Cambria County C/FST Quarterly Report

Reporting Period: Q3-Q4 2024- 2025 - January 1, 2025- June 30, 2025

Prepared by: Melissa Joseph, Director

Date Prepared: May 20, 2025

I. Executive Summary

Quarter 3 & Quarter 4, the Cambria County C/FST conducted satisfaction surveys across Mental Health, IBHS, and D&A. This report outlines feedback from individuals and families, identifies areas of strength and concern, and highlights steps being taken to support continuous quality improvements in Cambria County.

II. C/FST Overview

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

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

III. Survey Collection Summary

See table below for summary of collected surveys.

Demographics				
1. How survey was conducted	Count		Percentages	
n-Person		24		37%
Phone		23		35%
Provider via phone Grand Total		18 65		28%
2. Location of Completed Survey	Count	60	Percentages	10070
ACRP	Court	14	r di Calitagas	22%
Nulton		13		20%
C/FST		23		35%
PEN		5		8%
SHP		10		15%
Grand Total		65		100%
3. Age	Count		Percentages	
18-24		5		896
25-44		30		46%
15-64		30		46%
35 older		0		0%
Grand Total		85		100%
4. Zip Codes	Count		Percentages	
15902		26		40%
15906		27		42%
15904		12		18%
Grand Total 5. Homelessness	Count	65	Percentages	100%
Yes	Count	4	. arcentakas	6%
No .		56		86%
Yes, but revieving asssistance		5		8%
Grand Total		65		100%
B. Utilization of Food Bank	Count		Percentages	
Yes		39		60%
Nu		26		40%
Grand Total		65		100%
7.Utilization of Med Van	Count		Percentages	
Yes		27		42%
No	-	38		58%
Grand Total		65		100%
8. Satisfation with MedVan	Count		Percentages	
Yes	-	23		35%
No		5		8%
N/A		37		5796
Grand Total	Count	65	Determinate	100%
9. Family Doctor Yes	Count	60	Percentages	92%
No .	1	5		8%
Grand Total		65		100%
Tobacco Recovery	Count		Percentages	
Yes		14	Transmission of the Park Name	22%
No		11		17%
N/A		40		62%
Grand Total		65		100%
Advance Directives	Count		Percentages	
Yes		23		35%
No		16		25%
Can't Remember		26		40%
Grand Total		65		100%
Reovery Centers	Count		Percentages	
PEN Drop-In Center				
Yes		24	+	37%
No Constitution		41		63%
Grand Total Favor		65		100%
Yes	 	34		52%
No		31		48%
Grand Total		65		100%
Employment/Treatment Questions	Count		Percentages	
Yes	DATE OF S	23	A CONTRACTOR OF STREET, STREET	35%
		22		34%
No		20		31%
				100%
N/A		66	4	
N/A	Count	66	Percentages	
N/A Grand Total Barriers Yes	Count	66	Percentages	0%
N/A Grand Total Barriers Yes	Count		Percentages	100%
N/A Grand Total Barriers Yes	Count	0	Percentages	100%
N/A Grand Total Barriers Yes No Grand Total Specific Level of Care	Count	0 65	Percentages	100%
N/A Grand Total Barriers Yes No Grand Total Specific Level of Care Were you offered CPS/CRS		65 66	Percentages Count	100%
N/A Grand Total Barriers Yes No Grand Total Specific Levet of Care Were you offered CPS/CRS Yes		0 65 66	Percentages	100%
Yes No Grand Total Specific Level of Care Were you offered CPS/CRS		65 66	Percentages	0% 100% 100% 62% 38%

Count	Percent
4	
1	
	- Table September 1
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1	
63	979
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65	1009
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10	
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65	100%
1	100%
53	82%
65	100%
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65	100%
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	100%
55	85%
1577	15%
65	100%
1	2%
64	98%
65	100%
1	2%
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11-04-04-04-04-04-04-04-04-04-04-04-04-04-	98%
1 65	100%
Count	Percentage
57	88%
	12%
65	100%
-	
54	83%
1,1	17%
	100%
65	
65	200.0
65	20000
65	
65	75%
49	75%
4 <u>9</u> 1.3	75% 20 %
	63 2 65 65 65 18 47 65 13 3 49 65 65 65 65 65 65 65 65 65 65 65 65 65

Med Management Who is the Provider:	Count	Percentages
Who is the Provider:		
		400
		5
Grand Total	48	100%
2. How did you receive your services?		
In- Person	44	84%
Tolehealth		
Buth	4	13%
Grand Total	48	97%
3. Are the services provided sensitive to your race, religion, & ethnic background?		
Yes	48	100%
No		
Grand Total	48	100%
4. After your initial visit, were you		
offered an appointment with your		
prescriber within 90 days for your	1	
medication management appointment?		
Yes	45	94%
No	3	6%
Grand Total	48	100%
5. Do you feel that you can talk		
freely/openly to the provider?		
Yes	46	96%
No	2	496
N/A		
Grand Total	48	100%
8. Do you feel that your provider metilis		
hope inyou regarding your future? Yes	46	9695
Ng	2	496
Grand Total	48	100%
7. Do you feel that the provider listens	72	
to you?		
Yes	46	98%
No	2	496
Grand Total	48	100%
B. Are staff respectful and friendly?		
Yes	48	100%
No N/A		
Grand Total	48	100%
9. Are you given a chance to ask	40	20070
questions about your treatment?		
Yes	48	100%
No		
Grand Total	48	100%
10. Are the medications and their possible side effects clearly explained?		
Yes	48	100%
No.	-10	, ad 10
N/A		
Grand Total	48	100%
11. If you had a complaint, would you feel comfortable filings complaint?		
Yes	48	100%
No		
N/A	1.00	
Grand Total 12. Do you feel that you are getting the help you need?	48	100%
Yes	46	96%
Nn	2	496
N/A		
Grand Total	48	100%
12. Are you satisfied with the provider?		
Yes	46	96%
No	2	406
N/A		
Grand Total	48	100%

50	1009
50	1009
50	1009
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47	829
47	99
2	99
50	1009
49	989
1	29
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Walk- In Crisis	Count Pe	rcentages
1. Who is the Provider:		
Grand Total	6	100%
sensitive to your race, religion, &		40001
Yes	6	100%
No		
Grand Total	6	100%
3. Do you feet that the provider		
listens to you?		40004
Yes	6	100%
No		6 O () () (
Grand Total	6	100%
friendly?		1000/
Yes	6	100%
No Superior		4000/
Grand Total	6	100%
5. Did you with a peer?		4000/
Yes	6	100%
No		4600-
Grand Total	8	100%
6. Do you feel that your provider		
instills hope in you regarding your	- 1	
future?	6	100%
Yes	6	10070
No .	8	100%
Grand Total		100%
7. Were you satisfied with the		
services?		
Yes	6	100%
No		
Grand Total	6	100%
8. Did you receive community		
resources?		
Yes	6	100%
No		
Grand Total	6	100%
C. Did you ravious afailow up		
9. Did you revieve a follow- up appointment for treatment?		
Yes	5	83%
No.	1	17%
Grand Total	6	100%
		20070
10. What did you like most about		
your experience at the Walk in		
Crisis Center?		
COMMENTS:		4 707
1. Everyone friendly	1	17%
2. The staff were very nice.	1	17%
3. The staff	1	17%
4. Patiens and being nice	1	17%
5. I don't know	1	17%
6. Nothing	1	17%
Grand Total	6	100%
11. What would you improve		
about the Walk-In Crisis Center?		
1 Door Bell, being buzzed in	1	17%
2.Open longer	1	17%
3. Snacks	2	33%
5.Nothing	2	33%
Grand Total	6	100%

Mobile Crisis	Count	Parcentage
1 What's the Provider:		
Umeraneum	2	100
Grand Total	2	1001
Z. Are the services provided sensitive to your race, religion, & ethnic background?		
Yes	2	1009
No		
Orand futal 3. Do you feel that the provider listens to you?	2	1009
Yes	2	1009
No		
Grand Total	2	1009
4. Are stoff respectful and friendly?		
Yes	2	1009
No		
Grand Total 5. Do you feel that your provider instills hope in your egarding your future?	2	100%
Yes	2	1009
No		
Orand Total	2	100%
6. Do you fee that the provider is knowledgeable about the resources and community supports?		
Yes	2	100%
No		
Grand Total	2	100%
7. Do you feel that the provider instills hope?		
Yes	2	100%
No		
Grand Total Did you review a follow- up appointment	2	100%
for treatment?		
/as	2	100%
No.		
Orand Total	2	100%
7. If you had a complaint, would you leet comfortable filing a complaint?		
165	2	100%
ło.		
Grand Total ©. Do you feel that this service is holping?	2	100%
es	2	100%
i)		
	z	100%
irand Total		
iand Total 1. Are you satisfied with the provider?		
1. Are you satisfied		100%

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Blended Case Management	Count	Percentage
1. Who is the Provider:		
Grand Total	20	1009
2. How are you recieveling		
your services? In-Person	19	954
Totalicatth Both	1	59
Grand Total	20	100%
3. After your intake, were you offered an appointment		
Within 30 days? Yes	19	95%
No Grand Total	20	1009
	20	1007
4. Are the services provided sensitive to your race.		
religion, & ethnic background?		
Yes	20	100%
No Grand Total	20	100%
5. Do you feet that the		
provider listens to you?	20	100%
No Grand Total	20	100%
6. Are staff respectful and	- 20	1007
friendly? Yos	20	100%
No		
Grand Total 7. Do you feel that your	20	100%
provider instills hope in you regarding your future?		
Yes	20	100%
No Grand Total	20	100%
8. Do you participate in treatment planning goals?		1000000
You	20	100%
Orand Total	20	100%
9. Do you meet with the provider enough to meet		
your needs?		
Yes No	20	100%
Orand Total 10. Does the provider	20	100%
encourage you to make your		
nwn choices and be responsible for those		
chalces?	20	4.0.00
No.	20	100%
Grand Total L1. After your Intake, were	20	100%
ou offered an appointment		
vithin 30 days?	20	100%
No Grand Total	20	100%
LZ. Dogs the provider mest	20	100%
outin your home or another ocation that is most		
convenient for you?	19	95%
VO.	1	5%
Drand Total 13. Does the provider	20	100%
ncourage you to advocate		
or yourself?	20	100%
Srand Total	20	100%
id. Do you fool that this provider is knowledgeapto		
bout the resources and		
upports in the community?	20	100%
10		
Frand Total 5. How long have you had	20	100%
his service? - 11 Months	2	1.196
-3 Years	1.4	74% 10%
Pyor 3 Years Frand Total	19	100%
6. If you had a complaint, would you feel comfortable		
ling a complaint?		
es to	20	100%
7.Do you feel that this	50	100%
crylcols helping?	0.00	
05	20	L0:09%
cand Total	20	100%
8. Are you satisfied with the covider?		
45	20	100%

D&A Recovery Specialist	Count	Parcentages
1. Who is the Provider:		
Grand Total	7	100%
2. How are you recleveing		100%
your services?		100%
felehealth		
Both Grand Total	7	100%
J. Are the services provided sensitive to your		
race, religion, & ethnic background?	9	100%
No	1 7	
4. Do you feet that the		100%
provider listens to you?	7	100%
No		
Grand Total 5. Are staff respectful and	7	100%
friendly? Yes	7	169096
No Grand Total	7	100%
6. Do you feel that your		
provider instills hope in you regarding your future?		
Yas Na	7	10096
Grand Total		100%
7. Do you participate in treatment planning		
goets? Yes	7	100%
No		
8. Do you meet with the		100%
provider enough to meet your needs?		
Yes		100%
Grand Total	7	1,00%
9. Does the provider sncourage you to make your own choices and be responsible for those choices?		
Yes	7	100%
No Grand Total	7	100%
10. After your intake, were you offered an appointment within 30 days?		
No	- 2	I (HOPH)
Grand Total 11. Does the provider	7	100%
meet you in your home or another location that is most convenient for you?		
Yos No	1	86% 14%
Grand Fotal	7	100%
12. Does the provider encourage you to		
advocate for yourself? You	7	100%
No Grand Total	7	100%
13. Do you feet that this provider is knowledgeable about the		100%
resources and supports in the community?		
Ves No	7	100%
Grand Total	7	100%
14. How long have you had this service?		
1-11 Months 1-3 Years	7	100%
Over 3 Years Grand Fotal	7	100%
15. If you had a		100%
complaint, would you feet comfortable filling a complaint?		100%
No.		
Grand Total 16.Do you teel that this	7	1004
service is halping 7		11242
No.		100%
Grand Fotal 17. Are you satisfied with the provider?	/	1000
Min	7.	100%
Grand Fotat		100%

D&A Partial	Count	Percentage
1. Who is the Provider:		
Grand Total	1	100%
2. Do you feel that the provider instill		2007
hope in regards to your future?		
Yes	1	100%
No Grand Total		4000
3. Are the services provided	1	100%
sensitive to your race, religion, &		
ethnic background?		
Yes	1	100%
No		
Grand Total	1	100%
4. Does the provider give you a chance to make treament		
decisions?		
Yes	1	100%
No		
Grand Total	1	100%
6. Do you feel that you are getting the		
education that you need to managew	T T	
your Illness? Yes	1	1000/
No	1	100%
Grand Total	1	100%
6. Are you learnlung coping skills		
that help you manage your		
symptoms?		
Yes	1	100%
No Grand Total		4000
7. Do you feet that this provider is a	1	100%
safe place for you to express		
yourself?		
Yes	1	100%
No		
Grand Total	1	100%
B.Do you feel that the group sessions		
are helping? Yes	1	100%
No	-	10070
Grand Total	1	100%
9.Do you feel that the provider is		
knowledgeable about resouces and		
supports in the community?		
Yes No	1	100%
Grand Total	1	100%
10. If you had a complaint, would you	-	10070
eel comfortable filing a complaint?		
/es	1	100%
No		
Grand Total	1	100%
11.Do you feel that this service is		
netping? /es	1	4007/
No .	1	100%
Grand Total	1	100%
2. How long have you had this		20070
ervice?		
- 11 months	1	
-3years		100%
Over 3 years		
Grand Total 3. Are you satisfied with the	1	100%
ravider?		
es	1	100%
10		20070

MH In-Patient	Count	ercenta ges
. Who is the Provider:		
american and a second	-	
rand Total	16	100%
. Are the services provided ensitive to your race.	- 1	
eligion, & ethnic	1	
ackground?	16	100%
No		
Prand Total	18	100%
rovider listens to you?		
es	16	100%
o Prand Total	16	100%
, Are staff respectful and		
riendly?	16	100%
No		
Grand Total 5. Do you feel that your	16	100%
rovider instills hope in you		
egarding your future?	16	100%
vos No		
Franci Total	16	100%
3. Does the provider give you the chance to ask		
uestions about your		
roament?	16	100%
No		
Grand Total	16	100%
7. Are the medications and their possible side effects	- 1	
clearly explained?		
Yes No	16	100%
Grand Total	16	100%
. Are you tearning skills to		
holp you manage your		
Yes	16	100%
No Grand Total	16	100%
g. Do you feet that it is a safe	10	10040
place to express yourself?	16	100%
Yos	16	100%
Grand Total	16	100%
10. Are group session offered?		
Yes	16	100%
No Grand Total	16	100%
11. If you had a complaint.		
would you feet comfortable filing a complaint?		
Yes	16	100%
No	16	100%
Grand Total 12.Do you feel that this	10	1009
sorvice is helping?		
Yes	16	100%
Grand Total	16	100%
13. Were you offered a		
follow up appointment		
within 7 days of discharge?	16	100%
No		
Grand Total 14. Did you attend your	16	100%
follow up appointment?		
Yos No	1.6	LOOV
Grand Total	16	100%
14a. If no. share the barrier		
Yes		
Grand Total		
17. Are you satisfied with the provider?		
Yos	16	1003
No		
		100%

		Percenta
D&A Rehab	Count	ges
1. Who is the Provider:		
Providen	3	6
Grand Total	15	100%
2. Are the services provided sensitive to your race, religion, & ethnic background?		
Yes	15	100%
No Grand Total	15	100%
3. Do you feel that the provider listens to you?		
Yes No	15	100%
Orand Total	15	100%
4. Are staff respectful and friendly?		
No	15	100%
Grand Total	15	100%
5. Do you feel that your provider instills hope in you regarding your future?	'A'	
Yes No	1.5	100%
Grand Total	15	100%
6. Does the provider give you the chance to ask questions about your treament ?		
Yes No	15	100%
Orand Total 7. Are the medications and their possible side effects clearly	16	100%
explained? Yes	15	100%
No		
Grand Total 8. Are you learning skills to help you manage your symtoms?	15	100%
Yes	15	100%
Grand Total	15	100%
9. Do you feet that it is a safe place to		
oxpress yourself? Yes	1.5	100%
No Stand Fare		
Grand Total 10. Are group	15	100%
session offered?	15	100%
No		
Grand Fotal 11. If you had a complaint, would	15	100%
you feet comfortable filing a complaint?		
Yes	15	100%
Grand Total 12.Do you feel that this service is	15	100%
helping? Yes	15	100%
No		
Grand Total 13. Are you satisfied with the	15	100%
provider? Yes	1.5	100%
No Grand Total	15	100%

D&A Out/Pt	Count	Percentages
1. Who is the		
Provider:		
3	6	
- Coperations	- 1	
Grand Total	1.5	100%
2. Are the services	- 1	
provided sensitive to	- 1	
your race, religion, & ethnic background?		
Yes	15	100%
No		
Grand Total	15	100%
3. Do you feel that the provider listens to	- 1	
you?		
Yes	15	100%
No		4000
Grand Total 4. Are staff respectful	15	100%
and friendly?		
Yes	15	100%
No		
Grand Total 5. Do you feel that	15	100%
your provider instills		
hope in you regarding		
your future?		
Yes	L5	100%
No Grand Total	15	1,00%
G. Does the provider		
give you the chance to	3	
ask questions about		
your treament ? Yes	15	100%
No		100%
Orand Total	15	100%
7. Are the		
medications and their possible side effects		
clearly explained?		
Yes	15	100%
No		
Grand Total	15	100%
8. Are you learning skills to help you		
manage your		
symtoms?		
Yes	15	100%
No Grand Total	15	100%
9. How often do you		
participate in		
therapy?		200
Once a week Twice of more a week	3 4	20% 27%
Once a month	3	20%
Never	1	794
N/A	4	27%
Grand Total 10. How long have you	15	100%
had this service?		
1-11 Months	9	60%
1-3 Years	4	27%
Over 3 years	15	139
Grand Total 11. If you had a	15	100%
complaint, would you		
feel comfortable filing		
a complaint?		
Yes No	15	100%
Grand Total	15	100%
12. Are you satisfied		
with the provider?		
Yes No	1.5	100%
Grand Total	5	100%

D&A Methadone	Count	Percentage
1. Who is the Provider:		
Grand Total	7	100%
2. Are the services provided		
sensitive to your race,		
religion, & ethnic		
background? Yes	1	100%
No		100%
Grand Total	1	100%
3. Do you feel that the		
provider listens to you?		
Yes	1	100%
Grand Total	1	100%
4. Are staff respectful and		
friendly?		
Yes	1	100%
No Grand Total	1	1004
5. Do you feel that your	- 1	100%
provider instills hope in you	- 1	
regarding your future?		
Yes	1	100%
No		
Grand Total 6. Does the provider give	1	1004
you the chance to ask		
questions about your	- 1	
treament ?		
Yes	1	100%
No Grand Total		100%
7. Does the provider talk to	1	100%
you about how your		
medications are working for		
you?		
Yes No	1	100%
Grand Total	1	100%
B. Are the medications and	- 1	10070
heir possible side effects		
clearly explained?		
Yes	1	100%
No	_	4001/
Grand Total D. How often do you	1	100%
participate in therapy?		
Once a week	1	100%
Twice of more a week		
Once a month	_	
Never N/A	-	
Grand Total	1!	100%
10. How long have you had		
his service?		
1-11 Months	1	100%
1-3 Years		
Over 3 years Drand Total	1	100%
1. If you had a complaint,		10070
vould you feel comfortable		
ling a complaint?		
es lo	1	F00%
Frand Total	1	100%
2. Are you satisfied with		EOO TO
he provider?	1	
es es	2	100%
le		
Frand Total	1	100%

D&A Subaxone	Count	Percentages
1. Who is the		
Provider:	-	
Grand Total	5	100%
2. Are the services		
provided sensitive to		
your race, religion, &		
ethnic background? Yes	4	80%
No	1	20%
Grand Total	5	100%
3. Do you feel that the		
provider listens to you?		
Yes	4	80%
No	1	20%
Grand Total		100%
4. Are staff respectful and friendly?		
Yes	5	100%
No		
Grand Total	5	100%
6. Do you feel that your provider instills		
hope in you regarding		
your future?		
Yes	5	100%
No Orand Total	8	100%
Grand Total	- 0	10010
6. Does the provider		
give you the chance to		
ask questions about		
your treament ? Yes	5	100%
No		
Grand Total	5	100%
7. Does the provider		
talk to you about how your medications are		
working for you?		
Yes	5	100%
No		1 # 401
Grand Total 8. Are the	5	100%
medications and		
their possible side		
effects clearly	- 4	
explained? Yes	5	100%
No	- 1	1007
Grand Total	5	100%
9. How often do you		
participate in therapy?		
Once a week		
Twice of more a week		
Once a month	1	20%
Never N/A	3	20% 60%
Grand Total	5	100%
10. How long have you		
had this service?		
1-11 Months	31	604
1-3 Years Over 3 years	2	409
Grand Total	5	100%
11. If you had a	10	
complaint, would you		
filling a complaint?		
Yes	5	100%
No		
Grand Total	5	1009
12 Are you satisfied with the provider?		
Yes	5	1001
No		
Grand Total	5	100%

Family/Child Survey		
Demograpgics		
		Percentage
1. How survey was conducted	Count	S
In-Person	8	35%
Phone	15	65%
Provider via phone		
Grand Total	23	100%
2. Location of Completed		
Survey		
Provider	3	13%
PEN	20	87%
Grand Total	23	100%
3. Age		
Under 17	23	
Grand Total	23	100%
4. Zip Codes		
15902	11	48%
15906	10	43%
15904	2	9%
Grand Total	23	100%
5. Homelessness		
Yes	2	9%
No	21	91%
Yes, but revieving asssistance		
Grand Total	23	100%
6. Utilization of Food Bank		
Yes	16	70%
No	7	30%
Grand Total	23	100%
7.Utilization of Med Van		
Yes	7	30%
No	16	70%
Grand Total	23	100%
8. Satisfation with MedVan		
Yes	6	26%
No	1	4%
N/A	16	70%
Grand Total	23	100%
9. Family Doctor		
	23	100%
9. Family Doctor Yes No	23	100%

Managed Care Quesitions	Count	Percents
1. Before comfeting this		
survey, did you know that you can choose where you		
get your treament? Yos	23	100%
No Grand Total	23	100%
2. If you had questions about		
your benefits or treamtnet options, do you know how to		
contact Magellan?	23	100%
No Grand Total	23	100%
3. Before completing this	2.3	AUUW
survey did you know you can call Magellan member call center 24/7?		
Yes No	23	100%
Grand Total 4. Have you ever called the	23	100%
Magellan member call		
Yos	1 22	4%
Grand Total	23	96% 100%
4a. If yes, were you satisfied with the outcome?		
Yes Nn	1	4%
N/A Grand Total	22 23	96%
5, Are you aware of how file a	201	100%
complaint? Yes	32	/4%
No Grand Total	23	26% 100%
6. Have you over filed a complaint with Magellan?		
Yes No.	22	456 96%
Grand Total	23	100%
6a. If yes, were you sotisfied with the outcome?		
Ves No	- 3	414
N/A Grand Total	22	100%
7. Are you aware of how to file a greviance with		
Magellan? Yes	17	74%
No Grand Total	23	26%
B. Have you ever filed a grievance with Magellan? Yes		
No	23	100%
Grand Total	23	100%
Ba. If yes, were you satisfied with the outcome?		
Yes No		
N/A Grand Total	23	100%
State Questions	Count	Percentage
in the last 12 months did you		
or your child have problems getting the help that she/he		
Yes (ALWAYS)	3	13%
Sometimes No (Never)	20	87%
Grand Total	23	100%
Wer you given the chance to make treatment decisions? Yes (ALWAYS)	2/3	100%
Sometimes No (Never)		
Grand Total	23	100%
What effect has the treatment you received had on the quality of your life? The quality of my life is:		
Much Better A Little Better	9	391/4
About the Same	3	13%
A Little Worse Monte Worse		
Grand fotal	23	100%

Family/Ohild Survey Med Management	Count	Percentages
Who is the Provider:		
Grand Total	22	100%
2. How did you	72	100%
receive your services?		
m-Person Telehealth	19	86% 5%
Both Grand Total	22	100%
3. Are the services		100%
provided sensitive to your race, religion, & ethnic		
background? Yes	21	100%
No Grand Total	1 22	
4. After your Initial	32	100%
visit, were you offered an appointment with your prescriber		
within 90 days for your medication management		
appointment? Yes	20	89%
No	2	11%
6. Do you feet that	22	100%
you cantalk freely/openly to the provider?		
Yes No	22	100%
N/A		
Grand Total	22	100%
6. Do you feel that your provider instills hope in you regarding your		
future? Yes	22	100%
No Grand Total	22	100%
7. Do you feel that the provider listens to you?		100%
Yos No	22	100%
Grand Total 8. Are staff	22	100%
friendly?		
Yes	22	100%
N/A Grand Total		
e. Are you given a chance to ask questions about	22	100%
your treatment? Yes	22	100%
No		
Grand Total 10. Are the medications and their possible side	22	100%
effects clearly explained? Yos No N/A Grand Total	22	100%
NO N/A		
Grand Total 11. If you had a complaint, would you feel comfortable	22	100%
Vos	22	100%
V/A		
Grand Total L2. Do you feel that you are getting the	22	100%
nalp you need?	22	100%
V0 V/A		
Grand Total 13. Are you satisfied with the provider?	22	100%
VO N/A	22	100%
Grand Total	22	100%

Family/Child Opt/Therapy	Count	Percentages
Who is the Provider:		
	-	-
	- 4	
		-
Grand Total	19	100%
2. How did you receive		
your services? In- Person	19	100%
Telehealth		
Both		
Grand Total	19	100%
3. After your initial visit, were you offered an		
appointment with your	- 1	
prescriber within 90 days?		
Yes	12	63% 37%
No Grand Total	19	100%
4. Are the services		
provided sensitive to your race, religion, & ethnic		
background?		
Yos	19	100%
No Constant	19	100%
Grand Total 5. Do you feel that you can	Ta	100%
talk freely/openly to the	- 1	
provider? Yes	10	100%
No.	10	100%
N/A		
Orand Total	18	100%
6. Do you feel that your provider instills hope in		
youregarding your future?		
Yes	19	100%
No Grand Tetal	19	100%
	As	10070
7. Do you feel that the provider listens to you?		
Yes	19	100%
No Grand Total	19	100%
B. Are staff respectful and	19	19091
friendly?		
Yes No	19	100%
N/A		
Grand Total	1.0	100%
9. Are you given a chance		
to ask questions about		
Yes	19	100%
No	40	100%
Orand Total 10. If you had a complaint,	18	10070
would you feel		
comfortable filing a		
complaint? Yes	19	100%
No		
N/A		
Grand Total	19	100%
11. Do you feel that you are getting the help you need?		
Yes	19	100%
No		
Grand Total	1.9	100%
12. Are you satisfied with		
the provider?	19	100%
No		
N/A	40	1000
Grand Total	19	100%

Femily /Child Survey Blended CaseManagement L. Who is the Provider:	Count	Percuntage
Grand Total 2. How are you reclaveling your	12	1004
services?	12	1001
Telehealth		1001
Soth Grand Total	12	1009
1. Are the services provided		100,
sensitive to your race, religion, & ethnic background?	- 1	
Ven	12	1001
No Orand Total	12	1009
4. After your intake, were you		
offered an appointment within 30 days?		
Yos No	12	1009
Grand Total	12	100%
4. Do you feel that the provider listens to you?		
Yes	12	100%
No Grand Total	12	100%
5. Does your provider meet you		
Yas	a	679
Sometimes No	4	339
Grand Total	12	1004
8.Doyou feet that the provider		
rations to you?	12	100%
No Grand Total	12	100%
Grand Total 7. Are staff respectful and		100%
irlendly? Yes	12	100%
No Grand Total	12	4000
8. Doyou feel that your provider	12	100%
instills hope in you regarding your luture? Yes	12	100%
No		
Grand Total 9. Doyou participate in treatment planning goals?	12	100%
Yes No	12	100%
Grand Total	12	100%
10. Do you meet with the provider enough tomeet your needs?		
Yes No	12	100%
Grand Fotal 11. Does the provider encourgage you to make your own choices and be responsite for those	12	100%
choices?	12	100%
No. Brand Total		
12. Does your provider encourage	12	100%
you to advocate for yourself?	12	100%
No		
Grand Tetal	12	100%
13. Do you feel that the provider (s) knowledgable about community		
exourses and support?	12	100%
Vo.		
Frand Total 14. How long have you had this corvice?	2	100%
-11 montas	1.1	92%
-3 years ver 3 years	-1	875
Frand Total 5. Would you leet comfortable	12	100%
llinga complaint if you hasd a problem with this provider?		
las la	12	100%
Frand Total 6. Do you feel that this service is	12	100%
olping?	12	100%
fo Frand Total	12	100%
7. Are you satisfied with the	1.5	AUTO-Ne
royider?	12	100%
to .		

Family / Child Survey Mobile Crisis (REACH)	Count	Percentages
1. Who is the Provider:		
		100%
2. How did you receive		10078
your services?		
In- Person		
Phone Grand Total	3	100%
3. Are the services		
provided sensitive to your race, religion, &		
ethnic background?	3	100%
No		
Grand Total	3	100%
4. Do you feel that the provider listen to you?		
Yes	3	100%
No		
Grand Total 5. Are staff respectful	3	100%
and friendly?		
Yes	3	100%
No.	3	4000/
Grand Total 6. Do you feel that your	3	100%
provider instills hope	1	
in you regarding your	1	
future? Yes	3	100%
No		20070
Grand Total	3	100%
7. Do you feel that the		
provider is knowledgeable about		
the resources and		
support in the	4	
community?		
Yes No	3	100%
Grand Total	3	100%
6. Do you feel that your		
provider instills hope		
in you regarding your future?		
Yes	3	100%
No		
Grand Total	3	100%
9. Did you revieve a follow- up appointment for		
treatment?		
Yes	3	100%
No		
Grand Total 10. If you had a	3	100%
complaint, would you		
teel comfortable filing		
a complaint?		
Yes	3	100%
No Grand Total	3	100%
11. Do you feel that		
this services is helping		
you?	3	100%
Yes No	3	100%
Grand Total	3	100%
12. Are you satisfied		
with the provider? Yes	3	100%
No	3	100%
Grand Total	3	100%

Family/Child Survey After School Program	Count	Percentage
1. Who is the Provider:		
Grand Total	-	4000
2. Does the provider		1009
reture your calls	1	
promptly?		
Yes	1	1009
Grand Total	1	1009
4. Are staff respectful and		
friendly?		
Yes	1	1009
Grand Total	1	1009
5. Do you feel that your		
provider instills hope in	1	
you regarding your future? Yes		
No	1	1009
Grand Total	1	1009
6. Are the services		
provided sensitive to your		
race, religion, & ethnic background?		
Yes	1	1009
No		1007
Orand Total	1	100%
7. Do you feel that the		
provider listens to you? Yes	1	1009
No	- 1	1007
Grand Total	1	100%
8. Do you feel that the		
provider has knowledgeable resources	1	
and support in the	1	
community?		
Yes	1	100%
No.		
Grand Total 9. Do you see your	1	100%
provider enough to meet	1	
your needs?		
Yes	1	1009
Orand Total	1	100%
10. Are you and you child		100%
involved in treatment		
planning goals and		
decision making?	1	100%
No	-	100%
Grand Total	1	100%
11. Does the provider		W///
contact you regarding	1	
your child's prgress and or conserns?		
Yes	i	100%
No		
Grand Total	1	100%
12. Has the discharge/tranision plan		
seen discussed with you?		
res	t	100%
Vo		
Grand Total	1	100%
i3. Were you satisfied with the ISPT meeting?		
res	1	100%
No		20070
Grand Total	1	100%
4. Do you feel that your		
child is getting the help you need?		
'es		100%
40		100%
Grand Total	1	100%
5. Would you feet		
omfortable with filing a complaint If you had a		
problem with the		
provider?		
/ses	1	100%
46		
teamet Fater	1.	100%
5 Are you satisfied with		
5. Are you satisfied with the provider?		
5. Are you satisfied with	1	100%

Family/Child Survey IBHS/BHS	Count	Percentages
1. Who is the Provider:		
Grand Total	1	100%
2. Does the provider sture your calls		
promptly?		
Yes	1	100%
Orand Total	1	100%
4. Are staff respectful and		
friendly? Yes	1	100%
No		
Grand Total 5. Do you feel that your	1	100%
provider instills hope in		
you regarding your future? Yes	1	100%
No		
Grand Total 6. Are the services	1	100%
provided sensitive to your		
race, religion, & ethnic	1	
background? Yes	1	10094
No		
Grand Total 7. Do you feel that the	1	100%
provider listens to you?		
YA4 No	1	100%
Orand Total	1	100%
8. Do you feel that the		
provider has knowledgeable resources		
and support in the	1	
community? Yes	1	100%
No		
Grand Total		100%
9. Do you see your provider enough to meet		
your needs?		
Yes No	1	100%
Grand Total	1	100%
10. Are you and you child involved in treatment planning goals and decision making?		
Yua		100%
Orand Total	1	100%
11. Does the provider contact you regarding your child's prgress and or conserns?		
Yes	1	1.00%
No Grand Fotal	1	100%
Grand Fotat	*	100%
12. Has the discharge/tranision plan been discussed with you?		
Yes		100%
Grand Total 13. Were you satisfied	1	100%
with the ISPT meeting?		
Yes	1	1009
No Grand Total	1	100%
14. Do you feet that your		
child is getting the help		
Yas	1	1009
Orand Total	1	100%
15. Would you feel comfortable with filing a complaint if you hads a problem with the		1007
provider?	1	1.00%
No		1009
Grand Total 16 Are you satisfied with	- 1	1000
the provider?		
Yes No	X.	100%
Orand Total	1	1009
17 How long have you had this service? 1.11 months		100%
1-3 years Over 3 years		
Grand Total		1009

IBHS/BC	Count	Percentage
1. Who is the Provider:		
AND THE PERSON NAMED IN COLUMN 1	NA COLUMN	50
Grand Total	2	1009
2. Does the provider		
reture your calls		
promptly?	2	100
No		1.009
Grand Total	2	1009
4. Are staff respectful and		
friendly7 Yes	2	2 22 22 2
No		1001
Grand Total	2	1009
3. Do you feel that your		
provider instills hope in	i	
you regarding your future?	2	1000
Vo		1009
Grand Total	2	100
3. Are the services		
provided sensitive to your	1	
ace, religion, & ethnic		
res	2	1009
VO.		****
Prand Total	2	1009
. Do you feet that the		
rovider listens to you?	2	1009
No.	~	100
Frand Total	2	1000
3. Do you feet that the		
provider has	1	
cnowledgeable resources and support in the		
ommunity?	1	
/es	2	1009
V0		
Frand Total	2	1009
D. Do you see your provider enough to meet		
our needs?		
/es	2	1009
No.		
3rand Total	2	1009
to. Are you and you child nvolved in treatment		
stanning goats and	- 1	
tecision making?		
/es	2	1009
VO		
Orand Total	2	100%
contact you regarding		
our child's prgress and		
or conserns?		
(es	2	1009
Frand Total	2	1009
2. Has the	- 2	1004
lischarge/tranision plan		
een discussed with you?		the state of the state of
95	2	1009
io Grand Total	2	7,000
3. Were you satisfied	- 2	1009
vith the ISPT meeting?		
03		1009
10		
4. Do you feel that your	2	1009
hild is getting the help		
ou need 7		
as .	2	100%
10		
Frand Total	2	1,00%
5. Would you feet omfortable with filing a		
omplaint if you had a		
roblem with the		
ravider?		
da	2	1009
rand Fotal	2	
6. Are you satisfied with	2	100%
ne provider?		
05	2	100%
0		
rand Fotal	2	100%
7. How long have you ad this service?	1	
-11 months	2	100%
3.70 314		
vor 3 years		

Family/Child Survey		
1. Who is the Provider:	Count	Percentages
Grand Total 2. Does the provider	1	100%
reture your calls		
promptly?		
Yas No	1	100%
Grand Total	1	100%
4. Are staff respectful and friendly?		
Yos	1	100%
No		40.00
Grand Total 5. Do you feel that your	1	100%
provider instills hope in	1	
you regarding your future?	1	100%
No		10070
Grand Total	1	100%
6. Are the services provided sensitive to your		
race, religion, & ethnic	1	
background? Yes	1	100%
No No		
Grand Total	1	100%
7. Do you feel that the provider listens to you?		
Yes	1	100%
Orand Total	1	100%
B. Do you feel that the	1	10070
provider has		
and support in the		
community?		
Yes	1	100%
Grand Total	1	100%
9. Do you see your		
provider enough to meet your needs?		
Yes	1	100%
Grand Total	1	100%
10. Are you and you child		100%
involved in treatment		
planning goals and docision making?		
Yes	1	100%
Grand Total	1	100%
11. Does the provider	7	20070
contact you regarding		
your child's prgress and or conserns?	1	
Yes	1,	100%
No Grand Total	1	100%
200 100 - 100		25070
12. Has the	1	
discharge/tranision plan been discussed with you?		
Yes	1	100%
No Grand Total	1	100%
13. Were you satisfied		25576
with the ISPT meeting?		
Yes No	1	100%
Grand Total	1	100%
14. Do you feet that your child is getting the help		
you need?		
Yes	1	100%
Grand Total	1	100%
15. Would you feel		
comfortable with filing a		
problem with the		
provide:7		
Yos No	1	LOOM
Grand Total	1	100%
15. Are you satisfied with		
the provider?		100%
No		
Grand Total	1	100%

Mid Survey Family Based Count	Percentage
e Provider:	
7	1009
provider reture your calls	
7	1009
7	1009
ou receive your services?	100
7	1009
7	1084
espectful and triendly?	L009
	[003
7	100%
l that your provider instills	
regarding your future?	
7	1009
rvices provided sensitive to	1009
ilgion, & ethnic	
7	1009
7	1009
t that the provider listens to	
7	1009
t that the provider has the resources and support	100%
unity?	
7	100%
7	100%
your provider enough to	100 %
reds?	
7	100%
7	100%
nd you child involved in anning goals and decision	
7	100%
7	100%
provider contact you ur child's prigress and or	
7	1,00%
	14-4-
ischarge/tranision plan ed with you?	100%
7	100%
7	100%
salisfied with the ISPT	
7	100%
7	100%
el that your child is getting	100%
7	100%
7	100%
u feel comfortable with aint if you hads a problem dei?	
7	100%

tistied with the provider?	100%
,	100%
ider?	

75				