

C/FST Quarter Report (3)

Survey breakdown:

Adult Mental Health – 60 surveys were completed

Adult Drug & Alcohol – 16 surveys were completed

Family/Children – 40 surveys were completed

Family/Children Drug & Alcohol – 0 surveys were completed

29 Total participants 116 Total of completed surveys

Demographics & Community Resources Questions: There was a total of **29** individuals that participated in **Quarter 3** surveys.

1. Age of participants:

Under 17	5	individuals
18 – 24	2	individuals
25 - 44	16	individuals
45 - 64	5	individuals
65+	1	individual

2. The question in regards to homelessness and/or at risk. Of the **29** individuals that participated, **4** stated that they were homeless or at risk of homelessness. Of the four **2** stated they were currently receiving assistance. The other **2** were referred to the Women’s Help Center.

3. Do you use the local food banks?
14 No (48%) 15 Yes (52%)

4. Do you use MATP services? (Med-Van)
16 No (55%) 13 Yes (45%)

5. Are you satisfied with MATP? (Med-Van)
15 Does not apply (52%) 11 Yes (38%) 3 No (10%)

6. Do you have a family doctor?
27 Yes (93%) 2 No (7%)

7. Are there any barriers that prevent you from keeping your Mental Health and/or D&A appointments? 21 No (72%) 8 Yes (28%) 0 Does not apply (0%)

Specific questions regarding education from providers.

Tobacco Recovery

3 (10%) No 15 (50%) Yes 11 (40%) Does not apply

Would you like information on Tobacco Recovery?

9 (31%) No (0%) Yes 20 (69%) Does not apply

Mental Health Advance Directive

21 (72.5%) Yes 1 (3.4%) No 6 (20.7%) Can't remember 1 (3.4%) Does not apply

Would you like information on Advance Directives?

(%) Yes 4 (13.8%) No 25 (86.2%) Does not apply

Questions regarding the treatment and employment:

Did seeking Mental Health and or D&A treatment services help you to obtain or maintain employment?

4 Yes (14%) 2 No (7%) 23 Does not apply (79%)

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 16 Yes (100%) 0 No (%)

MH Family/Child 7 Yes (100%) 0 No (%)

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

MH Adult 17 Yes (100%) 0 No (%)

MH Family/Child 6 Yes (100%) 0 No (%)

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

Adult CPS 7 Yes (100%) No (%)

Adult CRS Yes (%) No (%)

Adult BCM 8 Yes (100%) No (%)

Family/Child BCM 3 Yes (100%) No (%)

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

Adult CPS 7 Yes (100%) No (%)

Adult CRS Yes (%) No (%)

Adult BCM 8 Yes (100%) No (%)

Family/Child BCM 3 Yes (100%) No (%)

Above 85% Benchmark- Meets Expectations

Between 84%-80% - Satisfaction

Below 79% - Requires Action

No data available

Managed Care Questions: There was a total of **29** individuals that participated in **Quarter 3**.

1. Before completing this survey, did you know that you can call the Magellan member call center 24/7? 26 Yes (90%) 3 No (10%)

2. Before completing this survey, did you know that you can choose where you get your treatment? 29 Yes (100%) No (%)

3. If you had questions about your benefits or treatment options, do you know how to contact Magellan? 29 Yes (100%) No (%)

4. Have you ever called Magellan member call center?
 4 Yes (13.8%) 24 No (82.8%) 1 Does not apply (3.4%)

4a. If you answered yes, were you satisfied with the outcome?
 4 Yes (14%) 1 No (3%) 24 Does not apply (83%)

5. Are you aware of how to file a complaint with Magellan?
 25 Yes (86%) 4 No (14%)

5a. Have you ever filed a complaint with Magellan?
 1 Yes (3.5%) 27 No (93%) 1 Does not apply (3.5%)

5b. If you answered yes, were you satisfied with the outcome?
 Yes (%) 1 No (3%) 28 Does not apply (97%)

6. Are you aware of how to file a grievance with Magellan?
 27 Yes (93%) 2 No (7%)

6a Have you ever filed a grievance with Magellan?
 Yes (%) 29 No (100%)

6b. If you answered yes, were you satisfied with the outcome?
 0 Yes (%) No (%) 29 Does not apply (100%)

Demographics trend results: There are no trends at this time

State Questions: 24 Adult individuals were surveyed during **Q3**

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

22	Yes (ALWAYS)	(92%)
2	Sometimes	(8%)
0	No (NEVER)	(%)

Were you given the chance to make treatment decisions?

17	Yes (ALWAYS)	(98%)
7	Sometimes	(2%)
0	No (NEVER)	(%)

What effect has the treatment you received had on the quality of your life?

The quality of my life is:

14	Much Better	(58%)
7	A Little Better	(29%)
3	About the Same	(13%)
0	A Little Worse	(%)
0	Much Worse	(%)

Child/Family State Questions: 5 Child/Family individuals were surveyed during **Q3**

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

0	Yes (ALWAYS)	(%)
0	Sometimes	(%)
5	No (NEVER)	(100%)

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

3	Yes (ALWAYS)	(60%)
2	Sometimes	(40%)
0	No (NEVER)	(%)

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

2	Much Better	(60%)
3	A Little Better	(40%)

0 About the Same (%)
0 A Little Worse (%)
0 Much Worse (%)

Q1 MH Adult Survey Questions Breakout: 60 surveys were completed with 24 individuals Q3

***Outpatient Med Management (16) * Outpatient Therapy (17) * (4 providers)**

1. Are the services provided sensitive to your race, religion, and ethnic background?
33 Yes (100%) No (%)
2. Do you feel that you can talk freely/openly to the provider?
33 Yes (100%) No (%)
3. Do you feel that your provider instills hope for you regarding your future?
33 Yes (100%) No (%)
4. Do you feel that the provider listens to you?
32 Yes (97%) 1 No (3%)
5. Are staff respectful and friendly?
33 Yes (100%) No (%)
6. Are you given a chance to ask questions about your treatment?
33 Yes (100%) No (%)
7. Are your medications and their possible side effects clearly explained?
17 Yes (100%) No (%) 22 Does not apply (%)
8. If you had a problem with your provider would you feel comfortable filing a complaint?
31 Yes (94%) 2 No (6%)
9. Do you feel that you are getting the help that you need?
33 Yes (100%) No (%)
10. Are you satisfied with the provider?
32 Yes (97%) No (3%)

*** Blended Case Management (8) * Peer Support (7) *Crisis (4) * (4 providers)**

1. Are the services provided sensitive to your race, religion, and ethnic background?
19 Yes (100 %) No (%)
2. Do you feel that you can talk freely/openly to the provider?
18 Yes (95%) 1 No (5%)
3. Do you feel that your provider instills hope for you regarding your future?
19 Yes (100%) No (%)
4. Do you meet with the provider enough to meet your needs?
14 Yes (95%) 1 No (5%) 2 Does not apply
5. Do you participate in your treatment planning goals?
15 Yes (100%) No (%) 4 Does not apply

6. Does this provider encourage you in making your own choices and being responsible for those choices? 15 Yes (100%) No (%) 4 Does not apply
7. Does this provider encourage you to advocate for yourself?
 15 Yes (100%) No (%) 4 Does not apply
8. Do you feel that this provider is knowledgeable about the resources and supports in the community? 19 Yes (100%) No (%)
9. If you had a problem with this provider would you feel comfortable filing a complaint?
 18 Yes (95%) 1 No (5%)
10. How long have you had this service?
1-11 months = 4 (27%) 1-3 years = 6 (40%) over 3 years = 5 (33%) 4 Does not apply
11. Do you feel that this service is helping? 19 Yes (100%) No (%)
12. Are you satisfied with this provider? 19 Yes (100%) No (%)

Psych-Rehab (2) * AMH Partial () * (1 Provider)

1. Do you feel that the provider listens to you? 2 Yes (100%) No (%)
2. Are staff respectful and friendly? 2 Yes (100%) No (%)
3. Do you feel that your provider instills hope for you regarding your future?
 2 Yes (100%) No (%)
4. Are the services provided sensitive to your race, religion, and ethnic background?
 2 Yes (100%) No (%)
5. Does the provider give you the chance to ask questions about your treatment?
 2 Yes (100%) No (%)
6. Do you feel that you are getting the education that you need to understand your illness?
 2 Yes (100%) No (%)
7. Are you learning coping skills that help you manage your symptoms?
 2 Yes (100%) No (%)
8. Do you feel that this provider is a safe place to express yourself? 2 Yes (100%) No(%)
9. Do you feel that the group sessions are helpful? 2 Yes (100%) No (%)
10. Do you feel that the provider is knowledgeable about the resources and supports in the community? 2 Yes (100%) No (%)
11. If you had a problem with your provider would you feel comfortable filing a complaint?
 2 Yes (100%) No (%)
12. Do you feel that this service is helping you? 2 Yes (100%) No (%)
13. How long have you had this service?
1-11 months = 4 (27%) 1-3 years = 6 (40%) over 3 years = 5 (33%) 4 Does not apply
14. Are you satisfied with this provider? 2 Yes (100%) No (%)

***MH Inpatient (6) * (5 providers)**

1. Are the services provided sensitive to your race, religion, and ethnic background?
6 Yes (100%) 0 No (%)
2. Do you feel that the provider listens to you? 6 Yes (100%) 0 No (%)
3. Are staff respectful and friendly? 6 Yes (100%) 0 No (%)
4. Do you feel that your provider instills hope for you regarding your future?
6 Yes (100%) 0 No (%)
5. Does the provider give you the chance to ask questions about your treatment?
6 Yes (100%) 0 No (%)
6. Does the provider clearly explain your medications and their possible side effects?
5 Yes (83%) 1 No (17%)
7. Are you learning coping skills that help you manage your symptoms?
6 Yes (100%) 0 No (%)
8. Do you feel that this is a safe place to express yourself?
6 Yes (100%) 0 No (%)
9. Are group sessions offered?
2 Yes (30%) 4 No (70%)
10. If you had a problem with the provider would you feel comfortable filing a complaint?
6 Yes (100%) 0 No (%)
11. Do you feel that this service is/has helped you?
6 Yes (100%) 0 No (%)
12. Are you satisfied with this provider?
4 Yes (67%) 2 No (33%)

Adult Mental Health Summary: There are no trends at this time

D&A Adult Survey Breakout: 16 surveys were completed Q3

***D&A Outpatient (7) * Methadone (bundled) () * Suboxone () * Vivitrol () (2 providers)**

1. Are the services provided sensitive to your race, religion, and ethnic background?
7 Yes (100%) No (%)
2. Do you feel that the provider listens to you? 7 Yes (100%) No (%)
3. Are staff respectful and friendly? 7 Yes (100%) No (%)
4. Do you feel that your provider instills hope for you regarding your future? 7 Yes (100%) No (%)
5. Does the provider give you the chance to ask questions about your treatment? 7 Yes (100%) No (%)
6. Does the provider talk to you about how medications are working for you?
2 Yes (100%) No (%) 5 Does not apply
7. Does the provider clearly explain your medications and their possible side effects?
2 Yes (100%) No (%) 5 Does not apply
8. How often do you participate in therapy?
5 - Once a month = (71%) 1- Twice or more a month = (14.5%)
1- Once a week = (14.5%) (%) Does not apply
9. How long have you been receiving this service?
5 -11 months 4 = (71%) 1-3 years 2 = (29%) over 3 years = (%)
10. If you had a problem with your provider would you feel comfortable filing a complaint?
7 Yes (100%) No (%)
11. Are you satisfied with your provider?
7 Yes (100%) No (%)

***D&A Rehab (9)* (5 providers)**

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

6. Does the provider clearly explain your medications and their possible side effects?
4 Yes (80%) 1 No (20%) 4 Does not apply
7. Are you learning coping skills that help you manage your symptoms?
8 Yes (89%) 1 No (11%)
8. Do you feel that this is a safe place to express yourself?
9 Yes (100%) No (%)
9. Are group sessions offered?
9 Yes (100%) No (%)
10. If you had a problem with the provider would you feel comfortable filing a complaint?
9 Yes (100%) No (%)
11. Do you feel that this service is/has helped you?
8 Yes (89%) 1 No (11%)
12. Are you satisfied with this provider?
8 Yes (89%) 1 No (11%)

Adult D&A Summary: There are no trends at this time

MH Child/Family Survey Breakout 40 surveys were completed in Q3

Outpatient Med Management (7) * Outpatient Therapy (6) * (3 providers)

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

***MH Inpatient (3)* MH CRR () * MH RTF (2) * (5 Providers)**

1. Were you offered an appointment within 7 days of discharge from MH inpatient?
5 Yes (100%) No (%)
2. Were you re-admitted within 30 days of your discharge?
5 Yes (100%) No (%)
3. Are the services provided sensitive to your race, religion, and ethnic background?
5 Yes (100%) No (%)
4. Do you feel that the provider listens to you?
5 Yes (100%) No (%)
5. Are staff respectful and friendly
5 Yes (100%) No (%)

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

***Blended Case Management (3) * Crisis (2) ***

(3 provider)

1. Are the services provided sensitive to your race, religion, and ethnic background?
5 Yes (100%) No (%)
2. Do you feel that you can talk freely/openly to the provider?
5 Yes (100%) No (%)
3. Do you feel that your provider instills hope for you regarding your future?
5 Yes (100%) No (%)
4. Do you meet with the provider enough to meet your needs?
3 Yes (100%) No (%) 2 Does not apply (100%)
5. Do you participate in your treatment planning goals?
3 Yes (100%) No (%) 2 Does not apply (100%)
6. Does this provider encourage you in making your own choices and being responsible for those choices?
3 Yes (100%) No (%) 2 Does not apply (100%)
7. Does this provider encourage you to advocate for yourself?
3 Yes (100%) No (%) 2 Does not apply (100%)

8. Do you feel that this provider is knowledgeable about the resources and supports in the community? 5 Yes (100%) No (%) Does not apply (%)
9. If you had a problem with this provider would you feel comfortable filing a complaint? 5 Yes (100%) No (%)
10. How long have you had this service?
1 1-11 Month = (20%) 2 1-3 Years = (80%) Does not apply = (%)
11. Do you feel that this service is helping?
5 Yes (100%) No (%)
12. Are you satisfied with this provider?
5 Yes (100%) No (%)

***IBHS/BHT (6) * IBHS/BC (5) * Family Based (5) *ASP (2) *SP (1)
*Mobile Therapy () *MST () * (3 providers)**

1. Does the provider return your call in a timely manner?
15 Yes (79%) 4 No (21%)
2. Are staff respectful and friendly?
19 Yes (100%) No (%)
3. Do you feel that your provider instills hope for you regarding your future?
19 Yes (100%) No (%)
4. Are the services provided sensitive to your race, religion, and ethnic background?
18 Yes (95%) 1 No (5%)
5. Do you feel that the provider listens to you?
17 Yes (90%) 2 No (10%)
6. Do you feel that the provider is knowledgeable about the resources and support in the community? 18 Yes (95%) 1 No (5%)
7. Do you see the provider enough to meet your needs? 18 Yes (95%) 1 No (5%)
8. Are you and your child involved in treatment planning goals and decision-making?
18 Yes (95%) 1 No (5%)
9. Does the provider keep in contact with you regarding your child's progress and/or concerns?
16 Yes (84%) 3 No (16%)
10. Has the discharge/transition plan been discussed with you? 17 Yes (90%) 2 No (10%)
11. Were you satisfied with the ISPT meeting? 17 Yes (90%) 2 No (10%)
12. Do you feel that your child is getting the help that he/she needs? 17 Yes (90%) 2 No (10%)
13. If you had a problem with the provider would you feel comfortable filing a complaint?
16 Yes (84%) 3 No (16%)
14. How long have you had this service?
1-11 months = 13 (68%) 1-3 years = 6 (32%) over 3 years =
15. Are you satisfied with this provider?
16 Yes (84%) 3 No (16%)



MH Child/Family Summary: There are no trends at this time.

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

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