

# Cambria County C/FST Quarterly Report

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**Reporting Period: Q1-Q2 2024- 2025 – July 1, 2024 – December 31, 2024**

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**Date Prepared: May 9, 2025**

## I. Executive Summary

Quarter 1 & Quarter 2, 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.

<b>Adult Survey Demographics</b>		
<b>1. How survey was conducted</b>	<b>Count</b>	<b>Percentages</b>
In-Person	26	52%
Phone	7	14%
Provider via phone	17	34%
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
<b>2. Location of Completed Survey</b>	<b>Count</b>	<b>Percentages</b>
Conemaugh Counseling	1	2%
Downtown	4	8%
Drop-in Center	2	4%
Nulton	17	34%
PEN	11	22%
Recovery in the Valley	15	30%
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
<b>3. Age</b>	<b>Count</b>	<b>Percentages</b>
18-24	2	4%
25-44	25	50%
45-64	19	38%
65 older	4	8%
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
<b>4. Zip Codes</b>	<b>Count</b>	<b>Percentages</b>
15902	17	37%
15906	8	16%
15904	5	10%
<b>Grand Total</b>	<b>30</b>	<b>63%</b>
<b>5. Homelessness</b>	<b>Count</b>	<b>Percentages</b>
Yes	1	2%
No	48	96%
Yes, but receiving assistance	1	2%
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
<b>6. Utilization of Food Bank</b>	<b>Count</b>	<b>Percentages</b>
Yes	32	64%
No	18	36%
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
<b>7. Utilization of Med Van</b>	<b>Count</b>	<b>Percentages</b>
Yes	32	64%
No	18	36%
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
<b>8. Satisfaction with MedVan</b>	<b>Count</b>	<b>Percentages</b>
Yes	32	64%
No	2	4%
N/A	16	32%
<b>Grand Total</b>	<b>50</b>	<b>100%</b>

<b>9. Family Doctor</b>	<b>Count</b>	<b>Percentages</b>
Yes	48	96%
No	2	4%
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
<b>Tobacco Recovery</b>	<b>Count</b>	<b>Percentages</b>
Yes	16	32%
No	5	10%
N/A	29	58%
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
<b>Advance Directives</b>	<b>Count</b>	<b>Percentages</b>
Yes	39	78%
No	2	4%
Can't Remember	9	18%
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
<b>Recovery Centers</b>	<b>Count</b>	<b>Percentages</b>
<b>PEN Drop-In Center</b>		
Yes	28	56%
No	22	44%
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
<b>Favor</b>		
Yes	9	18%
No	41	82%
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
<b>Employment/Treatment Questions</b>	<b>Count</b>	<b>Percentages</b>
Yes	16	32%
No	14	28%
N/A	20	40%
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
<b>Barriers</b>	<b>Count</b>	<b>Percentages</b>
Yes	0	0%
No	38	76%
Blank	12	24%
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
<b>Specific Level of Care</b>	<b>Count</b>	<b>Percentages</b>
<b>Were you offered CPS/CRS</b>		
Yes	27	54%
No	19	38%
Blank	4	8%
<b>Grand Total</b>	<b>50</b>	<b>100%</b>

<b>Adult Survey Managed Care Questions</b>	<b>Count</b>	<b>Percents</b>
<b>1. Before completing this survey, did you know that you can choose where you get your treatment?</b>		
Yes	48	96%
No	2	4%
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
<b>2. If you had questions about your benefits or treatment et options, do you know how to contact Magellan?</b>		
Yes	43	86%
No	7	14%
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
<b>3. Before completing this survey did you know you can call Magellan member call center 24/7?</b>		
Yes	39	78%
No	11	22%
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
<b>4. Have you ever called the Magellan member call center?</b>		
Yes	12	24%
No	38	76%
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
<b>4a. If yes, were you satisfied with the outcome?</b>		
Yes	9	18%
No	2	4%
N/A	39	78%
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
<b>5. Are you aware of how to file a complaint?</b>		
Yes	23	46%
No	27	54%
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
<b>6. Have you ever filed a complaint with Magellan?</b>		
Yes	3	6%
No	47	94%
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
<b>6a. If yes, were you satisfied with the outcome?</b>		
Yes	2	4%
No	1	2%
N/A	47	94%
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
<b>7. Are you aware of how to file a grievance with Magellan?</b>		

Yes	28	56%
No	22	44%
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
<b>8. Have you ever filed a grievance with Magellan?</b>		
Yes		
No	50	100%
N/A		
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
<b>8a. If yes, were you satisfied with the outcome?</b>		
Yes		
No		
N/A	50	100%
<b>Grand Total</b>	<b>50</b>	<b>100%</b>

<b>Adult Survey 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)	50	100%
Sometimes	0	0
No (Never)	0	0
<b>Grand Total</b>	<b>50</b>	<b>100%</b>
<b>Were you given the chance to make treatment decisions?</b>		
Yes (ALWAYS)	50	100%
Sometimes	0	0
No (Never)	0	0
<b>Grand Total</b>	<b>50</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	40	80%
A Little Better	6	12%
About the Same	4	8%
A Little Worse	0	0
Much Worse	0	0
<b>Grand Total</b>	<b>50</b>	<b>100%</b>

<b>Adult MH Medication Management</b>	<b>Count</b>	<b>Percentages</b>
<b>Who is the Provider:</b>		
	11	30%
	1	3%
	3	8%
	22	59%
<b>Grand Total</b>	<b>37</b>	<b>100%</b>
<b>2. How did you receive your services?</b>		
In- Person	31	84%
Telehealth	1	3%
Both	5	13%
<b>Grand Total</b>	<b>37</b>	<b>100%</b>
<b>3. Are the services provided sensitive to your race, religion, &amp; ethnic background?</b>		
Yes	37	100%
No		
<b>Grand Total</b>	<b>37</b>	<b>100%</b>
<b>4. After your initial visit, were you offered an appointment with your prescriber within 90 days for your medication management appointment?</b>		
Yes	33	89%
No	4	11%
<b>Grand Total</b>	<b>37</b>	<b>100%</b>
<b>5. Do you feel that you can talk freely/openly to the provider?</b>		
Yes	37	100%
No		
N/A		
<b>Grand Total</b>	<b>37</b>	<b>100%</b>
<b>6. Do you feel that your provider instills hope in you regarding your future?</b>		
Yes	37	100%
No		
<b>Grand Total</b>	<b>37</b>	<b>100%</b>
<b>7. Do you feel that the provider listens to you?</b>		
Yes	35	95%
No	2	5%
<b>Grand Total</b>	<b>37</b>	<b>100%</b>
<b>8. Are staff respectful and friendly?</b>		
Yes	35	4%
No	2	2%
N/A		94%
<b>Grand Total</b>	<b>37</b>	<b>100%</b>

<b>9. Are you given a chance to ask questions about your treatment?</b>		
Yes	37	100%
No		
<b>Grand Total</b>	<b>37</b>	<b>100%</b>
<b>10. Are the medications and their side effects clearly explained?</b>		
Yes	36	97%
No	1	3%
N/A		
<b>Grand Total</b>	<b>37</b>	<b>100%</b>
<b>11. If you had a complaint, would you feel comfortable filing a complaint?</b>		
Yes	36	97%
No	1	3%
N/A		
<b>Grand Total</b>	<b>37</b>	<b>100%</b>
<b>12. Do you feel that you are getting the help you need?</b>		
Yes	37	100%
No		
N/A		
<b>Grand Total</b>	<b>37</b>	<b>100%</b>
<b>13. Are you satisfied with the provider?</b>		
Yes	37	100%
No		
N/A		
<b>Grand Total</b>	<b>37</b>	<b>100%</b>

<b>Adult MH Out/Pt Therapy</b>	<b>Count</b>	<b>Percentages</b>
<b>Who is the Provider:</b>		
	8	30%
	1	3%
	3	8%
	22	59%
<b>Grand Total</b>	<b>34</b>	<b>100%</b>
<b>2. How did you receive your services?</b>		
In- Person	28	82%
Telehealth	3	9%
Both	3	9%
<b>Grand Total</b>	<b>34</b>	<b>100%</b>
<b>3. After your initial visit, were you offered an appointment with your prescriber within 90 days?</b>		
Yes	31	100%
No	3	
<b>Grand Total</b>	<b>34</b>	<b>100%</b>
<b>4. Are the services provided sensitive to your race, religion, &amp; ethnic background?</b>		
Yes	34	89%
No	0	11%
<b>Grand Total</b>	<b>34</b>	<b>100%</b>
<b>5. Do you feel that you can talk freely/openly to the provider?</b>		
Yes	33	97%
No	1	3%
N/A		
<b>Grand Total</b>	<b>34</b>	<b>100%</b>
<b>6. Do you feel that your provider instills hope in you regarding your future?</b>		
Yes	34	100%
No		
<b>Grand Total</b>	<b>34</b>	<b>100%</b>
<b>7. Do you feel that the provider listens to you?</b>		
Yes	34	100%
No		
<b>Grand Total</b>	<b>34</b>	<b>100%</b>
<b>8. Are staff respectful and friendly?</b>		
Yes	34	100%
No		
N/A		
<b>Grand Total</b>	<b>34</b>	<b>100%</b>

<b>9. Are you given a chance to ask questions about your treatment?</b>		
Yes	33	97%
No	1	3%
<b>Grand Total</b>	<b>34</b>	<b>100%</b>
<b>10. If you had a complaint, would you feel comfortable filing a complaint?</b>		
Yes	33	97%
No	1	3%
N/A		
<b>Grand Total</b>	<b>34</b>	<b>100%</b>
<b>11. Do you feel that you are getting the help you need?</b>		
Yes	34	100%
No		
<b>Grand Total</b>	<b>34</b>	<b>100%</b>
<b>12. Are you satisfied with the provider?</b>		
Yes	34	100%
No		
N/A		
<b>Grand Total</b>	<b>34</b>	<b>100%</b>

<b>Adult MH Walk- In Crisis</b>	<b>Count</b>	<b>Percentages</b>
<b>1. Who is the Provider:</b>		
	3	
<b>Grand Total</b>	<b>3</b>	<b>0%</b>
<b>2. 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>3. Do you feel that the provider listens to you?</b>		
Yes	3	100%
No		
<b>Grand Total</b>	<b>3</b>	<b>100%</b>
<b>4. Are staff respectful and friendly?</b>		
Yes	3	100%
No		
<b>Grand Total</b>	<b>3</b>	<b>100%</b>

<b>5. Did you with a peer?</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. Were you satisfied with the services?</b>		
Yes	3	100%
No		
<b>Grand Total</b>	<b>3</b>	<b>100%</b>
<b>8. Did you receive community resources?</b>		
Yes	3	100%
No		
<b>Grand Total</b>	<b>3</b>	<b>100%</b>
<b>9. Did you receive a follow-up appointment for treatment?</b>		
Yes	3	100%
No		
<b>Grand Total</b>	<b>3</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. <i>Everything</i>		
2. <i>The staff is very nice.</i>		
3. <i>The staff were very nice</i>		
<b>Grand Total</b>	<b>3</b>	<b>100%</b>
<b>11. What would you improve about the Walk-In Crisis Center?</b>		
1. <i>Nothing</i>		
2. <i>Nothing</i>		
3. <i>Nothing</i>		
<b>Grand Total</b>	<b>3</b>	<b>100%</b>
<b>12. 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>Adult MH Peer Support</b>	<b>Count</b>	<b>Percentages</b>
<b>1. Who is the Provider:</b>		
	10	
	11	
<b>Grand Total</b>	<b>21</b>	<b>0%</b>
<b>2. How are you receiving your services?</b>		
In-Person	21	100%
Telehealth		
Both		
<b>Grand Total</b>	<b>21</b>	<b>100%</b>
<b>3. Are the services provided sensitive to your race, religion, &amp; ethnic background?</b>		
Yes	21	100%
No		
<b>Grand Total</b>	<b>21</b>	<b>100%</b>
<b>4. Do you feel that the provider listens to you?</b>		
Yes	21	100%
No		
<b>Grand Total</b>	<b>21</b>	<b>100%</b>
<b>5. Are staff respectful and friendly?</b>		
Yes	21	100%
No		
<b>Grand Total</b>	<b>21</b>	<b>100%</b>
<b>6. Do you feel that your provider instills hope in you regarding your future?</b>		
Yes	21	100%
No		
<b>Grand Total</b>	<b>21</b>	<b>100%</b>
<b>7. Do you participate in treatment planning goals?</b>		
Yes	21	100%
No		
<b>Grand Total</b>	<b>21</b>	<b>100%</b>
<b>8. Do you meet with the provider enough to meet your needs?</b>		
Yes	21	100%
No		
<b>Grand Total</b>	<b>21</b>	<b>100%</b>
<b>9. Does the provider encourage you to make your own choices and be responsible for those choices?</b>		
Yes	21	100%
No		
<b>Grand Total</b>	<b>21</b>	<b>100%</b>
<b>10. Does the provider encourage you to advocate for yourself?</b>		
Yes	21	100%

No		
<b>Grand Total</b>	<b>21</b>	<b>100%</b>
<b>11. Do you feel that this provider is knowledgeable about the resources and support in the community?</b>		
Yes	21	100%
No		
<b>Grand Total</b>	<b>21</b>	<b>100%</b>
<b>12. After your intake, were you offered an appointment within 30 days?</b>		
Yes	21	100%
No		
<b>Grand Total</b>	<b>21</b>	<b>100%</b>
<b>13. Does the provider meet you in your home or another location that is most convenient for you?</b>		
Yes	21	100%
No		
<b>Grand Total</b>	<b>21</b>	<b>100%</b>
<b>14. How long have you had these services</b>		
1-11 Months	3	
1-3 Years	5	
Over 3 Years	13	
<b>Grand Total</b>	<b>21</b>	<b>0%</b>
<b>15. 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>16. Do you feel that this service is helping?</b>		
Yes	21	100%
No		
<b>Grand Total</b>	<b>21</b>	<b>100%</b>
<b>17. Are you satisfied with the provider?</b>		
Yes	21	100%
No		
<b>Grand Total</b>	<b>21</b>	<b>100%</b>

<b>Adult MH Blended Case Management</b>	<b>Count</b>	<b>Percentages</b>
<b>1. Who is the Provider:</b>		
	5	62%
	3	38%
<b>Grand Total</b>	<b>8</b>	<b>100%</b>
<b>2. How are you receiving your services?</b>		
In-Person	8	100%
Telehealth		
Both		
<b>Grand Total</b>	<b>8</b>	<b>100%</b>
<b>3. After your intake, were you offered an appointment within 30 days?</b>		
Yes	8	100%
No		
<b>Grand Total</b>	<b>8</b>	<b>100%</b>
<b>4. Are the services provided sensitive to your race, religion, &amp; ethnic background?</b>		
Yes	8	100%
No		
<b>Grand Total</b>	<b>8</b>	<b>100%</b>
<b>5. Do you feel that the provider listens to you?</b>		
Yes	8	100%
No		
<b>Grand Total</b>	<b>8</b>	<b>100%</b>
<b>6. Are staff respectful and friendly?</b>		
Yes	8	100%
No		
<b>Grand Total</b>	<b>8</b>	<b>100%</b>
<b>7. Do you feel that your provider instills hope in you regarding your future?</b>		
Yes	8	100%
No		
<b>Grand Total</b>	<b>8</b>	<b>100%</b>
<b>8. Do you participate in treatment planning goals?</b>		
Yes	8	100%
No		
<b>Grand Total</b>	<b>8</b>	<b>100%</b>
<b>9. Do you meet with the provider enough to meet your needs?</b>		
Yes	8	100%
No		
<b>Grand Total</b>	<b>8</b>	<b>100%</b>

<b>10. Does the provider encourage you to make your own choices and be responsible for those choices?</b>		
Yes	8	100%
No		
<b>Grand Total</b>	<b>8</b>	<b>100%</b>
<b>11. After your intake, were you offered an appointment within 30 days?</b>		
Yes	8	100%
No		
<b>Grand Total</b>	<b>8</b>	<b>100%</b>
<b>12. Does the provider meet you in your home or another location that is most convenient for you?</b>		
Yes	7	88%
No	1	12%
<b>Grand Total</b>	<b>8</b>	<b>100%</b>
<b>13. Does the provider encourage you to advocate for yourself?</b>		
Yes	8	100%
No		
<b>Grand Total</b>	<b>8</b>	<b>100%</b>
<b>14. Do you feel that this provider is knowledgeable about the resources and support in the community?</b>		
Yes	8	100%
No		
<b>Grand Total</b>	<b>8</b>	<b>100%</b>
<b>15. How long have you had this service?</b>		
1-11 Months		
1-3 Years	4	50%
Over 3 Years	4	50%
<b>Grand Total</b>	<b>8</b>	<b>100%</b>
<b>16. If you had a complaint, would you feel comfortable filing a complaint?</b>		
Yes	8	100%
No		
<b>Grand Total</b>	<b>8</b>	<b>100%</b>
<b>17. Do you feel that this service is helping?</b>		
Yes	8	100%
No		
<b>Grand Total</b>	<b>8</b>	<b>100%</b>
<b>18. Are you satisfied with the provider?</b>		
Yes	8	100%
No		
<b>Grand Total</b>	<b>8</b>	<b>100%</b>

Adult D&A Recovery Specialist	Count	Percentages
<b>1. Who is the Provider:</b>		
	2	
	1	
<b>Grand Total</b>	<b>3</b>	<b>100%</b>
<b>2. How are you receiving your services?</b>		
In-Person	3	100%
Telehealth		
Both		
<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 listens 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 participate in treatment planning goals?</b>		
Yes	3	100%
No		
<b>Grand Total</b>	<b>3</b>	<b>100%</b>
<b>8. Do you meet with the provider enough to meet your needs?</b>		
Yes	3	100%
No		
<b>Grand Total</b>	<b>3</b>	<b>100%</b>
<b>9. Does the provider encourage you to make your own choices and be responsible for those choices?</b>		
Yes		
No	3	100%
<b>Grand Total</b>	<b>3</b>	<b>100%</b>

<b>10. After your intake, were you offered an appointment within 30 days?</b>		
Yes	1	33%
No	2	67%
<b>Grand Total</b>	<b>3</b>	<b>100%</b>
<b>11. Does the provider meet you in your home or another location that is most convenient for you?</b>		
Yes	3	100%
No		
<b>Grand Total</b>	<b>3</b>	<b>100%</b>
<b>12. Does the provider encourage you to advocate for yourself?</b>		
Yes	3	100%
No		
<b>Grand Total</b>	<b>3</b>	<b>100%</b>
<b>13. Do you feel that this 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>14. How long have you had this service?</b>		
1-11 Months		
1-3 Years	3	100%
Over 3 Years		
<b>Grand Total</b>	<b>3</b>	<b>100%</b>
<b>15. 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>16. Do you feel that this service is helping?</b>		
Yes	3	100%
No		
<b>Grand Total</b>	<b>3</b>	<b>100%</b>
<b>17. Are you satisfied with the provider?</b>		
Yes	3	100%
No		
<b>Grand Total</b>	<b>3</b>	<b>100%</b>

<b>Adult D&amp;A Rehab</b>	<b>Count</b>	<b>Percentages</b>
<b>1. Who is the Provider:</b>		
	2	
	2	
<b>Grand Total</b>	<b>4</b>	<b>100%</b>
<b>2. Are the services provided sensitive to your race, religion, &amp; ethnic background?</b>		
Yes	4	100%
No		
<b>Grand Total</b>	<b>4</b>	<b>100%</b>
<b>3. Do you feel that the provider listens to you?</b>		
Yes	4	100%
No		
<b>Grand Total</b>	<b>4</b>	<b>100%</b>
<b>4. Are staff respectful and friendly?</b>		
Yes	4	100%
No		
<b>Grand Total</b>	<b>4</b>	<b>100%</b>
<b>5. Do you feel that your provider instills hope in you regarding your future?</b>		
Yes	4	100%
No		
<b>Grand Total</b>	<b>4</b>	<b>100%</b>
<b>6. Does the provider give you the chance to ask questions about your treatment?</b>		
Yes	4	100%
No		
<b>Grand Total</b>	<b>4</b>	<b>100%</b>
<b>7. Are the medications and their side effects clearly explained?</b>		
Yes	4	100%
No		
<b>Grand Total</b>	<b>4</b>	<b>100%</b>
<b>8. Are you learning skills to help you manage your symptoms?</b>		
Yes	4	100%
No		
<b>Grand Total</b>	<b>4</b>	<b>100%</b>
<b>9. Do you feel that it is a safe place to express yourself?</b>		
Yes	4	100%
No		

<b>Grand Total</b>	<b>4</b>	<b>100%</b>
<b>10. Are group sessions offered?</b>		
Yes	4	
No		100%
<b>Grand Total</b>	<b>4</b>	<b>100%</b>
<b>11. If you had a complaint, would you feel comfortable filing a complaint?</b>		
Yes	4	100%
No		
<b>Grand Total</b>	<b>4</b>	<b>100%</b>
<b>12. Do you feel that this service is helping?</b>		
Yes	2	100%
No		
<b>Grand Total</b>	<b>2</b>	<b>100%</b>
<b>13. Are you satisfied with the provider?</b>		
Yes		
No	2	100%
<b>Grand Total</b>	<b>2</b>	<b>100%</b>

<b>Adult D&amp;A Out/Pt</b>	<b>Count</b>	<b>Percentages</b>
<b>1. Who is the Provider:</b>		
	2	40%
	2	40%
	1	20%
<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	5	100%
No		
<b>Grand Total</b>	<b>5</b>	<b>100%</b>
<b>3. Do you feel that the provider listens to you?</b>		
Yes	5	100%
No		
<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. Are the medications and their side effects clearly explained?</b>		
Yes	5	100%
No		
<b>Grand Total</b>	<b>5</b>	<b>100%</b>
<b>8. Are you learning skills to help you manage your symptoms?</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	4	80%
Twice or more a week		
Once a month	1	20%
Never		
N/A		
<b>Grand Total</b>	<b>5</b>	<b>100%</b>
<b>10. How long have you had this service?</b>		
1-11 Months	4	80%
1-3 Years		
Over 3 years	1	20%
<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	
No		100%
<b>Grand Total</b>	<b>5</b>	<b>100%</b>
<b>12. Are you satisfied with the provider?</b>		
Yes	5	
No		100%
<b>Grand Total</b>	<b>5</b>	<b>100%</b>

<b>Adult D&amp;A Methadone</b>	<b>Count</b>	<b>Percentages</b>
<b>1. Who is the Provider:</b>		
	4	
<b>Grand Total</b>	<b>4</b>	<b>100%</b>
<b>2. Are the services provided sensitive to your race, religion, &amp; ethnic background?</b>		
Yes	4	100%
No		
<b>Grand Total</b>	<b>4</b>	<b>100%</b>
<b>3. Do you feel that the provider listens to you?</b>		
Yes	4	100%
No		
<b>Grand Total</b>	<b>4</b>	<b>100%</b>
<b>4. Are staff respectful and friendly?</b>		
Yes	4	100%
No		
<b>Grand Total</b>	<b>4</b>	<b>100%</b>
<b>5. Do you feel that your provider instills hope in you regarding your future?</b>		
Yes	4	100%
No		
<b>Grand Total</b>	<b>4</b>	<b>100%</b>
<b>6. Does the provider give you the chance to ask questions about your treatment?</b>		
Yes	4	100%
No		
<b>Grand Total</b>	<b>4</b>	<b>100%</b>
<b>7. Does the provider talk to you about how your medications are working for you?</b>		
Yes	4	100%
No		
<b>Grand Total</b>	<b>4</b>	<b>100%</b>
<b>8. Are the medications and their side effects clearly explained?</b>		
Yes	4	100%
No		
<b>Grand Total</b>	<b>4</b>	<b>100%</b>
<b>9. How often do you participate in therapy?</b>		
Once a week	1	20%
Twice or more a week		
Once a month		
Never		
N/A	4	80%

<b>Grand Total</b>	<b>5</b>	<b>100%</b>
<b>10. How long have you had this service?</b>		
1-11 Months	3	80%
1-3 Years	1	20%
Over 3 years		
<b>Grand Total</b>	<b>4</b>	<b>100%</b>
<b>11. If you had a complaint, would you feel comfortable filing a complaint?</b>		
Yes	4	100%
No		
<b>Grand Total</b>	<b>4</b>	<b>100%</b>
<b>12. Are you satisfied with the provider?</b>		
Yes	4	100%
No		
<b>Grand Total</b>	<b>4</b>	<b>100%</b>

<b>Adult D&amp;A Suboxone</b>	<b>Count</b>	<b>Percentages</b>
<b>1. Who is the Provider:</b>		
	4	
<b>Grand Total</b>	<b>4</b>	<b>100%</b>
<b>2. 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>3. Do you feel that the provider listens to you?</b>		
Yes	3	100%
No		
<b>Grand Total</b>	<b>3</b>	<b>100%</b>
<b>4. Are staff respectful and friendly?</b>		
Yes	3	100%
No		
<b>Grand Total</b>	<b>3</b>	<b>100%</b>
<b>5. 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>6. Does the provider give you the chance to ask questions about your treatment?</b>		
Yes	3	100%
No		
<b>Grand Total</b>	<b>3</b>	<b>100%</b>
<b>7. Does the provider talk to you about how your medications are working for you?</b>		
Yes	3	100%
No		
<b>Grand Total</b>	<b>3</b>	<b>100%</b>
<b>8. Are the medications and their side effects clearly explained?</b>		
Yes	3	100%
No		
<b>Grand Total</b>	<b>3</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		
N/A	2	80%

<b>Grand Total</b>	<b>3</b>	<b>100%</b>
<b>10. How long have you had this service?</b>		
1-11 Months	2	80%
1-3 Years		
Over 3 years	1	20%
<b>Grand Total</b>	<b>3</b>	<b>100%</b>
<b>11. 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>12. Are you satisfied with the provider?</b>		
Yes	3	100%
No		
<b>Grand Total</b>	<b>3</b>	<b>100%</b>

<b>Adult D&amp;A Vivitrol</b>	<b>Count</b>	<b>Percentages</b>
<b>1. Who is the Provider:</b>		
	2	
<b>Grand Total</b>	<b>2</b>	<b>100%</b>
<b>2. 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>3. 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>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. Does the provider give you the chance to ask</b>		

<b>questions about your treatment?</b>		
Yes	2	100%
No		
<b>Grand Total</b>	<b>2</b>	<b>100%</b>
<b>7. Does the provider talk to you about how your medications are working for you?</b>		
Yes	2	100%
No		
<b>Grand Total</b>	<b>2</b>	<b>100%</b>
<b>8. Are the medications and their side effects clearly explained?</b>		
Yes	2	100%
No		
<b>Grand Total</b>	<b>2</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		
Never		
N/A	2	100%
<b>Grand Total</b>	<b>2</b>	<b>100%</b>
<b>10. How long have you had this service?</b>		
1-11 Months		
1-3 Years	2	100%
Over 3 years		
<b>Grand Total</b>	<b>2</b>	<b>100%</b>
<b>11. If you had a complaint, would you feel comfortable filing a complaint?</b>		
Yes	2	100%
No		
<b>Grand Total</b>	<b>2</b>	<b>100%</b>
<b>12. Are you satisfied with the provider?</b>		
Yes	2	100%
No		
<b>Grand Total</b>	<b>2</b>	<b>100%</b>

<b>Family/Child Survey Demographics</b>		
<b>1. How survey was conducted</b>	<b>Count</b>	<b>Percentages</b>
In-Person	6	22%
Phone	21	78%
Provider via phone		
<b>Grand Total</b>	<b>27</b>	<b>100%</b>
<b>2. Location of Completed Survey</b>		
Provider - Nulton	3	10%
PEN	24	88%
<b>Grand Total</b>	<b>27</b>	<b>100%</b>
<b>3. Age</b>		
Under 17	27	
<b>Grand Total</b>	<b>27</b>	<b>100%</b>
<b>4. Zip Codes</b>		
15902	17	63%
15906	8	30%
15904	2	7%
<b>Grand Total</b>	<b>27</b>	<b>100%</b>
<b>5. Homelessness</b>		
Yes		
No	27	100%
Yes, but receiving assistance		
<b>Grand Total</b>	<b>27</b>	<b>100%</b>
<b>6. Utilization of Food Bank</b>		
Yes	11	41%
No	16	59%
<b>Grand Total</b>	<b>27</b>	<b>100%</b>
<b>7. Utilization of Med Van</b>		
Yes	1	4%
No	26	96%
<b>Grand Total</b>	<b>27</b>	<b>100%</b>
<b>8. Satisfaction with MedVan</b>		
Yes	1	4%
No	1	4%
N/A	25	93%
<b>Grand Total</b>	<b>27</b>	<b>100%</b>
<b>9. Family Doctor</b>		
Yes	27	100%
No		
<b>Grand Total</b>	<b>27</b>	<b>100%</b>

Family/Child Survey 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	28	100%
No		
<b>Grand Total</b>	<b>28</b>	<b>100%</b>
<b>2. If you had questions about your benefits or treatment et options, do you know how to contact Magellan?</b>		
Yes	28	100%
No		
<b>Grand Total</b>	<b>28</b>	<b>100%</b>
<b>3. Before completing this survey did you know you can call Magellan member call center 24/7?</b>		
Yes	27	96%
No	1	4%
<b>Grand Total</b>	<b>28</b>	<b>100%</b>
<b>4. Have you ever called the Magellan member call center?</b>		
Yes	4	14%
No	24	86%
<b>Grand Total</b>	<b>28</b>	<b>100%</b>
<b>4a. If yes, were you satisfied with the outcome?</b>		
Yes	4	14%
No		
N/A	24	86%
<b>Grand Total</b>	<b>28</b>	<b>100%</b>
<b>5. Are you aware of how to file a complaint?</b>		
Yes	26	93%
No	2	7%
<b>Grand Total</b>	<b>28</b>	<b>100%</b>
<b>6. Have you ever filed a complaint with Magellan?</b>		
Yes	28	100%
No		
<b>Grand Total</b>	<b>28</b>	<b>100%</b>
<b>6a. If yes, were you satisfied with the outcome?</b>		
Yes		
No		
N/A	28	100%
<b>Grand Total</b>	<b>28</b>	<b>100%</b>

<b>7. Are you aware of how to file a grievance with Magellan?</b>		
Yes	27	96%
No	1	4%
<b>Grand Total</b>	<b>28</b>	<b>100%</b>
<b>8. Have you ever filed a grievance with Magellan?</b>		
Yes		
No	28	100%
N/A		
<b>Grand Total</b>	<b>28</b>	<b>100%</b>
<b>8a. If yes, were you satisfied with the outcome?</b>		
Yes		
No		
N/A	28	100%
<b>Grand Total</b>	<b>28</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)		
Sometimes	3	11%
No (Never)	25	89%
<b>Grand Total</b>	<b>28</b>	<b>100%</b>
<b>Were you give the chance to make treatment decisions?</b>		
Yes (ALWAYS)	28	100%
Sometimes		
No (Never)		
<b>Grand Total</b>	<b>28</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	7	25%
A Little Better	11	39%
About the Same	10	36%
A Little Worse		
Much Worse		
<b>Grand Total</b>	<b>28</b>	<b>100%</b>

<b>Family/Child Survey Med Management</b>	<b>Count</b>	<b>Percentages</b>
<b>Who is the Provider:</b>		
	13	20%
	2	8%
	18	72%
<b>Grand Total</b>	<b>37</b>	<b>100%</b>
<b>2. How did you receive your services?</b>		
In- Person	33	89%
Telehealth	4	11%
Both	0	%
<b>Grand Total</b>	<b>37</b>	<b>100%</b>
<b>3. Are the services provided sensitive to your race, religion, &amp; ethnic background?</b>		
Yes	37	100%
No		
<b>Grand Total</b>	<b>37</b>	<b>100%</b>
<b>4. After your initial visit, were you offered an appointment with your prescriber within 90 days for your medication management appointment?</b>		
Yes	33	89%
No	4	11%
<b>Grand Total</b>	<b>37</b>	<b>100%</b>
<b>5. Do you feel that you can talk freely/openly to the provider?</b>		
Yes	37	100%
No		
N/A		
<b>Grand Total</b>	<b>37</b>	<b>100%</b>
<b>6. Do you feel that your provider instills hope in you regarding your future?</b>		
Yes	37	100%
No		
<b>Grand Total</b>	<b>37</b>	<b>100%</b>
<b>7. Do you feel that the provider listens to you?</b>		
Yes	35	95%
No	2	5%
<b>Grand Total</b>	<b>37</b>	<b>100%</b>
<b>8. Are staff respectful and friendly?</b>		
Yes	35	4%
No	2	2%

N/A		94%
<b>Grand Total</b>	<b>37</b>	<b>100%</b>
<b>9. Are you given a chance to ask questions about your treatment?</b>		
Yes	37	100%
No		
<b>Grand Total</b>	<b>37</b>	<b>100%</b>
<b>10. Are the medications and their possible side effects clearly explained?</b>		
Yes	36	97%
No	1	3%
N/A		
<b>Grand Total</b>	<b>37</b>	<b>100%</b>
<b>11. If you had a complaint, would you feel comfortable filing a complaint?</b>		
Yes	36	97%
No	1	3%
N/A		
<b>Grand Total</b>	<b>37</b>	<b>100%</b>
<b>12. Do you feel that you are getting the help you need?</b>		
Yes	37	100%
No		
N/A		
<b>Grand Total</b>	<b>37</b>	<b>100%</b>
<b>13. Are you satisfied with the provider?</b>		
Yes	37	100%
No		
N/A		
<b>Grand Total</b>	<b>37</b>	<b>100%</b>

<b>Family/Child OPT/Therapy</b>	<b>Count</b>	<b>Percentages</b>
<b>Who is the Provider:</b>		
	6	33%
	1	6%
	1	6%
	1	6%
	9	50%
<b>Grand Total</b>	<b>18</b>	<b>100%</b>
<b>2. How did you receive your services?</b>		
In- Person	16	82%
Telehealth		9%
Both	2	9%
<b>Grand Total</b>	<b>18</b>	<b>100%</b>
<b>3. After your initial visit, were you offered an appointment with your prescriber within 90 days?</b>		
Yes	2	100%
No	16	
<b>Grand Total</b>	<b>18</b>	<b>100%</b>
<b>4. Are the services provided sensitive to your race, religion, &amp; ethnic background?</b>		
Yes	18	100%
No		
<b>Grand Total</b>	<b>18</b>	<b>100%</b>
<b>5. Do you feel that you can talk freely/openly to the provider?</b>		
Yes	18	100%
No		
N/A		
<b>Grand Total</b>	<b>18</b>	<b>100%</b>
<b>6. Do you feel that your provider instills hope in you regarding your future?</b>		
Yes	18	100%
No		
<b>Grand Total</b>	<b>18</b>	<b>100%</b>
<b>7. Do you feel that the provider listens to you?</b>		
Yes	18	100%
No		
<b>Grand Total</b>	<b>18</b>	<b>100%</b>
<b>8. Are staff respectful and friendly?</b>		
Yes	18	100%
No		
N/A		
<b>Grand Total</b>	<b>18</b>	<b>100%</b>

<b>9. Are you given a chance to ask questions about your treatment?</b>		
Yes	18	100%
No		
<b>Grand Total</b>	<b>18</b>	<b>100%</b>
<b>10. If you had a complaint, would you feel comfortable filing a complaint?</b>		
Yes	18	100%
No		
N/A		
<b>Grand Total</b>	<b>18</b>	<b>100%</b>
<b>11. Do you feel that you are getting the help you need?</b>		
Yes	18	100%
No		
<b>Grand Total</b>	<b>18</b>	<b>100%</b>
<b>12. Are you satisfied with the provider?</b>		
Yes	18	100%
No		
N/A		
<b>Grand Total</b>	<b>18</b>	<b>100%</b>

<b>Family /Child Survey Walk- In Crisis</b>	<b>Count</b>	<b>Percentages</b>
<b>1. Who is the Provider:</b>		
	2	100%
<b>Grand Total</b>	<b>2</b>	<b>100%</b>
<b>2. 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>3. 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>4. Are staff respectful and friendly?</b>		
Yes	2	100%
No		
<b>Grand Total</b>	<b>2</b>	<b>100%</b>
<b>5. Did you with a peer?</b>		
Yes	1	50%
No	1	50%
<b>Grand Total</b>	<b>2</b>	<b>100%</b>
<b>6. 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>7. Were you satisfied with the services?</b>		
Yes	2	100%
No		
<b>Grand Total</b>	<b>2</b>	<b>100%</b>
<b>8. Did you receive community resources?</b>		
Yes	2	100%
No		
<b>Grand Total</b>	<b>2</b>	<b>100%</b>
<b>9. Did you receive a follow-up appointment for treatment?</b>		
Yes	2	100%
No		
<b>Grand Total</b>	<b>2</b>	<b>100%</b>
<b>10. What did you like most about your experience at the Walk in Crisis Center?</b>		

Blank	2	100%
<b>COMMENTS:</b>	0	
<b>Grand Total</b>	<b>2</b>	<b>100%</b>
<b>11. What would you improve about the Walk-In Crisis Center?</b>		
Blank	2	100%
<b>COMMENTS:</b>		
<b>Grand Total</b>	<b>2</b>	<b>100%</b>
<b>12. If you had a complaint, would you feel comfortable filing a complaint?</b>		
Yes	2	100%
No		
<b>Grand Total</b>	<b>2</b>	<b>100%</b>

Family /Child Survey Mobile Crisis (REACH)	Count	Percentages
<b>1. Who is the Provider:</b>		
	8	100%
<b>Grand Total</b>	<b>8</b>	<b>100%</b>
<b>2. How did you receive your services?</b>		
In- Person	7	88%
Telehealth	1	13%
Both		
<b>Grand Total</b>	<b>8</b>	<b>100%</b>
<b>3. Are the services provided sensitive to your race, religion, &amp; ethnic background?</b>		
Yes	8	100%
No		
<b>Grand Total</b>	<b>8</b>	<b>100%</b>
<b>4. Do you feel that the provider listens to you?</b>		
Yes	8	100%
No		
<b>Grand Total</b>	<b>8</b>	<b>100%</b>
<b>5. Are staff respectful and friendly?</b>		
Yes	8	50%
No		50%
<b>Grand Total</b>	<b>8</b>	<b>100%</b>
<b>6. Do you feel that your provider instills hope in you regarding your future?</b>		
Yes	8	100%
No		

<b>Grand Total</b>	<b>8</b>	<b>100%</b>
<b>7. Do you feel that the provider is knowledgeable about the resources and support in the community?</b>		
Yes	8	100%
No		
<b>Grand Total</b>	<b>8</b>	<b>100%</b>
<b>6. Do you feel that your provider instills hope in you regarding your future?</b>		
Yes	8	100%
No		
<b>Grand Total</b>	<b>8</b>	<b>100%</b>
<b>9. Did you receive a follow-up appointment for treatment?</b>		
Yes	2	100%
No		
<b>Grand Total</b>	<b>2</b>	<b>100%</b>
<b>10. If you had a complaint, would you feel comfortable filing a complaint?</b>		
Yes	8	100%
No		
<b>Grand Total</b>	<b>8</b>	<b>100%</b>
<b>11. Do you feel that this service is helping you?</b>		
Yes	8	100%
No		
<b>Grand Total</b>	<b>8</b>	<b>100%</b>
<b>12. Are you satisfied with the provider?</b>		
Yes	8	100%
No		
<b>Grand Total</b>	<b>8</b>	<b>100%</b>

<b>Family/Child MH In-Patient</b>	<b>Count</b>	<b>Percentages</b>
<b>1. Who is the Provider:</b>		
	2	67%
	1	33%
<b>Grand Total</b>	<b>3</b>	<b>100%</b>
<b>2. Were you offered an appointment within 7 days of discharge of MH inpatient services?</b>		
Yes	3	100%
No		
<b>Grand Total</b>	<b>3</b>	<b>100%</b>
<b>3. Did you attend your follow-up appointment?</b>		
Yes	3	100%
No		
<b>Grand Total</b>	<b>3</b>	<b>100%</b>
<b>4. 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>5. Do you feel that the provider listens to you?</b>		
Yes	3	100%
No		
<b>Grand Total</b>	<b>3</b>	<b>100%</b>
<b>6. Are staff respectful and friendly?</b>		
Yes	3	100%
No		
<b>Grand Total</b>	<b>3</b>	<b>100%</b>
<b>7. 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>8. Does the provider give you the chance to ask questions about your treatment?</b>		
Yes	3	100%
No		
<b>Grand Total</b>	<b>3</b>	<b>100%</b>
<b>9. Are the medications and their possible side effects clearly explained?</b>		
Yes	3	100%
No		
<b>Grand Total</b>	<b>3</b>	<b>100%</b>
<b>10. Are you learning skills to help you manage your symptoms?</b>		

Yes	3	100%
No		
<b>Grand Total</b>	<b>3</b>	<b>100%</b>
<b>11. Do you feel that it is a safe place to express yourself?</b>		
Yes	3	100%
No		
<b>Grand Total</b>	<b>3</b>	<b>100%</b>
<b>12. Are group sessions offered?</b>		
Yes	3	100%
No		
<b>Grand Total</b>	<b>3</b>	<b>100%</b>
<b>13. 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>14. Do you feel that you are getting the help you need?</b>		
Yes	3	100%
No		
<b>Grand Total</b>	<b>3</b>	<b>100%</b>
<b>15. Are you satisfied with the provider?</b>		
Yes	3	
No		100%
<b>Grand Total</b>	<b>3</b>	<b>100%</b>

Family/Child Survey Family Based	Count	Percentages
<b>1. Who is the Provider:</b>		
	1	20%
	1	20%
	3	60%
<b>Grand Total</b>	<b>5</b>	<b>100%</b>
<b>2. Does the provider return your calls promptly?</b>		
Yes	5	100%
No		
<b>Grand Total</b>	<b>5</b>	<b>100%</b>
<b>3. How do you receive your services?</b>		
In-person	5	100%
Telehealth		

Both		
<b>Grand Total</b>	<b>5</b>	<b>100%</b>
<b>4. Are staff respectful and friendly?</b>	5	
Yes		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>	5	
Yes		100%
No		
<b>Grand Total</b>	<b>5</b>	<b>100%</b>
<b>6. Are the services provided sensitive to your race, religion, &amp; ethnic background?</b>		
Yes	5	100%
No		
<b>Grand Total</b>	<b>5</b>	<b>100%</b>
<b>7. Do you feel that the provider listens to you?</b>		
Yes	5	100%
No		
<b>Grand Total</b>	<b>5</b>	<b>100%</b>
<b>8. Do you feel that the provider has knowledgeable resources and support in the community?</b>		
Yes		100%
No		
<b>Grand Total</b>		<b>100%</b>
<b>9. Do you see your provider enough to meet your needs?</b>		
Yes	5	100%
No		
<b>Grand Total</b>	<b>5</b>	<b>100%</b>
<b>10. Are you and your child involved in treatment planning goals and decision making?</b>		
Yes	5	100%
No		
<b>Grand Total</b>	<b>5</b>	<b>100%</b>
<b>11. Does the provider contact you regarding your child's progress and or concerns?</b>		
Yes	5	100%
No		
<b>Grand Total</b>	<b>5</b>	<b>100%</b>

<b>12. Has the discharge/transition plan been discussed with you?</b>		
Yes	5	100%
No		
<b>Grand Total</b>	<b>5</b>	<b>100%</b>
<b>13. Were you satisfied with the ISPT meeting?</b>		
Yes	5	100%
No		
<b>Grand Total</b>	<b>5</b>	<b>100%</b>
<b>14. Do you feel that your child is getting the help you need?</b>		
Yes	5	100%
No		
<b>Grand Total</b>	<b>5</b>	<b>100%</b>
<b>15. Would you feel comfortable filing a complaint if you had a problem with the provider?</b>		
Yes	5	100%
No		
<b>Grand Total</b>	<b>5</b>	<b>100%</b>
<b>15. Are you satisfied with the provider?</b>		
Yes	5	100%
No		
<b>Grand Total</b>	<b>5</b>	<b>100%</b>