

# Cambria County C/FST Quarterly Report

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**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		
<b>1. How survey was conducted</b>	<b>Count</b>	<b>Percentages</b>
In-Person	24	37%
Phone	23	35%
Provider via phone	18	28%
<b>Grand Total</b>	<b>65</b>	<b>100%</b>
<b>2. Location of Completed Survey</b>	<b>Count</b>	<b>Percentages</b>
ACRP	14	22%
Nulton	13	20%
C/FST	23	35%
PEN	5	8%
SHP	10	15%
<b>Grand Total</b>	<b>65</b>	<b>100%</b>
<b>3. Age</b>	<b>Count</b>	<b>Percentages</b>
18-24	5	8%
25-44	30	46%
45-64	30	46%
65 older	0	0%
<b>Grand Total</b>	<b>65</b>	<b>100%</b>
<b>4. Zip Codes</b>	<b>Count</b>	<b>Percentages</b>
15902	26	40%
15906	27	42%
15904	12	18%
<b>Grand Total</b>	<b>65</b>	<b>100%</b>
<b>5. Homelessness</b>	<b>Count</b>	<b>Percentages</b>
Yes	4	6%
No	56	86%
Yes, but receiving assistance	5	8%
<b>Grand Total</b>	<b>65</b>	<b>100%</b>
<b>6. Utilization of Food Bank</b>	<b>Count</b>	<b>Percentages</b>
Yes	39	60%
No	26	40%
<b>Grand Total</b>	<b>65</b>	<b>100%</b>
<b>7. Utilization of Med Van</b>	<b>Count</b>	<b>Percentages</b>
Yes	27	42%
No	38	58%
<b>Grand Total</b>	<b>65</b>	<b>100%</b>
<b>8. Satisfaction with Med Van</b>	<b>Count</b>	<b>Percentages</b>
Yes	23	35%
No	5	8%
N/A	37	57%
<b>Grand Total</b>	<b>65</b>	<b>100%</b>
<b>9. Family Doctor</b>	<b>Count</b>	<b>Percentages</b>
Yes	60	92%
No	5	8%
<b>Grand Total</b>	<b>65</b>	<b>100%</b>
<b>Tobacco Recovery</b>	<b>Count</b>	<b>Percentages</b>
Yes	14	22%
No	11	17%
N/A	40	62%
<b>Grand Total</b>	<b>65</b>	<b>100%</b>
<b>Advance Directives</b>	<b>Count</b>	<b>Percentages</b>
Yes	23	35%
No	16	25%
Can't Remember	26	40%
<b>Grand Total</b>	<b>65</b>	<b>100%</b>
<b>Recovery Centers</b>	<b>Count</b>	<b>Percentages</b>
<b>PEN Drop-In Center</b>		
Yes	24	37%
No	41	63%
<b>Grand Total</b>	<b>65</b>	<b>100%</b>
<b>Favor</b>		
Yes	34	52%
No	31	48%
<b>Grand Total</b>	<b>65</b>	<b>100%</b>
<b>Employment/Treatment Questions</b>	<b>Count</b>	<b>Percentages</b>
Yes	23	35%
No	22	34%
N/A	20	31%
<b>Grand Total</b>	<b>65</b>	<b>100%</b>
<b>Barriers</b>	<b>Count</b>	<b>Percentages</b>
Yes	0	0%
No	65	100%
<b>Grand Total</b>	<b>65</b>	<b>100%</b>
<b>Specific Level of Care</b>	<b>Count</b>	<b>Count</b>
<b>Were you offered CPS/CRS</b>		
Yes	40	62%
No	25	38%
<b>Grand Total</b>	<b>65</b>	<b>100%</b>

Managed Care Questions	Count	Percents
<b>1. Before completing this survey, did you know that you can choose where you get your treatment?</b>		
Yes	64	98%
No	1	2%
<b>Grand Total</b>	<b>65</b>	<b>100%</b>
<b>2. If you had questions about your benefits or treatment options, do you know how to contact Magellan?</b>		
Yes	63	97%
No	2	3%
<b>Grand Total</b>	<b>65</b>	<b>100%</b>
<b>3. Before completing this survey did you know you can call Magellan member call center 24/7?</b>		
Yes	57	88%
No	8	12%
<b>Grand Total</b>	<b>65</b>	<b>100%</b>
<b>4. Have you ever called the Magellan member call center?</b>		
Yes	18	28%
No	47	72%
<b>Grand Total</b>	<b>65</b>	<b>100%</b>
<b>4a. If yes, were you satisfied with the outcome?</b>		
Yes	13	20%
No	3	5%
N/A	49	75%
<b>Grand Total</b>	<b>65</b>	<b>100%</b>
<b>5. Are you aware of how file a complaint?</b>		
Yes	53	82%
No	12	18%
<b>Grand Total</b>	<b>65</b>	<b>100%</b>
<b>6. Have you ever filed a complaint with Magellan?</b>		
Yes	0	0%
No	65	100%
<b>Grand Total</b>	<b>65</b>	<b>100%</b>
<b>6a. If yes, were you satisfied with the outcome?</b>		
Yes		
No		
N/A	65	100%
<b>Grand Total</b>	<b>65</b>	<b>100%</b>
<b>7. Are you aware of how to file a grievance with Magellan?</b>		
Yes	55	85%
No	10	15%
<b>Grand Total</b>	<b>65</b>	<b>100%</b>
<b>8. Have you ever filed a grievance with Magellan?</b>		
Yes	1	2%
No	64	98%
N/A		
<b>Grand Total</b>	<b>65</b>	<b>100%</b>
<b>8a. If yes, were you satisfied with the outcome?</b>		
Yes	1	2%
No		
N/A	64	98%
<b>Grand Total</b>	<b>65</b>	<b>100%</b>
<b>State Questions</b>	<b>Count</b>	<b>Percentage</b>
<b>In the last 12 months were you able to get the help that you needed?</b>		
Yes (ALWAYS)	57	88%
Sometimes	8	12%
No (Never)		
<b>Grand Total</b>	<b>65</b>	<b>100%</b>
<b>Were you give the chance to make treatment decisions?</b>		
Yes (ALWAYS)	54	83%
Sometimes	11	17%
No (Never)	0	0%
<b>Grand Total</b>	<b>65</b>	<b>100%</b>
<b>What effect has the treatment you received had on the quality of your life? The quality of my life is:</b>		
Much Better	49	75%
A Little Better	13	20%
About the Same	3	5%
A Little Worse		
Much Worse		
<b>Grand Total</b>	<b>65</b>	<b>100%</b>

Med Management	Count	Percentages
Who is the Provider:		
██████████	1	2%
██████████	1	2%
██████████	1	2%
Grand Total	48	100%
2. How did you receive your services?		
In- Person	44	84%
Telehealth		
Both	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 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	4%
N/A		
Grand Total	48	100%
6. Do you feel that your provider instills hope in you regarding your future?		
Yes	46	96%
No	2	4%
Grand Total	48	100%
7. Do you feel that the provider listens to you?		
Yes	46	96%
No	2	4%
Grand Total	48	100%
8. Are staff respectful and friendly?		
Yes	48	100%
No		
N/A		
Grand Total	48	100%
9. Are you given a chance to ask 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		
N/A		
Grand Total	48	100%
11. If you had a complaint, would you feel comfortable filing a complaint?		
Yes	48	100%
No		
N/A		
Grand Total	48	100%
12. Do you feel that you are getting the help you need?		
Yes	46	96%
No	2	4%
N/A		
Grand Total	48	100%
12. Are you satisfied with the provider?		
Yes	46	96%
No	2	4%
N/A		
Grand Total	48	100%

Opt/Therapy	Count	Percentages
Who is the Provider:		
██████	1	2%
██████	1	2%
██████	1	2%
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
2. How did you receive your services?		
In- Person	47	92%
Telehealth	1	2%
Both	2	4%
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
3. After your initial visit, were you offered an appointment with your prescriber within 90 days?		
Yes	49	98%
No	1	2%
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
4. Are the services provided sensitive to your race, religion, & ethnic background?		
Yes	50	100%
No		
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
freely/openly to the provider?		
Yes	50	100%
No		
N/A		
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
6. Do you feel that your provider instills hope in you regarding your future?		
Yes	50	100%
No		
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
7. Do you feel that the provider listens to you?		
Yes	50	100%
No		
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
8. Are staff respectful and friendly?		
Yes	50	100%
No		
N/A		
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
9. Are you given a chance to ask questions about your treatment?		
Yes	49	98%
No	1	2%
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
10. If you had a complaint, would you feel comfortable filing a complaint?		
Yes	50	100%
No		
N/A		
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
11. Do you feel that you are getting the help you need?		
Yes	50	100%
No		
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
12. Are you satisfied with the provider?		
Yes	50	100%
No		
N/A		
<b>Grand Total</b>	<b>50</b>	<b>100%</b>

Walk- In Crisis	Count	Percentages
<b>1. Who is the Provider:</b>		
██████	1	17%
<b>Grand Total</b>	<b>6</b>	<b>100%</b>
<b>sensitive to your race, religion, &amp;</b>		
Yes	6	100%
No		
<b>Grand Total</b>	<b>6</b>	<b>100%</b>
<b>3. Do you feel that the provider listens to you?</b>		
Yes	6	100%
No		
<b>Grand Total</b>	<b>6</b>	<b>100%</b>
<b>friendly?</b>		
Yes	6	100%
No		
<b>Grand Total</b>	<b>6</b>	<b>100%</b>
<b>5. Did you with a peer?</b>		
Yes	6	100%
No		
<b>Grand Total</b>	<b>6</b>	<b>100%</b>
<b>6. Do you feel that your provider instills hope in you regarding your future?</b>		
Yes	6	100%
No		
<b>Grand Total</b>	<b>6</b>	<b>100%</b>
<b>7. Were you satisfied with the services?</b>		
Yes	6	100%
No		
<b>Grand Total</b>	<b>6</b>	<b>100%</b>
<b>8. Did you receive community resources?</b>		
Yes	6	100%
No		
<b>Grand Total</b>	<b>6</b>	<b>100%</b>
<b>9. Did you receive a follow- up appointment for treatment?</b>		
Yes	5	83%
No	1	17%
<b>Grand Total</b>	<b>6</b>	<b>100%</b>
<b>10. What did you like most about your experience at the Walk In Crisis Center?</b>		
<b>COMMENTS:</b>		
1. Everyone friendly	1	17%
2. The staff were very nice.	1	17%
3. The staff	1	17%
4. Patients and being nice	1	17%
5. I don't know	1	17%
6. Nothing	1	17%
<b>Grand Total</b>	<b>6</b>	<b>100%</b>
<b>11. What would you improve about the Walk-In Crisis Center?</b>		
1. Door Bell, being buzzed in	1	17%
2. Open longer	1	17%
3. Snacks	2	33%
5. Nothing	2	33%
<b>Grand Total</b>	<b>6</b>	<b>100%</b>

Mobile Crisis	Count	Percentages
1. Who is the Provider:		
1. [REDACTED]	2	100%
Grand Total	2	100%
2. Are the services provided sensitive to your race, religion, & ethnic background?		
Yes	2	100%
No		
Grand Total	2	100%
3. Do you feel that the provider listens to you?		
Yes	2	100%
No		
Grand Total	2	100%
4. Are staff respectful and friendly?		
Yes	2	100%
No		
Grand Total	2	100%
5. Do you feel that your provider instills hope in you regarding your future?		
Yes	2	100%
No		
Grand Total	2	100%
6. Do you feel 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	2	100%
8. Did you receive a follow-up appointment for treatment?		
Yes	2	100%
No		
Grand Total	2	100%
9. If you had a complaint, would you feel comfortable filing a complaint?		
Yes	2	100%
No		
Grand Total	2	100%
10. Do you feel that this service is helping?		
Yes	2	100%
No		
Grand Total	2	100%
11. Are you satisfied with the provider?		
Yes	2	100%
No		
Grand Total	2	100%

A. Who is the President		B. How are you feeling about your government?		C. How are you feeling about your government?	
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
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Grand Total	100%	Grand Total	100%	Grand Total	100%
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Yes	70%	Yes	70%	Yes	70%
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Grand Total	100%	Grand Total	100%	Grand Total	100%
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Grand Total	100%	Grand Total	100%	Grand Total	100%
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Grand Total	100%	Grand Total	100%	Grand Total	100%
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Grand Total	100%	Grand Total	100%	Grand Total	100%
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Grand Total	100%	Grand Total	100%	Grand Total	100%
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Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
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Grand Total	100%	Grand Total	100%	Grand Total	100%
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Grand Total	100%	Grand Total	100%	Grand Total	100%
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Grand Total	100%	Grand Total	100%	Grand Total	100%
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Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
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Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
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Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
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Grand Total	100%	Grand Total	100%	Grand Total	100%
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Grand Total	100%	Grand Total	100%	Grand Total	100%
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Grand Total	100%	Grand Total	100%	Grand Total	100%
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Grand Total	100%	Grand Total	100%	Grand Total	100%
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Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes	70%	Yes	70%	Yes	70%
No	30%	No	30%	No	30%
Grand Total	100%	Grand Total	100%	Grand Total	100%
Yes					



Blended Case Management	Count	Percentages
<b>1. Who is the Provider?</b>		
Grand Total	20	100%
<b>2. How are you receiving your services?</b>		
In-Person	19	95%
Telehealth	1	5%
Both		
Grand Total	20	100%
<b>3. After your intake, were you offered an appointment within 30 days?</b>		
Yes	19	95%
No	1	5%
Grand Total	20	100%
<b>4. Are the services provided sensitive to your race, religion, &amp; ethnic background?</b>		
Yes	20	100%
No		
Grand Total	20	100%
<b>5. Do you feel that the provider listens to you?</b>		
Yes	20	100%
No		
Grand Total	20	100%
<b>6. Are staff respectful and friendly?</b>		
Yes	20	100%
No		
Grand Total	20	100%
<b>7. Do you feel that your provider instills hope in you regarding your future?</b>		
Yes	20	100%
No		
Grand Total	20	100%
<b>8. Do you participate in treatment planning goals?</b>		
Yes	20	100%
No		
Grand Total	20	100%
<b>9. Do you meet with the provider enough to meet your needs?</b>		
Yes	20	100%
No		
Grand Total	20	100%
<b>10. Does the provider encourage you to make your own choices and be responsible for those choices?</b>		
Yes	20	100%
No		
Grand Total	20	100%
<b>11. After your intake, were you offered an appointment within 30 days?</b>		
Yes	20	100%
No		
Grand Total	20	100%
<b>12. Does the provider meet you in your home or another location that is most convenient for you?</b>		
Yes	19	95%
No	1	5%
Grand Total	20	100%
<b>13. Does the provider encourage you to advocate for yourself?</b>		
Yes	20	100%
No		
Grand Total	20	100%
<b>14. Do you feel that this provider is knowledgeable about the resources and supports in the community?</b>		
Yes	20	100%
No		
Grand Total	20	100%
<b>15. How long have you had this service?</b>		
1-11 Months	2	11%
1-3 Years	14	74%
Over 3 Years	3	16%
Grand Total	19	100%
<b>16. If you had a complaint, would you feel comfortable filing a complaint?</b>		
Yes	20	100%
No		
Grand Total	20	100%
<b>17. Do you feel that this service is helping?</b>		
Yes	20	100%
No		
Grand Total	20	100%
<b>18. Are you satisfied with the provider?</b>		
Yes	20	100%
No		
Grand Total	20	100%

<b>D&amp;A Recovery Specialist</b>	<b>Count</b>	<b>Percentages</b>
<b>1. Who is the Provider:</b>		
Grand Total	7	100%
<b>2. How are you receiving your services?</b>		
In-Person	7	100%
Telehealth		
Both		
Grand Total	7	100%
<b>3. Are the services provided sensitive to your race, religion, &amp; ethnic background?</b>		
Yes	6	100%
No	1	
Grand Total	7	100%
<b>4. Do you feel that the provider listens to you?</b>		
Yes	7	100%
No		
Grand Total	7	100%
<b>5. Are staff respectful and friendly?</b>		
Yes	7	100%
No		
Grand Total	7	100%
<b>6. Do you feel that your provider instills hope in you regarding your future?</b>		
Yes	7	100%
No		
Grand Total	7	100%
<b>7. Do you participate in treatment planning goals?</b>		
Yes	7	100%
No		
Grand Total	7	100%
<b>8. Do you meet with the provider enough to meet your needs?</b>		
Yes	7	100%
No		
Grand Total	7	100%
<b>9. Does the provider encourage you to make your own choices and be responsible for those choices?</b>		
Yes	7	100%
No		
Grand Total	7	100%
<b>10. After your intake, were you offered an appointment within 30 days?</b>		
Yes	7	100%
No		
Grand Total	7	100%
<b>11. Does the provider meet you in your home or another location that is most convenient for you?</b>		
Yes	6	86%
No	1	14%
Grand Total	7	100%
<b>12. Does the provider encourage you to advocate for yourself?</b>		
Yes	7	100%
No		
Grand Total	7	100%
<b>13. Do you feel that this provider is knowledgeable about the resources and supports in the community?</b>		
Yes	7	100%
No		
Grand Total	7	100%
<b>14. How long have you had this service?</b>		
1-11 Months	7	100%
1-3 Years		
Over 3 Years		
Grand Total	7	100%
<b>15. If you had a complaint, would you feel comfortable filing a complaint?</b>		
Yes	7	100%
No		
Grand Total	7	100%
<b>16. Do you feel that this service is helping?</b>		
Yes	7	100%
No		
Grand Total	7	100%
<b>17. Are you satisfied with the provider?</b>		
Yes	7	100%
No		
Grand Total	7	100%

D&A Partial	Count	Percentages
<b>1. Who is the Provider:</b>		
Grand Total	1	100%
<b>2. Do you feel that the provider instill hope in regards to your future?</b>		
Yes	1	100%
No		
Grand Total	1	100%
<b>3. Are the services provided sensitive to your race, religion, &amp; ethnic background?</b>		
Yes	1	100%
No		
Grand Total	1	100%
<b>4. Does the provider give you a chance to make treatment decisions?</b>		
Yes	1	100%
No		
Grand Total	1	100%
<b>6. Do you feel that you are getting the education that you need to manage your illness?</b>		
Yes	1	100%
No		
Grand Total	1	100%
<b>6. Are you learning coping skills that help you manage your symptoms?</b>		
Yes	1	100%
No		
Grand Total	1	100%
<b>7. Do you feel that this provider is a safe place for you to express yourself?</b>		
Yes	1	100%
No		
Grand Total	1	100%
<b>8. Do you feel that the group sessions are helping?</b>		
Yes	1	100%
No		
Grand Total	1	100%
<b>9. Do you feel that the provider is knowledgeable about resources and supports in the community?</b>		
Yes	1	100%
No		
Grand Total	1	100%
<b>10. If you had a complaint, would you feel comfortable filing a complaint?</b>		
Yes	1	100%
No		
Grand Total	1	100%
<b>11. Do you feel that this service is helping?</b>		
Yes	1	100%
No		
Grand Total	1	100%
<b>12. How long have you had this service?</b>		
1-11 months	1	
1-3 years		100%
Over 3 years		
Grand Total	1	100%
<b>13. Are you satisfied with the provider?</b>		
Yes	1	100%
No		
Grand Total	1	100%

MH In-Patient	Count	Percentages
1. Who is the Provider:		
Grand Total	16	100%
2. Are the services provided sensitive to your race, religion, & ethnic background?		
Yes	16	100%
No		
Grand Total	16	100%
3. Do you feel that the provider listens to you?		
Yes	16	100%
No		
Grand Total	16	100%
4. Are staff respectful and friendly?		
Yes	16	100%
No		
Grand Total	16	100%
5. Do you feel that your provider instills hope in you regarding your future?		
Yes	16	100%
No		
Grand Total	16	100%
6. Does the provider give you the chance to ask questions about your treatment?		
Yes	16	100%
No		
Grand Total	16	100%
7. Are the medications and their possible side effects clearly explained?		
Yes	16	100%
No		
Grand Total	16	100%
8. Are you learning skills to help you manage your symptoms?		
Yes	16	100%
No		
Grand Total	16	100%
9. Do you feel that it is a safe place to express yourself?		
Yes	16	100%
No		
Grand Total	16	100%
10. Are group sessions offered?		
Yes	16	100%
No		
Grand Total	16	100%
11. If you had a complaint, would you feel comfortable filing a complaint?		
Yes	16	100%
No		
Grand Total	16	100%
12. Do you feel that this service is helping?		
Yes	16	100%
No		
Grand Total	16	100%
13. Were you offered a follow up appointment within 7 days of discharge?		
Yes	16	100%
No		
Grand Total	16	100%
14. Did you attend your follow up appointment?		
Yes	16	100%
No		
Grand Total	16	100%
14a. If no, share the barrier		
Yes		
No		
Grand Total		
17. Are you satisfied with the provider?		
Yes	16	100%
No		
Grand Total	16	100%

D&A Rehab	Count	Percentages
<b>1. Who is the Provider:</b>		
	3	20%
		20%
		20%
<b>Grand Total</b>	<b>15</b>	<b>100%</b>
<b>2. Are the services provided sensitive to your race, religion, &amp; ethnic background?</b>		
Yes	15	100%
No		
<b>Grand Total</b>	<b>15</b>	<b>100%</b>
<b>3. Do you feel that the provider listens to you?</b>		
Yes	15	100%
No		
<b>Grand Total</b>	<b>15</b>	<b>100%</b>
<b>4. Are staff respectful and friendly?</b>		
Yes	15	100%
No		
<b>Grand Total</b>	<b>15</b>	<b>100%</b>
<b>5. Do you feel that your provider instills hope in you regarding your future?</b>		
Yes	15	100%
No		
<b>Grand Total</b>	<b>15</b>	<b>100%</b>
<b>6. Does the provider give you the chance to ask questions about your treatment?</b>		
Yes	15	100%
No		
<b>Grand Total</b>	<b>15</b>	<b>100%</b>
<b>7. Are the medications and their possible side effects clearly explained?</b>		
Yes	15	100%
No		
<b>Grand Total</b>	<b>15</b>	<b>100%</b>
<b>8. Are you learning skills to help you manage your symptoms?</b>		
Yes	15	100%
No		
<b>Grand Total</b>	<b>15</b>	<b>100%</b>
<b>9. Do you feel that it is a safe place to express yourself?</b>		
Yes	15	100%
No		
<b>Grand Total</b>	<b>15</b>	<b>100%</b>
<b>10. Are group sessions offered?</b>		
Yes	15	100%
No		
<b>Grand Total</b>	<b>15</b>	<b>100%</b>
<b>11. If you had a complaint, would you feel comfortable filing a complaint?</b>		
Yes	15	100%
No		
<b>Grand Total</b>	<b>15</b>	<b>100%</b>
<b>12. Do you feel that this service is helping?</b>		
Yes	15	100%
No		
<b>Grand Total</b>	<b>15</b>	<b>100%</b>
<b>13. Are you satisfied with the provider?</b>		
Yes	15	100%
No		
<b>Grand Total</b>	<b>15</b>	<b>100%</b>

D&A Out/Pt	Count	Percentages
<b>1. Who is the Provider:</b>		
Physician	1	6.7%
Physician Assistant	1	6.7%
Nurse Practitioner	1	6.7%
<b>Grand Total</b>	<b>15</b>	<b>100%</b>
<b>2. Are the services provided sensitive to your race, religion, &amp; ethnic background?</b>		
Yes	15	100%
No		
<b>Grand Total</b>	<b>15</b>	<b>100%</b>
<b>3. Do you feel that the provider listens to you?</b>		
Yes	15	100%
No		
<b>Grand Total</b>	<b>15</b>	<b>100%</b>
<b>4. Are staff respectful and friendly?</b>		
Yes	15	100%
No		
<b>Grand Total</b>	<b>15</b>	<b>100%</b>
<b>5. Do you feel that your provider instills hope in you regarding your future?</b>		
Yes	15	100%
No		
<b>Grand Total</b>	<b>15</b>	<b>100%</b>
<b>6. Does the provider give you the chance to ask questions about your treatment ?</b>		
Yes	15	100%
No		
<b>Grand Total</b>	<b>15</b>	<b>100%</b>
<b>7. Are the medications and their possible side effects clearly explained?</b>		
Yes	15	100%
No		
<b>Grand Total</b>	<b>15</b>	<b>100%</b>
<b>8. Are you learning skills to help you manage your symptoms?</b>		
Yes	15	100%
No		
<b>Grand Total</b>	<b>15</b>	<b>100%</b>
<b>9. How often do you participate in therapy?</b>		
Once a week	3	20%
Twice or more a week	4	27%
Once a month	3	20%
Never	1	7%
N/A	4	27%
<b>Grand Total</b>	<b>15</b>	<b>100%</b>
<b>10. How long have you had this service?</b>		
1-11 Months	9	60%
1-3 Years	4	27%
Over 3 years	2	13%
<b>Grand Total</b>	<b>15</b>	<b>100%</b>
<b>11. If you had a complaint, would you feel comfortable filing a complaint?</b>		
Yes	15	100%
No		
<b>Grand Total</b>	<b>15</b>	<b>100%</b>
<b>12. Are you satisfied with the provider?</b>		
Yes	15	100%
No		
<b>Grand Total</b>	<b>15</b>	<b>100%</b>

D&A Methadone	Count	Percentages
<b>1. Who is the Provider:</b>		
██████████	1	100%
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>2. Are the services provided sensitive to your race, religion, &amp; ethnic background?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>3. Do you feel that the provider listens to you?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>4. Are staff respectful and friendly?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>5. Do you feel that your provider instills hope in you regarding your future?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>6. Does the provider give you the chance to ask questions about your treatment ?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>7. Does the provider talk to you about how your medications are working for you?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>8. Are the medications and their possible side effects clearly explained?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>9. How often do you participate in therapy?</b>		
Once a week	1	100%
Twice or more a week		
Once a month		
Never		
N/A		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>10. How long have you had this service?</b>		
1-11 Months	1	100%
1-3 Years		
Over 3 years		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>11. If you had a complaint, would you feel comfortable filing a complaint?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>12. Are you satisfied with the provider?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>

D&A Suboxone	Count	Percentages
<b>1. Who is the Provider:</b>		
██████████	5	100%
<b>Grand Total</b>	<b>5</b>	<b>100%</b>
<b>2. Are the services provided sensitive to your race, religion, &amp; ethnic background?</b>		
Yes	4	80%
No	1	20%
<b>Grand Total</b>	<b>5</b>	<b>100%</b>
<b>3. Do you feel that the provider listens to you?</b>		
Yes	4	80%
No	1	20%
<b>Grand Total</b>	<b>5</b>	<b>100%</b>
<b>4. Are staff respectful and friendly?</b>		
Yes	5	100%
No		
<b>Grand Total</b>	<b>5</b>	<b>100%</b>
<b>5. Do you feel that your provider instills hope in you regarding your future?</b>		
Yes	5	100%
No		
<b>Grand Total</b>	<b>5</b>	<b>100%</b>
<b>6. Does the provider give you the chance to ask questions about your treatment?</b>		
Yes	5	100%
No		
<b>Grand Total</b>	<b>5</b>	<b>100%</b>
<b>7. Does the provider talk to you about how your medications are working for you?</b>		
Yes	5	100%
No		
<b>Grand Total</b>	<b>5</b>	<b>100%</b>
<b>8. Are the medications and their possible side effects clearly explained?</b>		
Yes	5	100%
No		
<b>Grand Total</b>	<b>5</b>	<b>100%</b>
<b>9. How often do you participate in therapy?</b>		
Once a week		
Twice or more a week		
Once a month	1	20%
Never	1	20%
N/A	3	80%
<b>Grand Total</b>	<b>5</b>	<b>100%</b>
<b>10. How long have you had this service?</b>		
1-11 Months		
1-3 Years	3	60%
Over 3 years	2	40%
<b>Grand Total</b>	<b>5</b>	<b>100%</b>
<b>11. If you had a complaint, would you feel comfortable filing a complaint?</b>		
Yes	5	100%
No		
<b>Grand Total</b>	<b>5</b>	<b>100%</b>
<b>12. Are you satisfied with the provider?</b>		
Yes	5	100%
No		
<b>Grand Total</b>	<b>5</b>	<b>100%</b>



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

Managed Care Questions	Count	Percents
<b>1. Before completing this survey, did you know that you can choose where you get your treatment?</b>		
Yes	23	100%
No		
<b>Grand Total</b>	<b>23</b>	<b>100%</b>
<b>2. If you had questions about your benefits or treatment options, do you know how to contact Magellan?</b>		
Yes	23	100%
No		
<b>Grand Total</b>	<b>23</b>	<b>100%</b>
<b>3. Before completing this survey did you know you can call Magellan member call center 24/7?</b>		
Yes	23	100%
No		0%
<b>Grand Total</b>	<b>23</b>	<b>100%</b>
<b>4. Have you ever called the Magellan member call center?</b>		
Yes	1	4%
No	22	96%
<b>Grand Total</b>	<b>23</b>	<b>100%</b>
<b>4a. If yes, were you satisfied with the outcome?</b>		
Yes	1	4%
No		
N/A	22	96%
<b>Grand Total</b>	<b>23</b>	<b>100%</b>
<b>5. Are you aware of how to file a complaint?</b>		
Yes	1	4%
No	8	26%
<b>Grand Total</b>	<b>23</b>	<b>100%</b>
<b>6. Have you ever filed a complaint with Magellan?</b>		
Yes	1	4%
No	22	96%
<b>Grand Total</b>	<b>23</b>	<b>100%</b>
<b>6a. If yes, were you satisfied with the outcome?</b>		
Yes	1	4%
No		
N/A	22	96%
<b>Grand Total</b>	<b>23</b>	<b>100%</b>
<b>7. Are you aware of how to file a grievance with Magellan?</b>		
Yes	17	74%
No	6	26%
<b>Grand Total</b>	<b>23</b>	<b>100%</b>
<b>8. Have you ever filed a grievance with Magellan?</b>		
Yes		
No	23	100%
N/A		
<b>Grand Total</b>	<b>23</b>	<b>100%</b>
<b>8a. If yes, were you satisfied with the outcome?</b>		
Yes		
No		
N/A	23	100%
<b>Grand Total</b>	<b>23</b>	<b>100%</b>
<b>State Questions</b>	<b>Count</b>	<b>Percentage</b>
<b>In the last 12 months did you or your child have problems getting the help that she/he needed?</b>		
Yes (ALWAYS)	3	13%
Sometimes		
No (Never)	20	87%
<b>Grand Total</b>	<b>23</b>	<b>100%</b>
<b>Were you given the chance to make treatment decisions?</b>		
Yes (ALWAYS)	23	100%
Sometimes		
No (Never)		
<b>Grand Total</b>	<b>23</b>	<b>100%</b>
<b>What effect has the treatment you received had on the quality of your life?</b>		
The quality of my life is:		
Much Better	9	39%
A Little Better	11	48%
About the Same	3	13%
A Little Worse		
Much Worse		
<b>Grand Total</b>	<b>23</b>	<b>100%</b>

Family/Child Survey Med Management	Count	Percentages
Who is the Provider:		
Grand Total	22	100%
2. How did you receive your services?		
In-Person	19	86%
Telehealth	1	5%
Both	2	9%
Grand Total	22	100%
3. Are the services provided sensitive to your race, religion, & ethnic background?		
Yes	21	100%
No	1	
Grand Total	22	100%
4. After your initial visit, were you offered an appointment with your prescriber within 90 days for your medication management appointment?		
Yes	20	89%
No	2	11%
Grand Total	22	100%
5. Do you feel that you can talk freely/openly to the provider?		
Yes	22	100%
No		
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?		
Yes	22	100%
No		
Grand Total	22	100%
8. Are staff respectful and friendly?		
Yes	22	100%
No		
N/A		
Grand Total	22	100%
9. Are you given a chance to ask questions about your treatment?		
Yes	22	100%
No		
Grand Total	22	100%
10. Are the medications and their possible side effects clearly explained?		
Yes	22	100%
No		
N/A		
Grand Total	22	100%
11. If you had a complaint, would you feel comfortable filing a complaint?		
Yes	22	100%
No		
N/A		
Grand Total	22	100%
12. Do you feel that you are getting the help you need?		
Yes	22	100%
No		
N/A		
Grand Total	22	100%
13. Are you satisfied with the provider?		
Yes	22	100%
No		
N/A		
Grand Total	22	100%

Family/Child Opt/Therapy	Count	Percentages
<b>Who is the Provider:</b>		
<b>Grand Total</b>	<b>19</b>	<b>100%</b>
<b>2. How did you receive your services?</b>		
In-Person	19	100%
Telehealth		
Both		
<b>Grand Total</b>	<b>19</b>	<b>100%</b>
<b>3. After your initial visit, were you offered an appointment with your prescriber within 90 days?</b>		
Yes	12	63%
No	7	37%
<b>Grand Total</b>	<b>19</b>	<b>100%</b>
<b>4. Are the services provided sensitive to your race, religion, &amp; ethnic background?</b>		
Yes	19	100%
No		
<b>Grand Total</b>	<b>19</b>	<b>100%</b>
<b>5. Do you feel that you can talk freely/openly to the provider?</b>		
Yes	19	100%
No		
N/A		
<b>Grand Total</b>	<b>19</b>	<b>100%</b>
<b>6. Do you feel that your provider instills hope in you regarding your future?</b>		
Yes	19	100%
No		
<b>Grand Total</b>	<b>19</b>	<b>100%</b>
<b>7. Do you feel that the provider listens to you?</b>		
Yes	19	100%
No		
<b>Grand Total</b>	<b>19</b>	<b>100%</b>
<b>8. Are staff respectful and friendly?</b>		
Yes	19	100%
No		
N/A		
<b>Grand Total</b>	<b>19</b>	<b>100%</b>
<b>9. Are you given a chance to ask questions about your treatment?</b>		
Yes	19	100%
No		
<b>Grand Total</b>	<b>19</b>	<b>100%</b>
<b>10. If you had a complaint, would you feel comfortable filing a complaint?</b>		
Yes	19	100%
No		
N/A		
<b>Grand Total</b>	<b>19</b>	<b>100%</b>
<b>11. Do you feel that you are getting the help you need?</b>		
Yes	19	100%
No		
<b>Grand Total</b>	<b>19</b>	<b>100%</b>
<b>12. Are you satisfied with the provider?</b>		
Yes	19	100%
No		
N/A		
<b>Grand Total</b>	<b>19</b>	<b>100%</b>

Family /Child Survey Blended Case Management	Count	Percentages
<b>1. Who is the Provider:</b>		
Grand Total	12	100%
<b>2. How are you receiving your services?</b>		
In Person	12	100%
Telehealth		
Both		
Grand Total	12	100%
<b>3. Are the services provided sensitive to your race, religion, &amp; ethnic background?</b>		
Yes	12	100%
No		
Grand Total	12	100%
<b>4. After your intake, were you offered an appointment within 30 days?</b>		
Yes	12	100%
No		
Grand Total	12	100%
<b>4. Do you feel that the provider listens to you?</b>		
Yes	12	100%
No		
Grand Total	12	100%
<b>5. Does your provider meet you where it is most convenient to you?</b>		
Yes	8	67%
Sometimes		
No	4	33%
Grand Total	12	100%
<b>6. Do you feel that the provider listens to you?</b>		
Yes	12	100%
No		
Grand Total	12	100%
<b>7. Are staff respectful and friendly?</b>		
Yes	12	100%
No		
Grand Total	12	100%
<b>8. Do you feel that your provider instills hope in you regarding your future?</b>		
Yes	12	100%
No		
Grand Total	12	100%
<b>9. Do you participate in treatment planning goals?</b>		
Yes	12	100%
No		
Grand Total	12	100%
<b>10. Do you meet with the provider enough to meet your needs?</b>		
Yes	12	100%
No		
Grand Total	12	100%
<b>11. Does the provider encourage you to make your own choices and be responsible for those choices?</b>		
Yes	12	100%
No		
Grand Total	12	100%
<b>12. Does your provider encourage you to advocate for yourself?</b>		
Yes	12	100%
No		
Grand Total	12	100%
<b>13. Do you feel that the provider is knowledgeable about community resources and support?</b>		
Yes	12	100%
No		
Grand Total	2	100%
<b>14. How long have you had this service?</b>		
1-11 months	11	92%
1-3 years	1	8%
over 3 years		
Grand Total	12	100%
<b>15. Would you feel comfortable filing a complaint if you had a problem with this provider?</b>		
Yes	12	100%
No		
Grand Total	12	100%
<b>16. Do you feel that this service is helping?</b>		
Yes	12	100%
No		
Grand Total	12	100%
<b>17. Are you satisfied with the provider?</b>		
Yes	12	100%
No		
Grand Total	12	100%

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

Family/Child Survey After School Program	Count	Percentages
<b>1. Who is the Provider:</b>		
Grand Total	1	100%
<b>2. Does the provider return your calls promptly?</b>		
Yes	1	100%
No		
Grand Total	1	100%
<b>4. Are staff respectful and friendly?</b>		
Yes	1	100%
No		
Grand Total	1	100%
<b>5. Do you feel that your provider instills hope in you regarding your future?</b>		
Yes	1	100%
No		
Grand Total	1	100%
<b>6. Are the services provided sensitive to your race, religion, &amp; ethnic background?</b>		
Yes	1	100%
No		
Grand Total	1	100%
<b>7. Do you feel that the provider listens to you?</b>		
Yes	1	100%
No		
Grand Total	1	100%
<b>8. Do you feel that the provider has knowledgeable resources and support in the community?</b>		
Yes	1	100%
No		
Grand Total	1	100%
<b>9. Do you see your provider enough to meet your needs?</b>		
Yes	1	100%
No		
Grand Total	1	100%
<b>10. Are you and your child involved in treatment planning goals and decision making?</b>		
Yes	1	100%
No		
Grand Total	1	100%
<b>11. Does the provider contact you regarding your child's progress and or concerns?</b>		
Yes	1	100%
No		
Grand Total	1	100%
<b>12. Has the discharge/transition plan been discussed with you?</b>		
Yes	1	100%
No		
Grand Total	1	100%
<b>13. Were you satisfied with the ISPT meeting?</b>		
Yes	1	100%
No		
Grand Total	1	100%
<b>14. Do you feel that your child is getting the help you need?</b>		
Yes	1	100%
No		
Grand Total	1	100%
<b>15. Would you feel comfortable with filing a complaint if you had a problem with the provider?</b>		
Yes	1	100%
No		
Grand Total	1	100%
<b>15. Are you satisfied with the provider?</b>		
Yes	1	100%
No		
Grand Total	1	100%

Family/Child Survey IBHS/BHS	Count	Percentages
<b>1. Who is the Provider:</b>		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>2. Does the provider return your calls promptly?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>4. Are staff respectful and friendly?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>5. Do you feel that your provider instills hope in you regarding your future?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>6. Are the services provided sensitive to your race, religion, &amp; ethnic background?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>7. Do you feel that the provider listens to you?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>8. Do you feel that the provider has knowledgeable resources and support in the community?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>9. Do you see your provider enough to meet your needs?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>10. Are you and your child involved in treatment planning goals and decision making?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>11. Does the provider contact you regarding your child's progress and or concerns?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>12. Has the discharge/transition plan been discussed with you?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>13. Were you satisfied with the ISPT meeting?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>14. Do you feel that your child is getting the help you need?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>15. Would you feel comfortable with filing a complaint if you had a problem with the provider?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>16. Are you satisfied with the provider?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>17. How long have you had this service?</b>		
1-11 months	1	100%
1-3 years		
Over 3 years		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>



Family/Child Survey IBHS/BC	Count	Percentages
<b>1. Who is the Provider:</b>		
From [REDACTED]	2	100%
<b>Grand Total</b>	<b>2</b>	<b>100%</b>
<b>2. Does the provider return your calls promptly?</b>		
Yes	2	100%
No		
<b>Grand Total</b>	<b>2</b>	<b>100%</b>
<b>4. Are staff respectful and friendly?</b>		
Yes	2	100%
No		
<b>Grand Total</b>	<b>2</b>	<b>100%</b>
<b>5. Do you feel that your provider instills hope in you regarding your future?</b>		
Yes	2	100%
No		
<b>Grand Total</b>	<b>2</b>	<b>100%</b>
<b>6. Are the services provided sensitive to your race, religion, &amp; ethnic background?</b>		
Yes	2	100%
No		
<b>Grand Total</b>	<b>2</b>	<b>100%</b>
<b>7. Do you feel that the provider listens to you?</b>		
Yes	2	100%
No		
<b>Grand Total</b>	<b>2</b>	<b>100%</b>
<b>8. Do you feel that the provider has knowledgeable resources and support in the community?</b>		
Yes	2	100%
No		
<b>Grand Total</b>	<b>2</b>	<b>100%</b>
<b>9. Do you see your provider enough to meet your needs?</b>		
Yes	2	100%
No		
<b>Grand Total</b>	<b>2</b>	<b>100%</b>
<b>10. Are you and you child involved in treatment planning goals and decision making?</b>		
Yes	2	100%
No		
<b>Grand Total</b>	<b>2</b>	<b>100%</b>
<b>11. Does the provider contact you regarding your child's progress and or concerns?</b>		
Yes	2	100%
No		
<b>Grand Total</b>	<b>2</b>	<b>100%</b>
<b>12. Has the discharge/transition plan been discussed with you?</b>		
Yes	2	100%
No		
<b>Grand Total</b>	<b>2</b>	<b>100%</b>
<b>13. Were you satisfied with the ISPT meeting?</b>		
Yes	2	100%
No		
<b>Grand Total</b>	<b>2</b>	<b>100%</b>
<b>14. Do you feel that your child is getting the help you need?</b>		
Yes	2	100%
No		
<b>Grand Total</b>	<b>2</b>	<b>100%</b>
<b>15. Would you feel comfortable with filing a complaint if you had a problem with the provider?</b>		
Yes	2	100%
No		
<b>Grand Total</b>	<b>2</b>	<b>100%</b>
<b>16. Are you satisfied with the provider?</b>		
Yes	2	100%
No		
<b>Grand Total</b>	<b>2</b>	<b>100%</b>
<b>17. How long have you had this service?</b>		
1-11 months	2	100%
1-3 years		
Over 3 years		
<b>Grand Total</b>	<b>2</b>	<b>100%</b>

<b>Family/Child Survey Summer Program</b>	<b>Count</b>	<b>Percentages</b>
<b>1. Who is the Provider:</b>		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>2. Does the provider return your calls promptly?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>4. Are staff respectful and friendly?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>5. Do you feel that your provider instills hope in you regarding your future?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>6. Are the services provided sensitive to your race, religion, &amp; ethnic background?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>7. Do you feel that the provider listens to you?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>8. Do you feel that the provider has knowledgeable resources and support in the community?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>9. Do you see your provider enough to meet your needs?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>10. Are you and your child involved in treatment planning goals and decision making?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>11. Does the provider contact you regarding your child's progress and or concerns?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>12. Has the discharge/transition plan been discussed with you?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>13. Were you satisfied with the ISPT meeting?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>14. Do you feel that your child is getting the help you need?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>15. Would you feel comfortable with filing a complaint if you had a problem with the provider?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>
<b>16. Are you satisfied with the provider?</b>		
Yes	1	100%
No		
<b>Grand Total</b>	<b>1</b>	<b>100%</b>

Family/Child Survey Family Based	Count	Percentages
1. Who is the Provider:		
■	1	100%
■	1	100%
Grand Total	2	100%
2. Does the provider return your calls promptly?		
Yes	2	100%
No		
Grand Total	2	100%
3. How do you receive your services?		
In-person	2	100%
Telehealth		
Both		
Grand Total	2	100%
4. Are staff respectful and friendly?		
Yes	2	100%
No		
Grand Total	2	100%
5. Do you feel that your provider instills hope in you regarding your future?		
Yes	2	100%
No		
Grand Total	2	100%
6. Are the services provided sensitive to your race, religion, & ethnic background?		
Yes	2	100%
No		
Grand Total	2	100%
7. Do you feel that the provider listens to you?		
Yes	2	100%
No		
Grand Total	2	100%
8. Do you feel that the provider has knowledgeable resources and support in the community?		
Yes	2	100%
No		
Grand Total	2	100%
9. Do you see your provider enough to meet your needs?		
Yes	2	100%
No		
Grand Total	2	100%
10. Are you and your child involved in treatment planning goals and decision making?		
Yes	2	100%
No		
Grand Total	2	100%
11. Does the provider contact you regarding your child's progress and or concerns?		
Yes	2	100%
No		
Grand Total	2	100%
12. Has the discharge/transition plan been discussed with you?		
Yes	2	100%
No		
Grand Total	2	100%
13. Were you satisfied with the ISPT meeting?		
Yes	2	100%
No		
Grand Total	2	100%
14. Do you feel that your child is getting the help you need?		
Yes	2	100%
No		
Grand Total	2	100%
15. Would you feel comfortable with filing a complaint if you had a problem with the provider?		
Yes	2	100%
No		
Grand Total	2	100%
15. Are you satisfied with the provider?		
Yes	2	100%
No		
Grand Total	2	100%

