



Cambria County

Consumer Family Satisfaction Team

Quarter 2 REPORT

October, November, December 2023-2024

Survey Overview:

A total of 46 individuals participated in Quarter 2 surveys, resulting in 119 surveys.

25 (54%) individuals surveyed were conducted face to face.

21 (46%) individuals surveyed were conducted via phone.

Adult Mental Health 51-surveys were completed (43%)

Adult Drug & Alcohol 26-surveys were completed (22%)

Family/Children 42 -surveys were completed (35%)

Demographics & Community Resources Questions:

1. Age of participants:

Under 17	19 individuals
18 – 24	0 individuals
25-44	14 individuals
45-64	9 individuals
65+	3 individuals

2. Top three zip codes of individuals completing the survey in Q2.

15902 = 16 (35%) 15906 = 10 (22%) 15901 = 10 (22%)

3. Are you homeless or at risk of homelessness? 26 No (96%) 1 Yes (2%)
(the surveyor did refer this individual.) 1 Yes (2%) BUT is currently receiving assistance.

4. Do you use the local food banks? 26 No (56%) 20 Yes (44%)

5. Do you use MATP services? (Med-Van) 36 No (78%) 10 Yes (22%)

6. Are you satisfied with MATP? (Med-Van) 0 No (0%) 10 Yes (22%)
36 Does not apply (78%)

7. Do you have a family doctor? 46Yes (100%) No (%)

8. Are there any barriers that prevent you from keeping your Mental Health and/or D&A appointments? 43 No (93%) 3 Yes (7%)

Specific questions regarding education from providers.

Tobacco Recovery: If you smoke, has your provider offered you information on resources to help you quit? 5 (11%) No 6 (13%) Yes 35 (76%) Does not apply

Would you like information on Tobacco Recovery? 45 (98%) No 1 (2%) Yes

Mental Health Advance Directive: During your initial intake, were you offered information on Advance Directives? 24 (52%) Yes 4 (9%) No 18 (39%) Can't remember

Would you like information on Advance Directives? 3(6%) Yes 45 (93%) No

Were you offered peer services? (MH Peer Support &/or D&A Recovery Specialist)
12(26%) Yes 20 (43%) No 14 (30%) Does not apply

Above 85% Benchmark- Meets Expectations

Between 84%-80% - Satisfaction

Below 79% - Requires Action

No data available



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BHoCC outreach for HealthChoices members: Would you like to participate in HealthChoices meetings or as a complaint and grievance panel member? During Q2, there were 0 interested members, and no contact information was given to BHoCC.

Questions regarding the treatment

How do you receive your treatment?

MH Adult	Telehealth	30 (93%)	In Person	2 (7%)	Both
Adult D&A	Telehealth	26 (100%)	In Person		Both
MH Family/Child	3 (11%)	Telehealth	25 (90%)	In Person	Both

Questions regarding the treatment and employment:

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

3 Yes (6%) 43 No (94%) Does not apply (%)

Questions regarding the specific level of care:

- Were you offered an appointment within 7 days of discharge from MH Inpatient?

MH Adult	0 Yes (%)	0 No (%)
MH Family/Child	1 Yes (50%)	1 No (50%)
- 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	10 Yes (98%)	1 No (2%)
- After your intake visit, were you offered an appointment with your therapist within 30 days? (IOP therapy only)

MH Adult	16 Yes (100%)	No (%)
MH Family/Child	17 Yes (100%)	No (%)
- After your intake, were you offered an appointment within 30 days? (BCM, CPS, CRS)

Adult CPS	9 Yes (100%)	No (%)
Adult CRS	3 Yes (100%)	No (%)
Adult BCM	7 Yes (100%)	No (%)
Family/Child BCM	0 Yes (%)	No (%)
- Does the provider meet you in your home or another location that is most convenient for you? (BCM, CPS, CRS)

Adult CPS	9 Yes (%)	No (%)
Adult CRS	3 Yes (%)	No (%)
Adult BCM	7 Yes (100%)	No (%)
Family/Child BCM	1 Yes (%)	No (%)

Managed Care Questions: There was a total of 46 individuals that participated in Quarter 2.

- Before completing this survey, did you know that you can call the Magellan member call center 24/7? 44 Yes (96%) 2 No (4%)
- Before completing this survey, did you know that you can choose where you get your treatment? 40 Yes (87%) 6 No (13%)
- If you had questions about your benefits or treatment options, do you know how to contact Magellan? 39 Yes (85%) 7 No (15%)
- Have you ever called Magellan member call center? 3 Yes (10%) 36 No (90%)
- If you answered yes, were you satisfied with the outcome? 3 Yes (9%) 0 No (0%)

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- 42 Does not apply (91%)
- 6. Are you aware of how to file a complaint with Magellan? 39 Yes (85%) 7 No (15%)
- 7. Have you ever filed a complaint with Magellan? 0 Yes (%) 46 No (100%)
- 8. If you answered yes, were you satisfied with the outcome? 0 Yes (%) 0 No (%)
46 Does not apply (100%)
- 9. Are you aware of how to file a grievance with Magellan? 40 Yes (87%) 6 No (13%)
- 10. Have you ever filed a grievance with Magellan? 0 Yes (%) 46 No (100%)
- 11. If you answered yes, were you satisfied with the outcome? 0 Yes (%) 0 No (%) 46 Does not apply (100%)

State Questions: 26 Adult individuals were surveyed during Q2

- In the last 12 months were you able to get the help you needed?
24 Yes (ALWAYS) (92%)
2 Sometimes (8%)
0 No (NEVER) (%)
- Were you given the chance to make treatment decisions?
25 Yes (ALWAYS) (96%)
1 Sometimes (4%)
0 No (NEVER) (0%)
- What effect has the treatment you received had on the quality of your life?
The quality of my life is: 19 Much Better (73%)
6 A Little Better (23%)
2 About the Same (8%)
0 A Little Worse (%)
0 Much Worse (%)

Child/Family State Questions: 19 Child/Family individuals were surveyed during Q2

- In the last 12 months did you or your child have problems getting the help he or she needed?
0 Yes (ALWAYS) (%)
1 Sometimes (5%)
18 No (NEVER) (95%)
- Were you and your child given the chance to make treatment decisions?
19 Yes (ALWAYS) (100%)
0 Sometimes (%)
0 No (NEVER) (0%)
- What effect has the treatment you received had on the quality of your (or your child's) life?
6 Much Better (32%)
12 A Little Better (63%)
1 About the Same (5%)
0 A Little Worse (6%)
0 Much Worse (%)

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Q2 MH Adult Survey Questions Breakout: 32 (27%) surveys completed Q2

***Outpatient Med Management (16) * Outpatient Therapy (16) *
(2 providers)**

1. How do you receive your treatment? 30 (93%) In Person 2 (6%) Both
2. Are the services provided sensitive to your race, religion, and ethnic background?
32 Yes (100%) No (%)
3. Do you feel that you can talk freely/openly to the provider?
31 Yes (97%) 1 No (3%)
4. Do you feel that your provider instills hope for you regarding your future?
31 Yes (97%) 1 No (3%)
5. Do you feel that the provider listens to you? 31 Yes (97%) 1 No (3%)
6. Are staff respectful and friendly? 32 Yes (100%) No (%)
7. Are you given a chance to ask questions about your treatment?
31 Yes (97%) 1 No (3%)
8. Are your medications and their possible side effects clearly explained?
16 Yes (100%) No (%) 16 Does not apply
9. If you had a problem with your provider, would you feel comfortable filing a complaint?
31 Yes (97%) 1 No (3%)
10. Do you feel that you are getting the help that you need?
32 Yes (100%) No (%)
11. Are you satisfied with the provider? 32 Yes (100%) No (%)

*** Blended Case Management (7) * Peer Support (9) *Crisis (1) * (3 providers)**

1. How do you receive your treatment? (0%) Telehealth 17 (100%) In Person
2. Are the services provided sensitive to your race, religion, and ethnic background?
17 Yes (100 %) No (%)
3. Do you feel that your provider listens to you? 17 Yes (100%) No (%)
4. Do you feel that your provider instills hope for you regarding your future?
17 Yes (100%) No (%)
5. Are staff respectful and friendly? 17 Yes (100%) No (%)
6. Do you participate in your treatment planning goals? 17 Yes (100%) No (%)
7. Do you meet with the provider enough to meet your needs? 16 Yes (100%) No (%)
N/A (crisis) 1
8. Does this provider encourage you in making your own choices and being responsible for those choices? 16 Yes (100%) No (%) N/A (crisis) 1
9. Does this provider encourage you to advocate for yourself? 16 Yes (100%) No (%)
N/A (crisis) 1
10. Do you feel that this provider is knowledgeable about the resources and supports in the community?
16 Yes (100%) No (%) N/A (crisis) 1

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- 11. How long have you had this service? 1-11 months = 6 1-3 years = 3
over 3 years = 10 N/A (crisis) =1
- 12. If you had a problem with this provider, would you feel comfortable filing a complaint?
17 Yes (100%) No (%)
- 13. Do you feel that this service is helping? 17Yes (100%) No (%)
- 14. Are you satisfied with this provider? 17 Yes (100%) No (%)

~~*Psych Rehab () * AMH Partial () * (providers)~~

- ~~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 (%)~~

***MH Inpatient (1)* (1 provider)**

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

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- 1 Yes (100%) 0 No (%)
8. Do you feel that this is a safe place to express yourself? 1 Yes (100%) 0 No (%)
9. Are group sessions offered? 1 Yes (100%) 0 No (%)
10. If you had a problem with the provider, would you feel comfortable filing a complaint? 1 Yes (100%) 0 No (%)
11. Do you feel that this service is/has helped you? 1 Yes (100%) 0 No (%)
12. Are you satisfied with this provider? 1 Yes (100%) 0 No (%)

Q2 D&A Adult Survey Breakout: 26 (22%) surveys were completed with individuals **Q2**

***D&A Outpatient (6) * Methadone (bundled) (4) * Suboxone (5) * Vivitrol (0) (3 providers)**

1. Are the services provided sensitive to your race, religion, and ethnic background? 15 Yes (100%) No (%)
2. Do you feel that the provider listens to you? 14 Yes (93%) 1 No (7%)
3. Are staff respectful and friendly? 14 Yes (93%) 1 No (7%)
4. Do you feel that your provider instills hope for you regarding your future? 14 Yes (93%) 1 No (7%)
5. Does the provider give you the chance to ask questions about your treatment? 13 Yes (87%) No (13%)
6. Does the provider talk to you about how medications are working for you? 8 Yes (53%) 4 No (27%) 3 Does not apply (20%)
7. Does the provider clearly explain your medications and their possible side effects 9 Yes (60%) 2 No (13%) 4 Does not apply (27%)
8. How often do you participate in therapy? 12 - Once a month = (35%) 6- Twice or more a month = (80%) 3- Once a week = (20%) (%) Does not apply
9. How long have you been receiving this service? 1-11 months 1 = (7%) 1-3 years 1= (7%) over 3 years 13 = (87%)
10. If you had a problem with your provider, would you feel comfortable filing a complaint? 15 Yes (100%) No (%)
11. Are you satisfied with your provider? 15Yes (100%) No (%)



***D&A Rehab*(8) (8 providers)**

1. Are the services provided sensitive to your race, religion, and ethnic background? 8 Yes (100%) No (%)
2. Do you feel that the provider listens to you? 8 Yes (100%) No (%)
3. Are staff respectful and friendly 8 Yes (100%) No (%)
4. Do you feel that your provider instills hope for you regarding your future? 8 Yes (100%) No (%)
5. Does the provider give you the chance to ask questions about your treatment? 7 Yes (88%) 1 No (13%)

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No data available

6. Does the provider clearly explain your medications and their possible side effects?
6 Yes (75%) 1 No (12%) 1 DNA (12%)
7. Are you learning coping skills that help you manage your symptoms?
8 Yes (100%) No (%)
8. Do you feel that this is a safe place to express yourself? 8 Yes (100%) No (%)
9. Are group sessions offered? 8 Yes (100%) No (%)
10. If you had a problem with the provider, would you feel comfortable filing a complaint?
8 Yes (100%) No (%)
11. Do you feel that this service is/has helped you? 8 Yes (100%) No (%)
12. Are you satisfied with this provider? 8 Yes (100%) No (%)

***D&A CRS (3) * (3 provider)**

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



Child/Family Survey Breakout: 28 (24%) surveys were completed in Q2

***Outpatient Med Management (11) * Outpatient Therapy (17) * (4 providers)**

1. How do you receive your treatment? 3 (11%) Telehealth 25 (89%) In Person
2. Are the services provided sensitive to your race, religion, and ethnic background?
28 Yes (100%) No (%)
3. Do you feel that you can talk freely/openly to the provider?
26 Yes (93%) 2 No (7%)
4. Do you feel that your provider instills hope for you regarding your future?
27 Yes (96%) 1 No (4%)

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- 5. Do you feel that the provider listens to you? 25 Yes (89%) 3 No (11%)
- 6. Are staff respectful and friendly? 25 Yes (100%) No (%)
- 7. Are you given a chance to ask questions about your treatment?
24 Yes (96%) 1 No (4%)
- 8. Are your medications and their possible side effects clearly explained?
11 Yes (39%) No (%) 17 Does not apply (61%)
- 9. If you had a problem with your provider, would you feel comfortable filing a complaint?
27 Yes (96%) 1 No (4%)
- 10. Do you feel that you are getting the help that you need?
26 Yes (93%) 2 No (7%)
- 11. Are you satisfied with the provider? 28 Yes (100%) No (%)

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

- 1. How do you receive your treatment? (%) Telehealth 3 (100%) In Person
- 2. Are the services provided sensitive to your race, religion, and ethnic background?
3 Yes (100%) No (%)
- 3. Do you feel that you can talk freely/openly to the provider? 3Yes (100%) No (%)
- 4. Do you feel that your provider instills hope for you regarding your future?
3 Yes (100%) No (%)
- 6. Do you meet with the provider enough to meet your needs? 3 Yes (100%) No (%)
Does not apply
- 7. Do you participate in your treatment planning goals? 1Yes (100%) No (%)
Does not apply
- 8. Does this provider encourage you in making your own choices and being responsible for those choices? 3 Yes (100%) No (%) Does not apply
- 9. Does this provider encourage you to advocate for yourself? 3 Yes (100%) No (%)
Does not apply
- 10. Do you feel that this provider is knowledgeable about the resources and supports in the community? 3 Yes (100%) No (%) Does not apply
- 11. If you had a problem with this provider, would you feel comfortable filing a complaint?
3 Yes (100%) No (%)
- 12. How long have you had this service? 1-11 Month = () 1-3 Years =()
3 Does not apply
- 13. Do you feel that this service is helping? 3 Yes (100%) No (%)
- 14. Are you satisfied with this provider? 3 Yes (100%) No (%)

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*IBHS/BHT (3) * IBHS/BC (3) * Family Based (5) *ASP (1) *SP (1)

*Mobile Therapy () *MST (1) (3 providers)

1. Does the provider return your call in a timely manner? 14 Yes (100%) No (%)
2. Are staff respectful and friendly? 14 Yes (100%) No (%)
3. Do you feel that your provider instills hope for you regarding your future?
14 Yes (100%) No (%)
4. Are the services provided sensitive to your race, religion, and ethnic background?
14 Yes (100%) No (%)
5. Do you feel that the provider listens to you? 14 Yes (100%) No (%)
6. Do you feel that the provider is knowledgeable about the resources and support in the community? 14 Yes (100%) No (%)
7. Do you see the provider enough to meet your needs? 14 Yes (100%) No (%)
8. Are you and your child involved in treatment planning goals and decision-making?
14 Yes (100%) No (%)
9. Does the provider keep in contact with you regarding your child's progress and/or concerns? 14 Yes (100%) No (%)
10. Has the discharge/transition plan been discussed with you? 12 Yes (86%)
2 No (14%)
11. Were you satisfied with the ISPT meeting? 14 Yes (100%) No (%)
12. Do you feel that your child is getting the help that he/she needs?
14 Yes (100%) No (%)
13. If you had a problem with the provider, would you feel comfortable filing a complaint?
14 Yes (100%) No (%)
14. How long have you had this service? 1-11 months = 9 (65%) 1-3 years = 4 (29%)
over 3 years = 1 (7%)
15. Are you satisfied with this provider? 14 Yes (100%) No (%)

***MH Inpatient (2)* (2 provider)**

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

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- 8. Do you feel that this is a safe place to express yourself? 2 Yes (100%) 0 No (%)
- 9. Are group sessions offered? 2 Yes (100%) 0 No (%)
- 10. If you had a problem with the provider, would you feel comfortable filing a complaint?
2 Yes (100%) 0 No (%)
- 11. Do you feel that this service is/has helped you? 2 Yes (100%) 0 No (%)
- 12. Are you satisfied with this provider? 2 Yes (100%) 0 No (%)

Family/Child D&A Survey Breakout: 0 individuals were surveyed Q2

Overview:

- ❖ **Adult Mental Health Summary:** There are no trends at this time.
- ❖ **Adult D&A Summary:** There are no trends at this time.
- ❖ **Family/Child Mental Health Summary:** There are no trends at this time.
- ❖ **Family/Child D&A Summary:** There are no trends at this time.

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