

CONSUMER/FAMILY SATISFACTION TEAM (C/FST) Annual Report 2023-2024 (PEPS Standards 93 & 108)

OVERVIEW OF ACTIVITY: In response to the Pennsylvania Department of Human Services Health Choices Behavioral Health Program Standards and Requirements Appendix L, Guidelines for member/family satisfaction teams and member satisfaction surveys, the Peer Empowerment Network Consumer and Family Satisfaction Team (CFST), Behavioral Health of Cambria County (BHoCC), the Cambria County Department of Behavioral Health Intellectual Disabilities and Early Intervention (BHIDEI), and Magellan Behavioral Health of Pennsylvania work in collaboration to solicit consumer and family feedback as part of a continuous quality improvement process. The purpose of the C/FST program is to determine whether consumers and families are satisfied with services in terms of access, delivery, outcomes, appropriateness of service, and being treated with dignity and respect.

HISTORY: Cambria County began a contract with Magellan Behavioral Health of Pennsylvania on July 1, 2017. As a result, the CFST program needed to be redesigned. Peer Empowerment Network and BHoCC collaborated to redesign the CFST program as part of the Behavioral Health of Cambria County's continuous quality improvement planning. A transition plan was developed to ensure that all required changes were implemented.

POPULATION/SAMPLE: In the contract/fiscal year of **2023-2024**, the CFST team completed **450** surveys with **170** individuals. During this reporting period, **76%** (348) of the surveys were conducted face-to-face with the individual and **30%** (102) by phone.

QUANTIFIABLE MEASURE: Cambria County uses a survey tool that the C/FST uses for quarterly state reporting. The tool meets Appendix L requirements and includes questions mandated by the Office of Mental Health and Substance Abuse Services (OMHSAS).

METHODOLOGY: Data in this report was compiled from surveys with HealthChoices members conducted by the C/FST team in the fiscal year 2023-2024 (July2023-June2024)

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

ANALYSIS & RESULTS: The Cambria County C/FST team completed 450 surveys with 170 HealthChoices members between July 1, 2023– June 30, 2024.

Above 85% Benchmark- Meets Expectations

Between 84%-80% - Satisfaction

Below 79% - Requires Action

No data available

Survey Breakdown:

Adult Mental Health – 245 surveys were completed

Adult Drug & Alcohol – 71 surveys were completed

Family/Children – 134 surveys were completed

Survey Categories	Number of Surveys Completed	Percentage
MH Adult	245	54%
MH Family/Child	134	30%
D&A Adult	71	16%
D&A Family/Child	0	0%
	450	100%

170 individuals were surveyed, a collection of a total of 450 surveys concerning 36 providers

Quarterly Breakdown:

Category	Minimum Contracted per Quarter (100)	Annual Contracted Surveys (400-450)	Q1	Q2	Q3	Q4	Completed
MH Adult	60	245	69	51	67	58	245
D&A Adult	15	71	21	26	16	8	71
MH Family/Child	25	134	32	42	35	25	134
D&A Family/Child	0	0	0	0	0	0	0
Totals	100	450	122	119	118	91	450

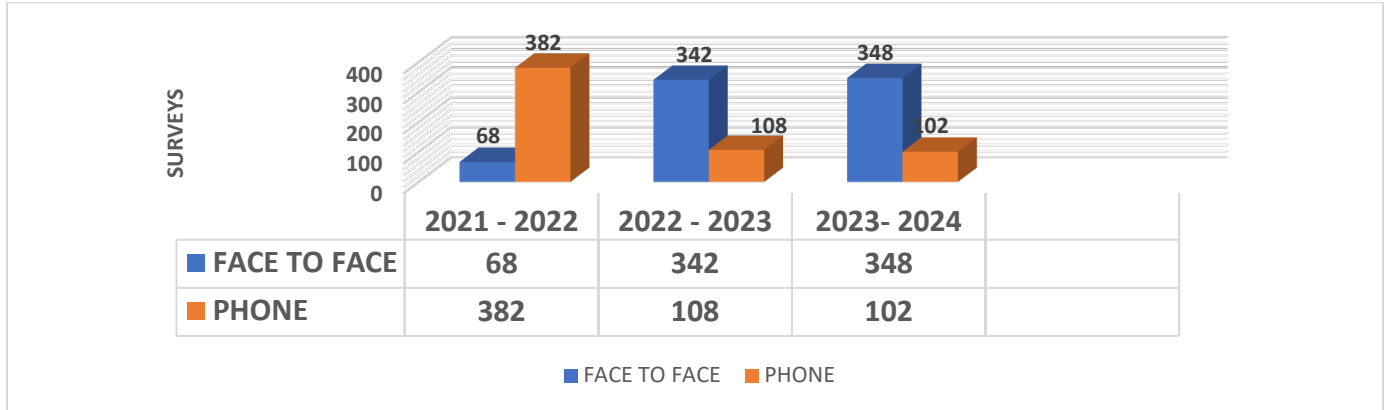
Above 85% Benchmark- Meets Expectations

Between 84%-80% - Satisfaction

Below 79% - Requires Action

No data available

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



Demographics & Community Resources Questions: There was a total of **170 individuals**

1. Age of participants:

Under 17,	65 (38%) individuals
18 -24	4 (2%) individuals
25-44	53 (31%) individuals
45-64	39 (23%) individuals
65+	9 (5%) individuals

2. Homelessness and Risk Status Of the 170 participants, 143 stated they were NOT homeless. Three said they were at risk of homelessness, but that they were receiving assistance.

3. Do you use the local food banks? 61 YES (36%) 109 NO (64%)

4. Do you use MATP services? (Med-Van) 40 YES (24%) 130 NO (76%)

5. Are you satisfied with MATP? (Med-Van) 40 YES (100%) 130 DOES NOT APPLY

6. Do you have a family doctor? 169 YES (99%) 1 NO (1%)

7. Are any barriers preventing you from keeping your Mental health and /or D&A appointments? 5 YES (3%) 165 NO (97%)

Above 85% Benchmark- Meets Expectations

Between 84%-80% - Satisfaction

Below 79% - Requires Action

No data available

Questions regarding the specific level of care:

1. Were you offered an appointment within 7 days of discharge from MH Inpatient

MH Adult	3 YES (50%)	3 NO (50%)
MH Family/Child	2 YES (67%)	1 NO (33%)

2. After your intake, were you offered an appointment with your prescriber within 90 days?
(med management only)

MH Adult	76 YES (100%)	NO (0%)
MH Family/Child	46 YES (98%)	1 NO (2%)

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

81 YES (100%)	0 NO (0%)		
	MH Family/Child	50 YES (98%)	1 NO (2%)

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

Adult CPS	46 YES (100%)	0 NO (0%)
Adult CRS	6 YES (100%)	0 NO (0%)
Adult BCM	29 YES (88%)	4 NO (12%)
Family/Child BCM	1 YES (100%)	0 NO (0%)

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

Adult CPS	46 YES (100%)	NO (0%)
Adult CRS	6 YES (100%)	NO (0%)
Adult BCM	29 YES (88%)	4 NO (12%)
Family/Child BCM	1 YES (100%)	NO (0%)

Above 85% Benchmark- Meets Expectations

Between 84%-80% - Satisfaction

Below 79% - Requires Action

No data available

Managed Care Yearly Comparison

Questions	2020 2021	2021 2022	2022 2023	2023 2024
Before completing this survey, did you know that you can call the Magellan member call center 24/7? Stated YES	90%	96%	94%	99% 5% increase
Do you know how to contact Magellan if you had questions about your benefits or treatment options? Stated YES	90%	95%	95%	91% 4% decrease
Have you called the Magellan member call center? Stated NO	85%	96%	93%	95% 2% increase
Are you aware of how to file a complaint? Stated YES	86%	91%	91%	88% 3% decrease
Are you aware of how to file a grievance? Stated YES	85%	90%	92%	92% the same

Above 85% Benchmark- Meets Expectations

Between 84%-80% - Satisfaction

Below 79% - Requires Action

No data available

Adult State Questions: 105 Adult individuals were surveyed

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

Yes (ALWAYS)	102 (97%)
Sometimes	3 (3%)
No (NEVER)	0

2. Were you given the chance to make treatment decisions?

Yes (ALWAYS)	103 (98%)
Sometimes	2 (2%)
No (NEVER)	0

3. What effect has the treatment you received had on the quality of your life? The quality of my life is:

Much Better	90 (86%)
A Little Better	14 (13%)
About the Same	1 (1%)
A Little Worse	0
Much Worse	0

Child/Family State Questions: 64 Child/Family individuals were surveyed.

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

Yes (ALWAYS)	2 (3%)
Sometimes	5 (8%)
No (NEVER)	57 (89%)

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

Yes	63 (99%)
Sometimes	1 (1%)
No (NEVER)	0

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

Much Better	24 (39%)
A Little Better	32 (50%)
About the Same	7 (11%)
A Little Worse	0
Much Worse	0

Above 85% Benchmark- Meets Expectations

Between 84%-80% - Satisfaction

Below 79% - Requires Action

No data available

Adult MH Level of Care	Surveys	Percentage
Doctor/Nurse (IOP)	76	31%
Outpatient Therapy (IOP)	81	33%
Blended Case Management (BMC)	29	13%
Peer Support (CPS)	46	18%
Psych Rehab	1	1%
Cambria County Reach (Crisis)	6	2%
Inpatient Hospitalization	6	2%
Partial Hospitalization	0	
Mobile Therapy	0	
TOTAL	245	100%

***Outpatient Med Management (76) * Outpatient Therapy (81) ***

- Are the services provided sensitive to your race, religion, and ethnic background?
157 YES (100%) 0 NO (%)
- Do you feel that you can talk freely/openly to the provider?
156 YES (99%) 1 NO (1%)
- Do you feel that your provider instills hope for you regarding your future?
156 YES (99%) 1 NO (1%)
- Do you feel that the provider listens to you?
156 YES (99%) 1 NO (1%)
- Are staff respectful and friendly?
156 YES (99%) 1 NO (1%)
- Are you given a chance to ask questions about your treatment?
157 YES (100%) NO (%)
- Are your medications and their possible side effects clearly explained?
74 YES (97%) 2 NO (3%) 81 Does Not Apply
- If you had a problem with your provider, would you feel comfortable filing a complaint
156 YES (97%) 1 NO (1%)
- Do you feel that you are getting the help that you need?
154 YES (98%) 3 NO (2%)
- Are you satisfied with the provider?
157 YES (100%) 0 NO (%)

***Blended Case Management (29) * Peer Support (46) * Crisis (6) ***

- Are the services provided sensitive to your race, religion, and ethnic background?
81 YES (100%) NO (%)
- Do you feel that you can talk freely/openly to the provider?
81 YES (100%) NO (%)

Above 85% Benchmark- Meets Expectations

Between 84%-80% - Satisfaction

Below 79% - Requires Action

No data available

3. Do you feel that your provider instills hope for you regarding your future?
81 YES (100%) NO (%)
4. Do you meet with the provider enough to meet your needs?
81 YES (100%) NO (%)
5. Do you participate in your treatment planning goals?
81 YES (100%) NO (%)
6. Does this provider encourage you to make your own choices and be responsible for those choices? 75 YES (100%) 6 Does Not Apply (%)
7. Does this provider encourage you to advocate for yourself?
75 YES (100%) 6 Does Not Apply (%)
8. Do you feel that this provider is knowledgeable about the resources and supports in the community? 75 YES (100%) 6 Does Not Apply (%)
9. If you had a problem with this provider, would you feel comfortable filing a complaint?
80 YES (99%) 1 NO (1%)
10. How long have you had this service?
1-11 months = 14 (18%) 1-3 years = 16 (21%) over 3 years = 45 (61%)
11. Do you feel that this service is helping?
81 YES (100%) NO (%)
12. Are you satisfied with this provider?
81 YES (100%) NO (%)

*** Psych-Rehab (1) * Partial Hospitalization (0) ***

1. Do you feel that the provider listens to you?
1 YES (100%) 0 NO
2. Are staff respectful and friendly?
1 YES (100%) 0 NO
3. Do you feel that your provider instills hope for you regarding your future?
1 YES (100%) 0 NO
4. Are the services provided sensitive to your race, religion, and ethnic background?
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. Do you feel that you are getting the education that you need to understand your illness?
1 YES (100%) 0 NO
7. Are you learning coping skills that help you manage your symptoms?
1 YES (100%) 0 NO
8. Do you feel that this provider is a safe place to express yourself?
1 YES (100%) 0 NO

Above 85% Benchmark- Meets Expectations

Between 84%-80% - Satisfaction

Below 79% - Requires Action

No data available

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

***MH Inpatient (6) ***

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

Above 85% Benchmark- Meets Expectations

Between 84%-80% - Satisfaction

Below 79% - Requires Action

No data available

Adult D&A Level of Care	Surveys	Percentage
Outpatient (IOP)	18	25%
Inpatient Rehab	26	37%
Certified Recovery Specialist (CRS)	6	8%
Methadone	9	13%
Suboxone	12	17%
Vivitrol	0	0
Halfway House	0	0
Partial	0	0
TOTAL	71	100%

*** Outpatient (18) * Methadone (bundled) (9) * Suboxone (12) * Vivitrol (0) ***

1. Are the services provided sensitive to your race, religion, and ethnic background?
39 YES (100%) 0 NO (%)
2. Do you feel that the provider listens to you?
39 YES (100%) 0 NO (%)
3. Are staff respectful and friendly?
39 YES (100%) 0 NO (%)
4. Do you feel that your provider instills hope for you regarding your future?
39 YES (100%) 0 NO (%)
5. Does the provider give you the chance to ask questions about your treatment?
39 YES (100%) 0 NO (%)
6. Does the provider talk to you about how medications work for you
23 YES (79%) 6 NO (21%) 10 DO NOT APPLY
7. Does the provider clearly explain your medications and their possible side effects?
22 YES (76%) 2 NO (24%) 15 DO NOT APPLY
8. How often do you participate in therapy?
12 (34%)- ONCE A MONTH 12 (33%) TWICE OR MORE A MONTH
12 (33%)- ONCE A WEEK 3 DO NOT APPLY
9. How long have you been receiving this service?
5 (13%) 1-11 MONTHS 8 (20%) 1-3 YEARS 26 (66%) OVER 3 YEARS

Above 85% Benchmark- Meets Expectations

Between 84%-80% - Satisfaction

Below 79% - Requires Action

No data available

10. If you had a problem with your provider, would you feel comfortable filing a complaint?
39 YES (100%) 0 NO (%)
11. Are you satisfied with your provider?
39 YES (100%) 0 NO (%)

*** Rehab (26) *Halfway House (0) ***

1. Are the services provided sensitive to your race, religion, and ethnic background?
25 YES (94%) 1 NO (6%)
2. Do you feel that the provider listens to you?
25 YES (94%) 1 NO (6%)
3. Are staff respectful and friendly?
25 YES (94%) 1 NO (6%)
4. Do you feel that your provider instills hope for you regarding your future?
25 YES (94%) 1 NO (6%)
5. Does the provider give you the chance to ask questions about your treatment?
24 YES (92%) 2 NO (8%)
6. Does the provider clearly explain your medications and their possible side effects?
17 YES (65%) 9 NO (35%)
7. Are you learning coping skills that help you manage your symptoms?
25 YES (94%) 1 NO (6%)
8. Do you feel that this is a safe place to express yourself?
25 YES (94%) 1 NO (6%)
9. Are group sessions offered?
25 YES (94%) 1 NO (6%)
10. If you had a problem with the provider, would you feel comfortable filing a complaint?
25 YES (94%) 1 NO (6%)
11. Do you feel that this service is/has helped you?
25 YES (94%) 1 NO (6%)
12. Are you satisfied with this provider?
25 YES (94%) 1 NO (6%)

***CRS (6) ***

1. Are the services provided sensitive to your race, religion, and ethnic background?
6 YES (100%) 0 NO
2. Do you feel that you can talk freely/openly to the provider?
6 YES (100%) 0 NO
3. Do you feel that your provider instills hope for you regarding your future?
6 YES (100%) 0 NO

Above 85% Benchmark- Meets Expectations

Between 84%-80% - Satisfaction

Below 79% - Requires Action

No data available

4. Do you meet with the provider enough to meet your needs?
6 YES (100%) 0 NO
5. Do you participate in your treatment planning goals?
6 YES (100%) 0 NO
6. Does this provider encourage you in making your own choices and being responsible for those choices?
6 YES (100%) 0 NO
7. Does this provider encourage you to advocate for yourself?
6 YES (100%) 0 NO
8. Do you feel that this provider is knowledgeable about the resources and supports in the community?
6 YES (100%) 0 NO
9. If you had a problem with this provider, would you feel comfortable filing a complaint?
6 YES (100%) 0 NO
10. How long have you had this service?
1-11 months = 5 (83%) 1-3 years = 1(16%) over 3 years
11. Do you feel that this service is helping?
6 YES (100%) 0 NO
12. Are you satisfied with this provider?
6 YES (100%) 0 NO

Above 85% Benchmark- Meets Expectations

Between 84%-80% - Satisfaction

Below 79% - Requires Action

No data available

Family/Child MH/IBHS Level of Care	Surveys	Percentage
Doctor/Nurse (IOP)	47	35%
Outpatient Therapy (IOP)	47	35%
Blended Case Management (BMC)	1	
IBHS- BHT	5	4%
IBHC – BC	4	3%
Family Based	12	9%
Cambria County Reach (Crisis)	9	8%
Inpatient Hospitalization	3	2%
Partial Hospitalization	1	
Summer Program (STAP)	2	1%
After School Program (AST)	1	
Mobile Therapy		
Multisystemic Therapy	2	2%
CRR Host Home		
RTF		
TOTAL	134	100%

Outpatient Med Management (47) * Outpatient Therapy (47) *

- Are the services provided sensitive to your race, religion, and ethnic background?
91 YES (100%) 0 NO
- Do you feel that you can talk freely/openly to the provider?
86 YES (95%) 5 NO (5%)
- Do you feel that your provider instills hope for you regarding your future?
89 YES (98%) 2 NO (2%)
- Do you feel that the provider listens to you?
87 YES (96%) 4 NO (4%)
- Are staff respectful and friendly?
90 YES (99%) 1 NO (1%)
- Are you given a chance to ask questions about your treatment?
90 YES (99%) 1 NO (1%)
- Are your medications and their possible side effects clearly explained?
47 YES (100%) 0 NO 47 DOES NOT APPLY
- If you had a problem with your provider, would you feel comfortable filing a complaint?
89 YES (98%) 2 NO (2%)

Above 85% Benchmark- Meets Expectations

Between 84%-80% - Satisfaction

Below 79% - Requires Action

No data available

9. Do you feel that you are getting the help that you need?

85 YES (93%) 6 NO (7%)

10. Are you satisfied with the provider?

88 YES (97%) 3 NO (3%)

***Blended Case Management (1) * Crisis (9) ***

1. Are the services provided sensitive to your race, religion, and ethnic background?

10 YES (100%) 0 NO

2. Do you feel that you can talk freely/openly to the provider?

10 YES (100%) 0 NO

3. Do you feel that your provider instills hope for you regarding your future?

10 YES (100%) 0 NO

4. Do you meet with the provider enough to meet your needs?

1 YES (100%) 0 NO 9 DOES NOT APPLY

5. Do you participate in your treatment planning goals?

1 YES (100%) 0 NO 9 DOES NOT APPLY

6. Does this provider encourage you to make your own choices and be responsible for those choices?

1 YES (100%) 0 NO 9 DOES NOT APPLY

7. Does this provider encourage you to advocate for yourself?

1 YES (100%) 0 NO 9 DOES NOT APPLY

8. Do you feel that this provider is knowledgeable about the resources and supports in the community?

1 YES (100%) 0 NO 9 DOES NOT APPLY

9. If you had a problem with this provider, would you feel comfortable filing a complaint?

10 YES (100%) 0 NO

10. How long have you had this service?

1-11 MONTH = 0 1-3 YEARS=1 (100%)

11. Do you feel that this service is helping?

10 YES (100%) 0 NO

12. Are you satisfied with this provider?

10 YES (100%) 0 NO

MH Inpatient (3) * MH CRR (0) * MH RTF (0) *

1. Are the services provided sensitive to your race, religion, and ethnic background?

3 YES (100%) 0 NO

2. Do you feel that the provider listens to you?

3 YES (100%) 0 NO

3. Are staff respectful and friendly?

3 YES (100%) 0 NO

Above 85% Benchmark- Meets Expectations

Between 84%-80% - Satisfaction

Below 79% - Requires Action

No data available

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

Partial Hospitalization (1)

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

Above 85% Benchmark- Meets Expectations

Between 84%-80% - Satisfaction

Below 79% - Requires Action

No data available

10. Do you feel that the provider is knowledgeable about the resources and supports in the community? 1 YES (100%) NO
11. If you had a problem with your provider, would you feel comfortable filing a complaint? 1 YES (100%) NO
12. Do you feel that this service is helping you? 1 YES (100%) NO
13. Are you satisfied with this provider? 1 YES (100%) NO
14. How long have you had this service?
1-11 months = 1 (100%) 1-3 years = over 3 years =

**IBHS-BC (4) * IBHS-BHT (5) * Family Based (12) * AST (1) * SP (2)
* Mobile Therapy (0) * MST (2)**

1. Does the provider return your call in a timely manner?
26 YES (100%) 0 NO (%)
2. Are staff respectful and friendly?
26 YES (100%) 0 NO (%)
3. Do you feel that your provider instills hope for you regarding your future?
26 YES (100%) 0 NO (%)
4. Are the services provided sensitive to your race, religion, and ethnic background?
26 YES (100%) 0 NO (%)
5. Do you feel that the provider listens to you?
26 YES (100%) 0 NO (%)
6. Do you feel that the provider is knowledgeable about the resources and support in the community? 26 YES (100%) 0 NO (0%)
7. Do you see the provider enough to meet your needs?
26 YES (100%) 0 NO (%)
8. Are you and your child involved in treatment planning goals and decision-making?
26 YES (100%) 0 NO (0%)
9. Does the provider keep in contact with you regarding your child's progress and/or concerns?
26 YES (100%) 0 NO (0%)

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

10. Has the discharge/transition plan been discussed with you?
25 YES (96%) 1 NO (4%)
11. Were you satisfied with the ISPT meeting?
26 YES (100%) 0 NO (0%)
12. Do you feel that your child is getting the help that he/she needs?
26 YES (100%) 0 NO (%)
13. If you had a problem with the provider, would you feel comfortable filing a complaint?
25 YES (100%) 1 NO (4%)
14. How long have you had this service?
1-11 MONTHS = 18 (69%) 1-3 YEARS = 7 (27%) over 3 years = 1 (4%)
15. Are you satisfied with this provider?
26 YES (100%) 0 NO (%)

2023-2024 C/FST Annual Report Summary:

1. Consumer Satisfaction Overview

- **Purpose:** Evaluate consumer and family satisfaction with behavioral health services.
 - **Survey Scope:** 450 surveys completed with 170 individuals.
 - 76% conducted face-to-face, 24% by phone.
 - **Key Metrics:**
 - Positive response goal: 85%.
 - Most categories exceeded the benchmark.
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Above 85% Benchmark- Meets Expectations

Between 84%-80% - Satisfaction

Below 79% - Requires Action

No data available

2. Population Demographics

- **Age Distribution:**
 - Under 17: 38%.
 - 25–44: 31%.
 - 65+: 5%.
 - **Housing and Resource Use:**
 - 97% not at risk of homelessness.
 - 36% used food banks; 24% used transportation services (MATP).
-

3. Provider-Specific Questions

- **Tobacco Recovery:**
 - Awareness increased (from 40% to 60% in 2023–2024).
 - **Advanced Directives:**
 - 64% offered information during intake, consistent with prior years.
 - **Treatment and Employment:**
 - 99% of respondents said services helped maintain or obtain employment.
-

4. Service Performance

- **Mental Health (MH) Services:**
 - 100% satisfaction in outpatient therapy and peer support.
 - Most respondents reported feeling respected, listened to, and hopeful about the future.
 - **Drug & Alcohol (D&A) Services:**
 - High satisfaction rates, but medication explanation had areas for improvement (76%-79%).
-

Above 85% Benchmark- Meets Expectations

Between 84%-80% - Satisfaction

Below 79% - Requires Action

No data available

5. Managed Care Questions

- **Magellan Call Center Awareness:**
 - Increased to 99%.
 - **Complaint Filing Awareness:**
 - Awareness declined slightly (from 91% to 88%).
-

6. Quality of Life and Accessibility

- **Adult MH:**
 - 98% felt they could make treatment decisions.
 - 86% reported significant improvement in quality of life.
 - **Child/Family Services:**
 - 89% did not face challenges in accessing help.
 - Positive life impact was observed in 89% of respondents.
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7. Trends Across Providers

- **Performance by Facility:**
 - Outpatient therapy and med management consistently had high satisfaction scores.
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Invitation to Participate in the Consumer and Family Satisfaction Team (CFST)

In alignment with the Pennsylvania Department of Human Services HealthChoices Behavioral Health Program Standards and Requirements (Appendix L), the Peer Empowerment Network Consumer and Family Satisfaction Team (CFST), Behavioral Health of Cambria County (BHoCC), the Cambria County Behavioral Health and Developmental Supports Program (BHDS), and Magellan Behavioral Health of Pennsylvania are working together to gather valuable consumer and family feedback. This effort is essential to our continuous quality improvement process.

Above 85% Benchmark- Meets Expectations

Between 84%-80% - Satisfaction

Below 79% - Requires Action

No data available



The CFST program plays a vital role in assessing consumer and family satisfaction with services, focusing on areas such as access, service delivery, outcomes, appropriateness, and respectful treatment. Your participation as a provider of Mental Health, Drug & Alcohol, or Children's Behavioral Health Services is highly encouraged and a required component of the HealthChoices program.

We value your partnership in enhancing the quality of care in our community. Please contact Melissa Joseph at **CambriaCFST@outlook.com** to confirm your participation or for more information.

Thank you for being so committed to supporting individuals and families in our community.

Melissa Joseph
Cambria C/FST Director

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Above 85% Benchmark- Meets Expectations

Between 84%-80% - Satisfaction

Below 79% - Requires Action

No data available