	No - 0	
Q5 Does the provider meet you at a location that is most convenient for you?	Yes - 1	No - 0	
Q6 Do you feel that the provider listens to you?	Yes - 1	No - 0	
Q7 Are the staff respectful and friendly?	Yes - 1	No - 0	
Q8 Do you feel that the provider instills hope regarding your future?	Yes - 1	No - 0	
Q9 Do you participate in treatment planning goals?	Yes - 1	No - 0	
Q10 Do you meet the provider enough to meet your needs?	Yes - 1	No - 0	
Q11 Does the provider encourage you to make your own choices and be responsible for them?	Yes - 1	No - 0	
Q12 Does the provider encourage you to advocate for yourself?	Yes - 1	No - 0	
Q13 Do you feel that this provider is knowledgeable about resources and support in the community?	Yes - 1	No - 0	
Q14 How long had service 1=1-11months 2= 1-3 years 3= over 3 years	1= 1 - 11 months - 1	2= 1-3 years - 0	years - 0
Q15 Would you feel comfortable filing a complaint if you had a problem with the provider?	Yes - 1	No - 0	
Q16 Do you feel that this service is helping?	Yes - 1	No - 0	
Q17 Are you satisfied with the provider?	Yes - 1	No - 0	

ASP			
Q1 Provider			
Q2 Does the provider return your calls promptly?	Yes - 1	No - 0	
Q3 Are the staff respectful and friendly?	Yes - 1	No - 0	
Q4 Do you feel that the provider instills hope regarding your future?	Yes - 1	No - 0	
Q5 Are the services provided sensitive to your race, religion, and ethnic background?	Yes - 1	No - 0	
Q6 Do you feel that the provider listens to you?	Yes - 1	No - 0	
Q7 Do you feel that this provider is knowledgeable about resources and support in the community?	Yes - 1	No - 0	
Q8 Do you meet the provider enough to meet your needs?	Yes - 1	No - 0	
Q9 Do you and your child participate in treatment planning goals?	Yes - 1	No - 0	
Q10 Does the provider keep you updated with progress and concerns?	Yes - 1	No - 0	
Q11 Has your provider discussed discharge & transition plan?	Yes - 1	No - 0	
Q12 Were you satisfied with ISPT meeting?	Yes - 1	No - 0	
Q13 Do you feel that your child is getting the help they need?	Yes - 1	No - 0	
Q14 Would you feel comfortable filing a complaint if you had a problem with the provider?	Yes - 1	No - 0	
Q15 Are you satisfied with the provider?	Yes - 1	No - 0	

STAP		
Q1 Provider		
Q2 Does the provider return your calls promptly?	Yes - 1	No - 0
Q3 Are the staff respectful and friendly?	Yes - 1	No - 0
Q4 Do you feel that the provider instills hope regarding your future?	Yes - 1	No - 0
Q5 Are the services provided sensitive to your race, religion, and ethnic background?	Yes - 1	No - 0
Q6 Do you feel that the provider listens to you?	Yes - 1	No - 0
Q7 Do you feel that this provider is knowledgeable about resources and support in the community?	Yes - 1	No - 0
Q8 Do you meet the provider enough to meet your needs?	Yes - 1	No - 0
Q9 Do you and your child participate in treatment planning goals?	Yes - 1	No - 0
Q10 Does the provider keep you updated with progress and concerns?	Yes - 1	No - 0
Q11 Has your provider discussed discharge & transition plan?	Yes - 1	No - 0
Q12 Were you satisfied with ISPT meeting?	Yes - 1	No - 0
Q13 Do you feel that your child is getting the help they need?	Yes - 1	No - 0
Q14 Would you feel comfortable filing a complaint if you had a problem with the provider?	Yes - 1	No - 0
Q15 Are you satisfied with the provider?	Yes - 1	No - 0

BHT			
Q1 Provider			
Q2 Does the provider returns your calls promptly?	Yes - 7	No - 0	
Q3 How are you receiving your services? 1= in person 2= telehealth 3= both	1= In person - 3	2= Telehealth - 0	3= Both - 4
Q4 Are the staff respectful and friendly?	Yes - 7	No - 0	
Q5 Do you feel that the provider instills hope regarding your future?	Yes - 7	No - 0	
Q6 Are the services provided sensitive to your race, religion, and ethnic background?	Yes - 7	No - 0	
Q7 Do you feel that the provider listens to you?	Yes - 7	No - 0	
Q8 Do you feel that this provider is knowledgeable about resources and supports in the community?	Yes - 7	No - 0	
Q9 Do you meet the provider enough to meet your needs?	Yes - 7	No - 0	
Q10 Do you and your child participate in treatment planning goals?	Yes - 7	No - 0	
Q11 Does the provider keep you updated with progress and concerns?	Yes - 7	No - 0	
Q12 Has your provider discussed discharge and transition plan?	Yes - 7	No - 0	
Q13 Were you satisfied with ISPT meeting?	Yes - 7	No - 0	
Q14 Do you feel that your child is getting the help they need?	Yes - 7	No - 0	
Q15 Would you feel comfortable filing a complaint if you have a problem with the provider?	Yes - 7	No - 0	
Q16 Are you satisfied with the provider?	Yes - 7	No - 0	
Q17 How long have you had services? 1=1-11months 2= 1-3 years 3= over 3 years	1= 1-11 months - 5	2= 1-3 Years - 2	3= Over 3

BC			
Q1 Provider			
Q2 Does the provider returns your calls promptly?	Yes - 7	No - 0	
Q3 How are you receiving your services? 1= in person 2= telehealth 3= both	1= In person -3	2= Telehealth - 0	3= Both - 4
Q4 Are the staff respectful and friendly?	Yes - 7	No - 0	
Q5 Do you feel that the provider instills hope regarding your future?	Yes - 7	No - 0	
Q6 Are the services provided sensitive to your race, religion, and ethnic background?	Yes - 7	No - 0	
Q7 Do you feel that the provider listens to you?	Yes - 7	No - 0	
Q8 Do you feel that this provider is knowledgeable about resources and supports in the community?	Yes - 7	No - 0	
Q9 Do you meet the provider enough to meet your needs?	Yes - 7	No - 0	
Q10 Do you and your child participate in treatment planning goals?	Yes - 7	No - 0	
Q11 Does the provider keep you updated with progress and concerns?	Yes - 7	No - 0	
Q12 Has your provider discussed discharge and transition plan?	Yes - 7	No - 0	
Q13 Were you satisfied with ISPT meeting?	Yes - 7	No - 0	
Q14 Do you feel that your child is getting the help they need?	Yes - 7	No - 0	
Q15 Would you feel comfortable filing a complaint if you have a problem with the provider?	Yes - 7	No - 0	
Q16 Are you satisfied with the provider?	Yes - 7	No - 0	
Q17 How long have you had services 1=1-11months 2= 1-3 years 3= over 3 years	1= 1-11 months - 5	2= 1-3 Years - 2	3= Over 3 years - 0

FAMILY BASED			
Q1 Provider			
Q2 Does the provider returns your calls promptly?	Yes - 4	No - 0	
Q3 How are you receiving your services? 1= in person 2= telehealth 3= both	1= In person - 4	2= Telehealth - 0	3= Both - 0
Q4 Are the staff respectful and friendly?	Yes - 4	No - 0	
Q5 Do you feel that the provider instills hope regarding your future?	Yes - 4	No - 0	
Q6 Are the services provided sensitive to your race, religion, and ethnic background?	Yes - 4	No - 0	
Q7 Do you feel that the provider listens to you?	Yes - 4	No - 0	
Q8 Do you feel that this provider is knowledgeable about resources and supports in the community?	Yes - 4	No - 0	
Q9 Do you meet the provider enough to meet your needs?	Yes - 4	No - 0	
Q10 Do you and your child participate in treatment planning goals?	Yes - 4	No - 0	
Q11 Does the provider keep you updated with progress and concerns?	Yes - 4	No - 0	
Q12 Has your provider discussed discharge & transition plan?	Yes - 4	No - 0	
Q13 Were you satisfied with ISPT meeting?	Yes - 4	No - 0	
Q14 Do you feel that your child is getting the help they need?	Yes - 4	No - 0	
Q15 Would you feel comfortable filing a complaint if you have a problem with the provider?	Yes - 4	No - 0	
Q16 Are you satisfied with the provider?	Yes - 4	No - 0	

VI. Adult Drug & Alcohol (D&A) Services

Seventeen surveys were completed across five D&A service lines. Overall satisfaction remained high at 94%, with minor variation noted in rehabilitation settings.

Category	# Surveys	Satisfaction
D&A Rehab	4	75%
CRS (Certified Recovery Specialist)	3	100%
D&A Outpatient	6	100%
Methadone	3	100%
Suboxone	1	100%

Trends and Insights

- D&A participants largely reported satisfaction with staff and recovery support.
- Rehab programs reflected minor dissatisfaction related to consistency and communication.
- Peer-led and recovery-oriented programs continue to perform strongly.
- Methadone and Suboxone programs maintained full satisfaction and improved understanding of treatment goals.

D&A REHAB		
Q1 Provider		
Q2 Are the services provided sensitive to your race, religion, and ethnic background?	Yes - 3	No - 1
Q3 Do you feel that the provider listens to you?	Yes - 3	No - 1
Q4 Are staff respectful and friendly?	Yes - 3	No - 1
Q5 Do you feel that the provider instills hope regarding your future?	Yes - 3	No - 1
Q6 Are you given the chance to ask treatment questions?	Yes - 3	No - 1
Q7 Are the medications and their possible side effects explained clearly to you?	Yes - 3	No - 1
Q8 Are you learning coping skills that help you manage your symptoms?	Yes - 3	No - 1
Q9 Do you feel that this is a safe place to express yourself?	Yes - 3	No - 1
Q10 Are group session offered?	Yes - 3	No - 1
Q11 Would you feel comfortable filing a complaint if you had a problem with the provider?	Yes - 3	No - 1
Q12 Do you feel that this service helped you?	Yes - 3	No - 1
Q13 Are satisfied with provider?	Yes - 3	No - 1

CRS				
Q1 Provider				
3= both background?	In Person - 3	Telehealth - 0	Both - 0	
Q4 Do you feel that the provider listens to you?	Yes - 3	No - 0		
Q5 Are the staff respectful and friendly?	Yes - 3	No - 0		
Q6 Do you feel that the provider instills hope regarding your future?	Yes - 3	No - 0		
Q7 Do you participate in treatment planning goals?	Yes - 3	No - 0		
Q8 Do you meet the provider enough to meet your needs?	Yes - 3	No - 0		
Q9 Does the provider encourage you to make your own choices and be responsible for them?	Yes - 3	No - 0		
Q10 Does the provider encourage you to advocate for yourself?	Yes - 3	No - 0		
Q11 Do you feel that this provider is knowledgeable about resources and support in the community?	Yes - 3	No - 0		
Q12 After your intake, were you offered appt within 30 days?	Yes - 3	No - 0		
Q13 Does the provider meet you at a location that is most convenient for you?	Yes - 3	No - 0	Sometimes - 0	
Q14 How long have you had services? 1=1-11months 2= 1-3 years 3= over 3 years	1 - 11 months - 3	1-3 years - 0	over 3 years - 0	
Q15 Would you feel comfortable filing a complaint if you had a problem with the provider?	Yes - 3	No - 0		
Q16 Do you feel that this service is helping?	Yes - 3	No - 0		
Q17 Are you satisfied with the provider?	Yes - 3	No - 0		

D&A OUTPT					
Q1 Provider					
Q2 Are the services provided sensitive to your race, religion, and ethnic background?	Yes - 6	No - 0			
Q3 Do you feel that the provider listens to you?	Yes - 6	No - 0			
Q4 Are staff respectful and friendly?	Yes - 6	No - 0			
Q5 Do you feel that the provider instills hope regarding your future?	Yes - 6	No - 0			
Q6 Are you given the chance to ask treatment questions?	Yes - 6	No - 0			
Q7 Does the provider talk to you about how medications are working for you?	Yes - 6	No - 0			
Q8 Are the medications and their possible side effect explained to you?	Yes - 6	No - 0			
Q9 How often do you participate in therapy?1=Once a week 2= Twice or more a week 3= Once a month 4= Never 5= N/A	Once a week -2	Twice or more a week - 0	Once a month - 0	Never - 4	N/A - 0
Q10 How long have you had this service?	1-11 months - 5	1-3 years - 1	Over 3 years - 0		
Q11 Would you feel comfortable filing a complaint if you had a problem with the provider?	Yes - 6	No - 0			
Q13 Are satisfied with provider?	Yes - 6	No - 0			

METHADONE					
Q1 Provider					
Q2 Are the services provided sensitive to your race, religion, and ethnic background?	Yes - 3	No - 0			
Q3 Do you feel that the provider listens to you?	Yes - 3	No - 0			
Q4 Are staff respectful and friendly?	Yes - 3	No - 0			
Q5 Do you feel that the provider instills hope regarding your future?	Yes - 3	No - 0			
Q6 Are you given the chance to ask treatment questions?	Yes - 3	No - 0			
Q7 Does the provider talk to you about how medications are working for you?	Yes - 3	No - 0			
Q8 Are the medications and their possible side effect explained to you?	Yes - 3	No - 0			
Q9 How often do you participate in therapy? 1=Once a week 2= Twice or more a week 3= Once a month 4= Never 5= N/A	Once a week -0	Twice or more a week - 0	Once a month - 0	Never - 1	N/A - 2
Q10 How long have you had this service?	1-11 months - 1	1-3 years - 1	Over 3 years - 1		
Q11 Would you feel comfortable filing a complaint if you had a problem with the provider?	Yes - 3	No - 0			
Q13 Are satisfied with provider?	Yes - 3	No - 0			

SUBOXONE						
Q1 Provider						
Q2 Are the services provided sensitive to your race, religion, and ethnic background?	Yes - 1	No - 0				
Q3 Do you feel that the provider listens to you?	Yes - 1	No - 0				
Q4 Are staff respectful and friendly?	Yes - 1	No - 0				
Q5 Do you feel that the provider instills hope regarding your future?	Yes - 1	No - 0				
Q6 Are you given the chance to ask treatment questions?	Yes - 1	No - 0				
Q7 Does the provider talk to you about how medications are working for you?	Yes - 1	No - 0				
Q8 Are the medications and their possible side effect explained to you?	Yes - 1	No - 0				
Q9 How often do you participate in therapy? 1=Once a week 2= Twice or more a week 3= Once a month 4= Never 5= N/A	Once a week - 0	Twice or more a week - 0	Once a month - 0	Never - 1	N/A - 0	
Q10 How long have you had this service?	1-11 months -	1-3 years -	Over 3 years - 1			
Q11 Would you feel comfortable filing a complaint if you had a problem with the provider?	Yes - 1	No -				
Q13 Are satisfied with provider?	Yes - 1	No -				

VII. System-Wide Summary and Trends

Across all surveyed programs, overall satisfaction averaged 98.9%. Family/Child and Adult Mental Health programs achieved perfect satisfaction scores. Participants consistently described staff as respectful, services as accessible, and treatment environments as supportive.

- Strengths: Provider respect, empowerment, engagement, and improved access.
- Areas to Monitor: D&A rehab feedback regarding staff consistency and follow-up.
- Positive Trends: Expanded peer support participation, enhanced family collaboration, and increased awareness of available community resources.