



**INDIVIDUAL/FAMILY
SATISFACTION TEAM**

REPORT

January - March, 2009

To

**Behavioral Health Services of
Somerset and Bedford Counties**

April 15, 2009

Mental Health Association
540 East Washington Street
Chambersburg, PA 17201

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Survey Method

I/FST Background

The Individual/Family Satisfaction Team (I/FST) is a program of the Mental Health Association. Behavioral Health Services of Somerset and Bedford Counties (BHSSBC) contracts with the Mental Health Association's I/FST to survey individuals who receive behavioral health services through HealthChoices. BHSSBC oversees the implementation of HealthChoices by Community Behavioral Healthcare Network of Pennsylvania (CBHNP).

I/FST is one of several behavioral health satisfaction survey teams throughout the state. Most of these are still known as "Consumer/Family Satisfaction Teams". The State of Pennsylvania Department of Public Welfare outlines goals for Consumer/Family Satisfaction Teams (Guidelines for Consumer Satisfaction Teams and Member Surveys, Appendix L, State of Pennsylvania, Department of Public Welfare, Commonwealth of Pennsylvania, 2004). These goals include helping to ensure that, through analysis of survey data, problems with service access, delivery and outcome are identified and resolved. A vital focus is to warrant that the service system is consistent with the principles of recovery in adults, resilience in children, and aligns with the core principles of the Community Support Program, the Child and Adolescent Service System Program, and Drug and Alcohol Treatment.

I/FST surveyors receive extensive training, meeting all requirements of Appendix L (e.g. specific training in confidentiality, cultural competence, and the behavioral healthcare system for mental health, substance abuse treatment, and children and youth). Surveyors participate in monthly professional development staff meetings, and receive individualized training as needed.

In addition, surveyors must have personal or family experience with the behavioral health system. For instance, qualifications to survey family members include having children who are using or have used the publicly-funded behavioral healthcare system. Qualifications to survey youth include having used the publicly-funded behavioral healthcare system prior to the age of 18. Qualifications to survey participants in substance abuse treatment include having participated oneself, or being a close family member of someone who has. Qualifications to survey adults participating in mental health treatment include having participated oneself in publicly-funded services or being a close family member of someone who has. This personal experience enriches the survey interview process, because surveyors deeply understand the issues of access, treatment experience, and recovery.

Survey Development

The Mental Health Association's I/FST surveys are developed in partnership with stakeholders, including individuals and agency staff. The I/FST Advisory Committees in both Bedford and Somerset Counties reviewed the survey and contributed to its ongoing development. Surveys include questions designed to assess aspects of service delivery (e.g. choices, convenience, accessibility, etc.); treatment (e.g. planning, perception of effectiveness, etc.); recovery orientation of treatment agency staff, and overall satisfaction.

Analysis

Several methods are used to understand the information gathered through conducting person-to-person surveys. First, the respondent's answers are recorded by I/FST surveyors on a paper survey. These responses are then entered into a data analysis software program, SNAP 9.0. The data from all the surveys completed during the quarter are grouped together, and reports are generated from that. Individual answers cannot be traced back to the person who made them.

The information from these surveys is reported to BHSSBC in a variety of ways:

- As actual numbers of people who responded to each question
- As percentages of people who responded in particular ways, both as a combined two-county area and also separated by county
- As numbers assessed to particular levels of satisfaction (satisfaction scores)
- As lists of answers to open ended questions
- As responses particular to the various service providers

This Executive Summary describes the major findings gathered from this information.

Participant Recruitment

A member contact list is provided by BHSSBC, and includes individual names, providers, and contact information for members using behavioral health services. It does not include the names of people receiving substance abuse treatment services, per confidentiality guidelines. The contact list is divided into the following groups: adults receiving services; family members or guardians whose children receive services, and youth ages 14 through 18 who receive services. Lists are given to the appropriate I/FST surveyors who qualify to survey that particular group.

Participants are then contacted by surveyors via phone. The surveyors focus on requesting face to face interviews with the participant. These interviews are offered at the participant's local treatment provider, the I/FST office, another public location, or the participant's home. If completing a survey face

to face is inconvenient for the individual, the surveyor then offers to conduct the survey over the phone.

Prior to beginning each survey, I/FST surveyors review an ‘informed consent’ form with the participants, and answer any questions they may have about the survey. Then, the participants sign the consent form, or provide their verbal consent over the phone. The form outlines the participant’s right to:

- Participate voluntarily.
- Skip any questions they do not want to answer.
- End the survey at any time.
- Be assured their responses are confidential, stored securely, and cannot be traced back to the individual respondent.

Each consent form is signed and dated by the surveyor as a witness.

The surveys of individuals receiving drug and alcohol treatment require a slightly different process, per federal confidentiality guidelines. To begin this process, a meeting between MHA and a substance abuse treatment provider occurs to discuss implementing survey procedures that follow confidentiality guidelines and laws. Then, an MOU (Memorandum of Understanding) is signed between the two agencies. To date, three substance abuse treatment agencies are participating in this process. The surveys are being done two different ways, depending on the preference of the treatment provider and the effectiveness of reaching members so that their voices about their satisfaction with treatment are heard.

One method involves the I/FST surveyor going to the provider’s office, and waiting (in a room that provides confidential space) for individuals to arrive and complete a survey interview face to face. The provider has, ahead of time, informed potential participants of the opportunity and confirmed that the individual receives services through CBHNP. When the individual arrives to meet with the surveyor, the participant’s name is not given and the survey is completed as “anonymous”. The informed consent is read to the individual, who does not sign it. The surveyor, upon receiving the individual’s verbal consent, witnesses the form and proceeds with the survey. The results are reported in the aggregate as always.

The second method involves having the provider present a D & A Consent to Contact form, which the member signs. This form is then given to the appropriate I/FST surveyor. Having a signed consent to release contact information, the surveyor can then contact the individual, and set up the survey at the individual’s convenience. This quarter all of our D & A surveys were done confidentially, face to face, at the office of the participant’s treatment provider.

Member Problem Identification and Resolution Process

At the end of each survey interview, the member is asked if they desire immediate attention on any specific managed care concern or provider issue raised during the interview. If they say they would like this option, the member is advised that in order to receive a call from BHSSBC to address their issue with them personally, the process requires a release of contact information as well as a brief description of the issue, and the member must consent to that release before that process can take place. If the member consents, the surveyor completes a Member Problem Report, which is given to the Program Coordinator. The Program Coordinator reviews the report and forwards it to BHSSBC. If the issue is critical, the information is given to BHSSBC within 24 hours of receipt.

If the member wishes to remain anonymous, the general concerns are still passed on to BHSSBC, but without the member's contact information the member does not have the opportunity to receive personal attention to the issue. A blank Member Problem Report form is in Appendix A.

There were a total of 25 Member Problem Reports filled out by IFST surveyors this quarter. There were 11 in January, 6 in February, and 8 in March. Not all Problem Reports rose to the level requiring submission to BHSSBC, and thus were responded to directly by the IFST Program Coordinator. These types of concerns include education about how to file grievances for denials of service, and referrals to local resources. However, all reports were also forwarded to BHSSBC for information purposes. Out of the 25 reports, only two individuals chose to remain anonymous. The following were some of the concerns.

1. As with last quarter, seven complaints regarded Therapeutic Staff Support (TSS) authorizations. Members were instructed on the procedure for requesting additional TSS hours from CBHNP.
2. Four complaints concerned the time psychiatrists spent with their patients.
3. Three people related problems with their medications and authorizations.
4. Two individuals complained about their case managers not spending enough time with them, or that they were too busy for them.
5. Two had problems with their Access Cards and were referred to DPW.
6. Three complained about not having enough services, or that services were denied, and were referred to BHSSBC and CBHNP.
7. Transportation was a concern for one member, who was referred to CART.
8. There was a complaint lodged about a staff member's unprofessional conduct at a provider facility and this was referred to, and acted upon, by the BHSSBC Clinical/Quality Management Director.

9. A family member was concerned for her grandson's safety, and it was determined that CYS was already involved.

Each month, the Program Coordinator meets with the BHSSBC Clinical/Quality Management Director regarding member problem reports. Resolutions to members' problems are shared with the Coordinator at that time, and then passed on to the I/FST surveyors at monthly staff trainings.

Quality Improvement

Quality improvement is ongoing with the Individual/Family Satisfaction Team. In addition to monthly staff meetings and individual training as needed, the Program Coordinator performs quality audits on a percentage (the goal is 10%) of the contracted survey number each quarter to assure that survey participants are satisfied with the interview process. The Coordinator randomly selects "informed consent" forms from surveys completed by each I/FST staff member. The Program Coordinator then contacts the former survey participant and asks three very brief questions, inquiring whether or not they felt the survey was too long, if they were satisfied with the interview process, and how they felt about being contacted.

This quarter, there were six IFST surveyors conducting surveys, and eighteen respondents were polled through the quality audit process. One hundred percent of the comments on all three indicators were positive. Comments included:

- *"She was pleasant and easy to talk to."*
- *"It felt good that someone cares."*
- *"It was fine."*
- *"Surprised but ok."*

Data Storage

All signed informed consents, as well as completed paper surveys, are stored in locked filing cabinets. Informed consents are separated from the completed surveys to ensure survey answers cannot be traced back to the individual participants without their expressed consent. Completed surveys are entered into the SNAP data analysis software program by the Program Coordinator. Computers for this purpose are password protected. Data is analyzed once per quarter, and a report of findings is issued quarterly to BHSSBC. Copies of the Executive Summary report are made available to any individuals who are interested in the results and findings from the surveys.

Barriers to Implementation

(1) Outreach to Youth Participants in Behavioral Health Services

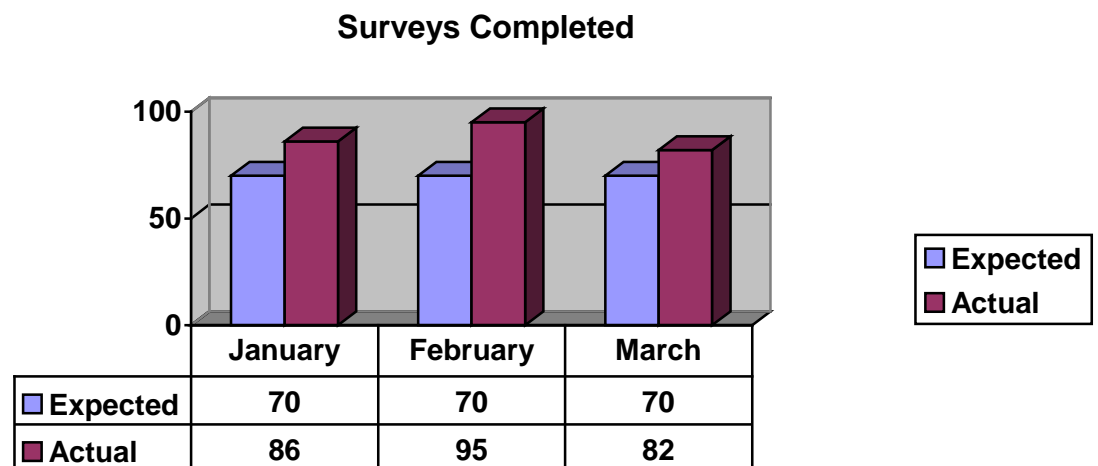
The percentage of youth sampled this quarter exceeds that of last quarter, but still needs to be raised.

Plans to Address this Barrier:

The youth surveyor's schedule has been adjusted to include three days at 1.5 hours each during the times youth are home from school. The program coordinator assists by contacting the parent/guardian first and obtaining permission for the youth surveyor to speak with the child of focus. It is anticipated this method will continue to increase the number of youth surveys obtained.

Surveys Completed

I/FST completed 263 surveys this quarter, exceeding its expected contract goal by 53 surveys, as evidenced in the following chart. Three of these surveys were completed with participants of the Peer-To-Peer program, finalizing the specialized peer to peer program survey effort. In the prior quarter, seven of these surveys were completed, for a combined total of ten surveys. Results of the Peer-To-Peer program participant surveys are reported in this Executive Summary.



I/FST has surpassed the number of surveys contracted to be completed for the year. A total of 840 surveys were expected, and as of March 31, 2009, 850 have been completed.

Face to Face Surveys

I/FST is contracted to achieve at least 15% of its contracted number of 210 surveys per quarter through face to face interviews. As seen in the following chart, 13% (33) of 263 surveys entered in the database this quarter were completed face to face. This is 16% of the contracted 210 surveys. As with last quarter, none of these face to face surveys were of family members or youth. Family members generally refuse the option of face-to-face surveys based on the preferred convenience of immediate survey completion over the telephone.

	Face to Face	Phone	Total for Quarter
Adults	33	128	161
Family Members	0	90	90
Youth	0	9	9
Peer to Peer	0	3	3
TOTAL	33 (13%)	230 (87%)	263

On-site surveys of people receiving substance abuse treatment did not as directly impact the number of face-to-face surveys as last quarter. For instance, last quarter 80% (52 of 65) of the face-to-face surveys were of adult participants in substance abuse services. This quarter, 30% (10 of 33) of the face-to-face surveys were of adult participants in substance abuse treatment. This means that, were it not for these surveys, the face-to-face percentage would be 9% (up 4% from last quarter).

Sampling Percentages by County

Behavioral Health Services of Somerset and Bedford Counties provided I/FST with contact information for CBHNP members who accessed behavioral health services October – December 2008. This information was used to attempt phone calls to all adults, family members, and youth. This list is also used to determine the percentage of the total that each of these subgroups represent in order to determine appropriate sampling percentages. The original list contained 1,400 names. The names of members who had been surveyed after July 1, 2008 were removed, resulting in a pool of 1,136 possible respondents. The following chart shows the actual number, by county, of each group on the list provided, after removing the names of members who had been previously surveyed after July, 2008.

Number of CBHNP Members Accessing Behavioral Health Services October - December 2008	Bedford	Somerset
Adults: 601 (53% of the total)	260 (43%)	341 (57%)
Family Members of youth ages 3 - 14: 395 (35% of the total)	139 (35%)	256 (65%)
Youth ages 15 - 18: 140 (12% of the total)	61 (44%)	79 (56%)
TOTAL: 1,136	460 (40% overall)	676 (60% overall)

This quarter, IFST completed 263 surveys. That is a 23% sample rate of the total available pool. Using the numbers from the chart above, Bedford surveys should represent about 40% of the total surveys accomplished, and Somerset 60%. In actuality, Bedford surveys represented 44% of the total number of surveys completed, and Somerset represented 56% of the total completed, as shown in the chart below. This chart reflects the projections for subgroups (adults, family members, and youth) based on the available population, as well as the actual numbers of surveys completed by county for each of these subgroups.

As was the case last quarter, adult surveys almost exactly reflected the projected ratio between counties. The family member ratios came closer to projections, with Bedford over by only 7%, as compared with last quarter's 21%. In the youth subgroup, 3% of the total surveys done represented youth, while it was projected that 12% would be from youth respondents, based on the available population. This is an improvement over last quarter's 1%, but still must be raised.

The number of surveys reported here include the three specialized Peer-To-Peer surveys.

Completed Surveys	Bedford Projected	Bedford Actual	Somerset Projected	Somerset Actual
Adults: 164 (62% of total)	43% of adults	72 (44%)	57% of adults	92 (56%)
Family Members: 90 (34% of total)	35% of family members	38 (42%)	65% of family members	52 (58%)
Youth: 9 (3% of total)	44% of youth	7 (78%)	56% of youth	2 (22%)
TOTAL: 260	40%	44% of the total surveys (117)	60%	56% of the total surveys (146)

The number of surveys completed with participants receiving substance abuse treatment is reflected below. These surveys are counted in with the adult survey numbers.

D & A: 10 of the 164 adults surveyed (6% of adults)	No projections	1 adult	No projections	9 adults
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Participant Information

The following information on participants, and survey results, is for the general survey conducted with 260 participants. Information on survey results specifically from Peer-To-Peer respondents can be found beginning page 52.

The following charts illustrate demographic information of this quarter's general survey participants.

Gender

	Male	Female	Transgendered
Adults	56 (35%)	105 (65%)	0
Family Member	14 (16%)	76 (84%)	0
Family Survey Children of Focus	65 (72%)	25 (28%)	0
Youth	9 (100%)	0 (0%)	0

Ethnicity

	Caucasian	African American	Hispanic American	Native American	Asian American
Adults	161 (99%)	1	1	1	
*Family Member	89 (99%)	1 (1%)		1 (1%)	
*Family Survey Children of Focus	86 (96%)	4 (4%)		1 (1%)	
Youth	8 (89%)			1 (11%)	

*Individual identified more than one ethnicity.

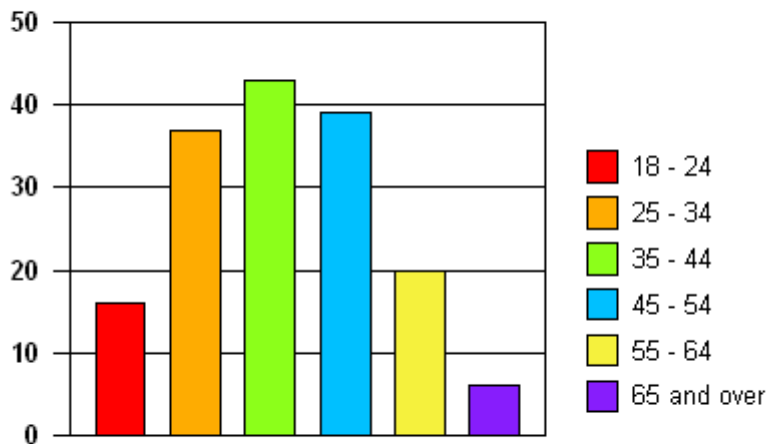
No individuals in any surveys identified themselves as Asian American.

Age

Adults

As shown in the following chart, all adult age groups were sampled. The majority of adults surveyed were between the ages of 35 and 44, and the fewest were over age 65.

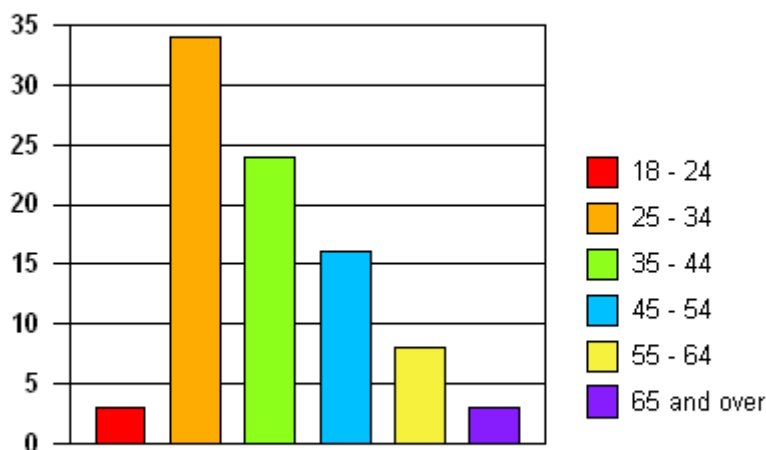
Ages of Adult Respondents



Families

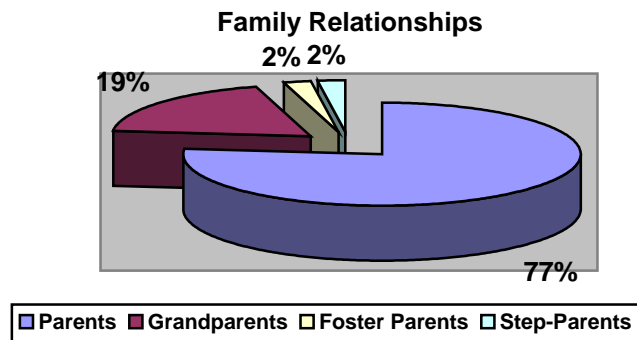
As with the past two quarters, the ages of family members that were surveyed regarding their satisfaction with their children services fell between the ages of 18 and over 65 with the majority in the 25 to 34 age range.

Ages of Family Member Respondents



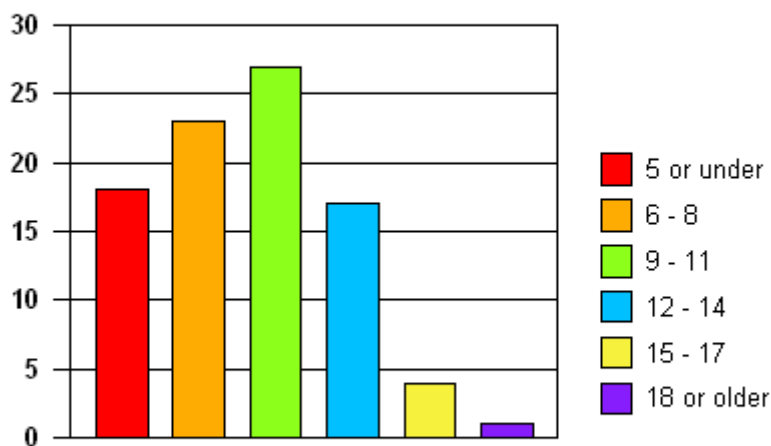
Family Relationships

Sixty-nine (77%) of the family member respondents are parents of the children of focus. Seventeen (19%) are grandparents, two (2%) step-parents, and two (2%) are foster parents.



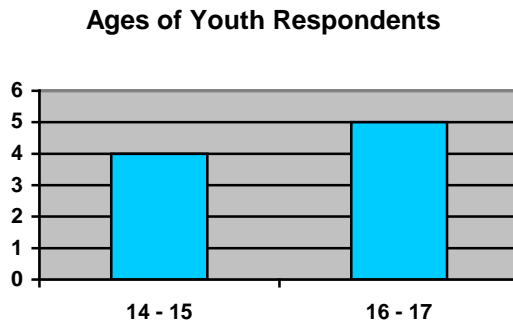
All ages for the children of focus were represented, from under 5 to over 18.

Ages of Children of Focus



Youth

The youth surveyed were between the ages of 14 and 17.



Survey Results

Impressions for January – March 2009

Responses from the adult survey group were fairly positive, but there were areas for possible improvement. The averages of those indicating “agree” or “strongly agree” with indicators of satisfaction in the four key areas were:

- Access: 88%
- Treatment Experiences: 89%
- Recovery Orientation: 92%
- Outcomes of Treatment: 85%

Responses on all indicators ranged from 81% to 98%, with only one exception: 60% of adults agreed they had been given a choice of providers. Agreement with having been encouraged to participate in peer support rose by 5% over last quarter, to 81%. The other two indicators at the low range (81%) were: inclusion in all meetings about treatment and recovery goals; and feeling more hopeful about the future. The three areas of highest satisfaction (98%) were: clean, inviting meeting rooms; being treated with dignity and respect by staff; and being treated as an individual.

Family member responses were also fairly positive overall, generally ranging from 80% to 99% agreement with indicators of satisfaction in the key areas, at the following averages:

- Access: 92%
- Treatment Experiences: 88%
- Recovery Orientation: 92%
- Outcomes of Treatment: 81%

Indicators demonstrating agreement under 80% were: 74% of family members said they had been given a choice of providers; 73% said there was a team of people from more than one agency that met to coordinate services for their child; 74% felt their child's behavioral health was improving; and 77% said their child dealt more effectively with daily problems.

Indicators demonstrating the highest satisfaction, at 99% agreement, were: staff treats the family with respect and courtesy; and the rooms where services are provided are clean and inviting.

Youth demonstrated extremely high levels of satisfaction, with responses ranging from 88% to 100% agreement on all but one indicator. Averages in the key areas were:

- Access: 89%
- Treatment Experiences: 99%
- Recovery Orientation: 96%
- Outcomes of Treatment: 95%

Leaving out those who marked “not applicable” to an indicator, the only area below 88% agreement was agreement with having been given a choice of providers (56%).

Satisfaction scores for all three respondent groups were markedly higher than last quarter. As with all prior quarters, the indicator that has been consistently disparate over time is the difference between the responses of Bedford and Somerset adults and families to the statement, “When I call CBHNP, staff treats me respectfully.” This quarter, the satisfaction of Somerset adults with this indicator fell even lower (12%) from last quarter, resulting in 49% agreement, while 92% of Bedford adults agreed with that statement. The satisfaction of Somerset families rose 12% in this area to 96%, with Bedford families at 89%.

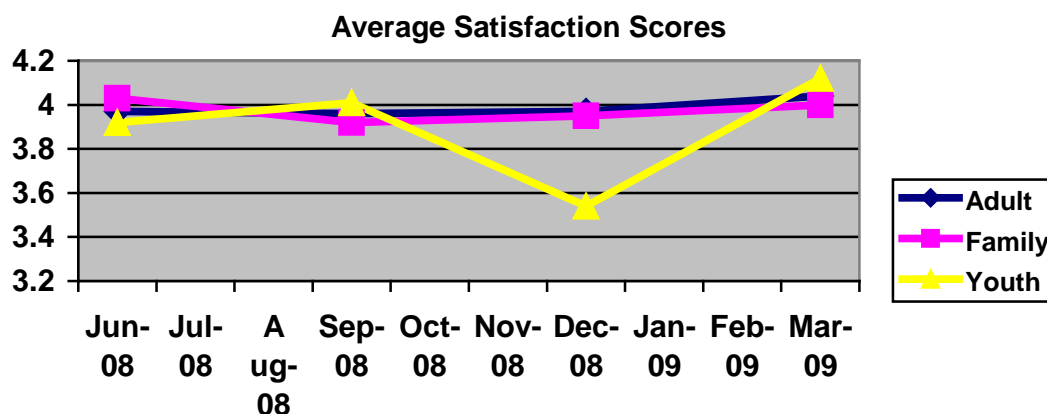
Overall Satisfaction Scores

One method of viewing participant satisfaction is through the “overall satisfaction scores”. These numeric ratings provide additional ways of comparing satisfaction between participant groups in four key areas of the surveys. The surveys for each category of respondents (adults, family, and youth) each contain a series of statements on a 5-point Likert-type scale in these areas: access to services, treatment experiences, the recovery orientation of agency staff, and perceived outcomes as a direct result of participation in treatment. The responses to each statement in the series, ranging from strongly agree to strongly disagree, are assigned a numerical value from 1 (strongly disagree) to 5 (strongly agree). These numerical values are then averaged to provide the resulting “satisfaction score” for each key area.

The satisfaction scores for this quarter are shown in the following table. To provide a comparison, the average scores from the previous quarters are listed in the final three rows of the table.

Satisfaction Scores January – March 2009	Adults n=161	Family Members n=90	Youth n=9
Access to Services	4.02	4.0	3.96
Treatment Experiences	4.01	4.01	4.21
Recovery Orientation of Staff	4.11	4.06	4.21
Outcomes of Treatment	4.01	3.85	4.09
TOTAL January – March 2009	4.04	4.00	4.12
October – December 2008	3.97	3.95	3.54
July – September 2008	3.96	3.92	4.01
April – June 2008	3.97	4.03	3.92

As can be seen, the average satisfaction scores of all three respondent groups this quarter were very high. The following chart compares this over the past four quarters. The dip in youth satisfaction for the quarter ending December 2008 may be explained by the low sample size (three individuals).



Satisfaction with CBHNP

Agreement with the statement, “When I call CBHNP, staff treats me respectfully” declined for adults. It continues to be particularly low for Somerset adults, but has risen steadily for Somerset families.

The following table shows the combined county percentages of respondents who answered in the affirmative (yes) to these statements for both the previous and current quarters. As illustrated, family members were more satisfied on these indicators than were adults, as was the case the prior two quarters.

	Adults July-Sep 08	Adults Oct-Dec 08	Adults Jan-Mar 09	Family July-Sep 08	Family Oct-Dec 08	Family Jan-Mar 08	Youth July-Sep 08	Youth Oct-Dec 08	Youth Jan-Mar 09
I have received a copy of the member handbook from CBHNP.	58%	62%	47%	84%	78%	82%			
I have received a notice of privacy practices from CBHNP that describe how my personal information may be used and shared with others, and how I can obtain access to this information.	62%	69%	60%	86%	92%	89%			
When I call CBHNP, staff treats me respectfully.	68% (of those not answering “not applicable”	71% (of those not answering “not applicable”	60% (of those not answering “not applicable”	84% (of those responding to this statement)	91% (of those responding to this statement)	92% (of those responding to this statement)			
I am aware of my right to file a complaint or grievance about CBHNP’s decisions or service.	81%	81%	74%	94%	91%	93%			
I am aware that this company (CBHNP) works with my treatment provider to decide what types of services I get							93%	67%	89%
I know who to go to if I disagree with the company’s decisions about my treatment and want to file a complaint or grievance.							80%	33%	89%

The following table breaks the adult responses about CBHNP into results by county. Each answer in this table was calculated on the basis of those individuals choosing to answer either “yes”, “no”, or “not sure”. Respondents choosing “not applicable” were not

calculated into the percentage, so the information is to be understood as a percentage of the total number of those persons answering yes, no, or not sure. As shown, adults in Somerset County consistently responded with fewer affirmative answers to every statement than did Bedford County residents. This phenomenon was also observed the previous quarters.

ADULTS	Bedford July-Sep 08	Bedford Oct-Dec 08	Bedford Jan-Mar 09	Somerset July-Sep 08	Somerset Oct-Dec 08	Somerset Jan-Mar 09
I have received a copy of the member handbook from CBHNP.	67%	76%	54%	49%	53%	43%
I have received a notice of privacy practices from CBHNP that describe how my personal information may be used and shared with others, and how I can obtain access to this information.	69%	86%	75%	55%	58%	48%
When I call CBHNP, staff treats me respectfully.	88%	92%	92%	62%	61%	49%
I am aware of my right to file a complaint or grievance about CBHNP's decisions or service.	89%	92%	78%	74%	76%	72%

This next table breaks the family member responses into results by county. Percentages were based on numbers of people responding to each statement with “yes”, “no”, or “not sure”, excluding those who completed the survey but did not reply to that particular statement, or who replied “not applicable”.

Somerset families continued to express increasing satisfaction with their treatment by CBHNP, showing a trend of improvement in affirmative responses to the statement “When I call CBHNP, staff treats me respectfully.”

Family Members	Bedford July-Sep 08	Bedford Oct-Dec 08	Bedford Jan-Mar 09	Somerset July-Sep 08	Somerset Oct-Dec 08	Somerset Jan-Mar 09
I have received a copy of the member handbook from CBHNP.	87%	88%	90%	80%	64%	80%
I have received a notice of privacy practices from CBHNP that describe how my personal information may be used and shared with others, and how I can obtain access to this information.	88%	95%	95%	84%	87%	85%
When I call CBHNP, staff treats me respectfully.	94%	94%	89%	69%	84%	96%
I am aware of my right to file a complaint or grievance about CBHNP’s decisions or service.	94%	94%	92%	94%	89%	94%

Complaints about CBHNP

No adult respondents said they had made a complaint to CBHNP about their treatment by CBHNP, but one indicated dissatisfaction with how the complaint was handled, negating the validity of that question for the adult surveys. Seven family members (8%) reported that they had made such a complaint. Of those, six (86%) said they were satisfied with how it was handled, and one (14%) was not.

Grievances against CBHNP

Two adults (1%) said they had been denied a service by CBHNP and subsequently filed a grievance. One person was satisfied and one was somewhat satisfied. Eighteen (20% of family members surveyed) said they had filed a grievance. Since 19 responses to the next question about their satisfaction were received, the result regarding satisfaction with how CBHNP handled the grievance was not valid. However, 15 of the 19 (79%) did say they were satisfied with the process.

Responses to Required DPW Questions

Adults

Total participating in this series of questions: 161

In the last 12 months, were you able to get the help you needed?	Bedford County	Somerset County	Both Counties
Yes (always)	64	71	135
Sometimes	3	5	8
No (never)	4	13	17
			160
Were you given the chance to make treatment decisions?			
Yes (always)	63	70	133
Sometimes	7	8	15
No (never)	1	10	11
			159
What effect has the treatment you received had on the quality of your life?			
Much better	25	44	69
A little better	34	29	63
About the same	12	13	25
A little worse	0	1	1
Much worse	0	3	3
			161

Family

Total participating in this series of questions: 88

In the last 12 months, did you or your child have problems getting the help your child needed?	Bedford County	Somerset County	Both Counties
Yes (always)	1	7	8
Sometimes	0	7	7
No (never)	37	36	73
			88
Were you and your child given the chance to make treatment decisions?			
Yes (always)	36	43	79
Sometimes	2	3	5
No (never)	0	3	3
			87
What effect has the treatment your child received had on the quality of your child's life?			
Much better	12	24	36
A little better	19	18	37
About the same	6	5	11
A little worse	0	0	0
Much worse	0	0	0
			84

Youth

Total participating in this series of questions: 9

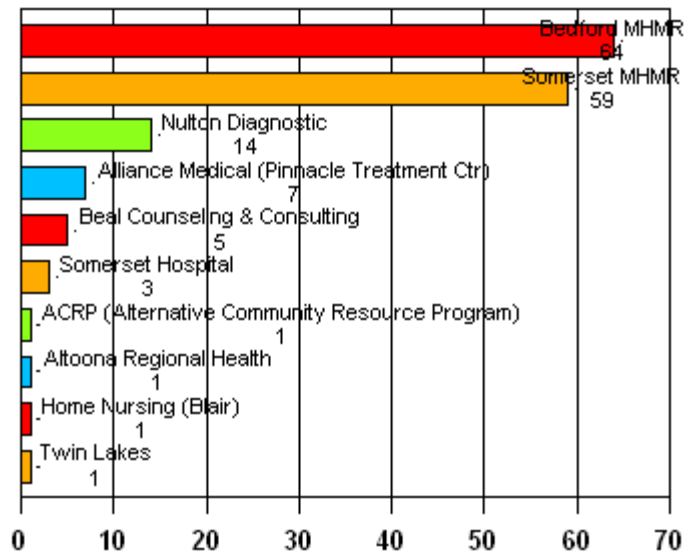
In the last 12 months, did you have problems getting the help you needed?	Bedford County	Somerset County	Both Counties
Yes (always)			0
Sometimes			0
No (never)			9
			9
Were you given the chance to make treatment decisions?			
Yes (always)			7
Sometimes			0
No (never)			2
			9
What effect has the treatment you received had on the quality of your life?			
Much better			5
A little better			3
About the same			1
A little worse			0
Much worse			0
			9

Adult Survey Results

Treatment Agencies

Ten different agencies (one more than last quarter) were named by adults surveyed when the adults were asked to identify their treatment agency. While individuals may get services from more than one agency, each survey focused only on one agency in order to produce satisfaction results only for that specific treatment provider. This quarter, Bedford and Somerset MHMR offices were cited most frequently, followed by Nulton Diagnostic.

Treatment Provider Agencies

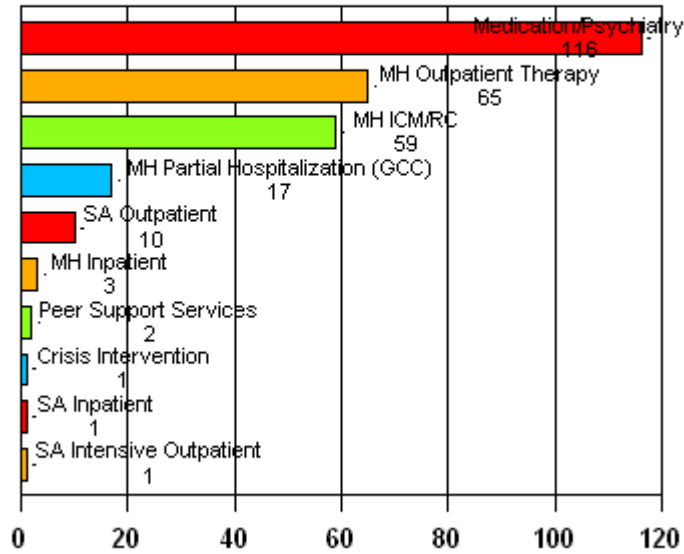


Services Received

Adults identified the services they received that they wished to focus on during the satisfaction survey. Ninety-one percent of respondents were receiving only mental health treatment services, 3% were receiving substance abuse treatment services, and 6% were receiving both.

As seen in the following chart, ten different types of services were the focus of the surveys. Psychiatry/medication management was the most frequently cited, followed by mental health outpatient, and then mental health case management. The only types of services not surveyed this quarter were substance abuse partial hospitalization, and substance abuse ICM/RC.

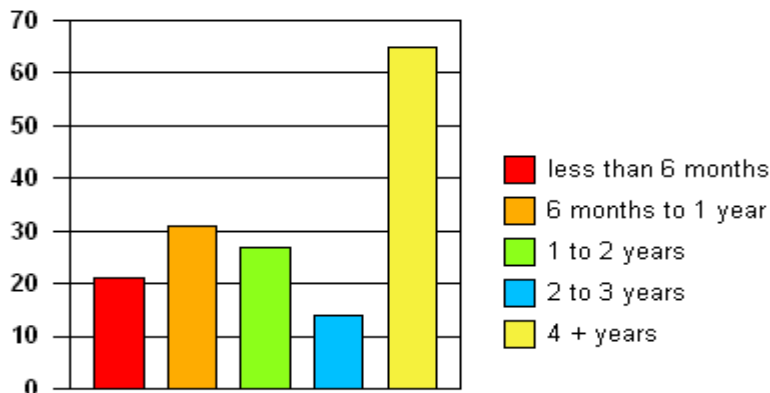
Levels of Care



Length of Participation in Services with the Treatment Agency

As shown below, length of participation in services ranged from less than six months to four years or more. As with last quarter, most of people surveyed had participated in treatment services with their provider for four or more years.

Length of Participation in Services



Access to Services

Only five adults chose to be put on a waiting list to see a provider other than the one first offered. Reasons included waiting for another doctor and finding a provider close to home.

While the standards for being offered an appointment with a provider vary according to type of service (generally from 7 to 30 days for adults), 12% of respondents (19 people--down from 30 last quarter) said they were not offered an appointment within seven days. Some comments included:

- *"I could not schedule at their time."*
- *"Psychiatrist was too busy."*
- *"They couldn't get me in."*

As with the past two quarters, the responses to statements about access were generally very positive, ranging from 86% to 98% affirmative responses. For instance:

- 86% said the location was convenient.
- 93% said they had been authorized for a sufficient amount of service to meet their needs.
- 96% said the staff treats them with respect and courtesy.
- 98% said the rooms where they meet are clean and inviting.

As with each of the previous quarters, the exception to this was in low satisfaction with provider choice. Sixty percent (down 7% from the previous quarter) of adults reported they were given a choice of different providers they could use for the service. The following table compares the percentages of adults reporting they had been given a choice of treatment providers for the service of focus in the survey by county and quarter. As indicated, perception of provider choice decreased for respondents in both counties.

	July – September 2008	October – December 2008	January – March 2009
Bedford Adults	67%	83%	63%
Somerset Adults	60%	57%	51%
Combined County	64%	67%	60%

The following chart compares type of service received by reports of having been given a choice of providers. The greatest number of respondents who did not feel they were given a choice of providers was for those receiving psychiatric services. However, responses of “disagree” to the statement can be seen for most of the levels of care.

Absolute Analysis % Responses	Base	I have been given a choice of different providers I can use for this service.					
		Strongly Agree	Agree	I'm Neutral	Disagree	Strongly Disagree	Not Applicable
Base	275	20 7.3%	141 51.3%	35 12.7%	75 27.3%	1 0.4%	3 1.1%
What service do you receive from this provider that you'd...							
Crisis Intervention	1	1 100.0%	-	-	-	-	-
Medication/Psychiatry	116	10 8.6%	57 49.1%	14 12.1%	34 29.3%	-	1 0.9%
MH ICM/RC	59	2 3.4%	32 54.2%	11 18.6%	14 23.7%	-	-
MH Inpatient	3	1 33.3%	1 33.3%	-	1 33.3%	-	-
MH Outpatient Therapy	65	4 6.2%	35 53.8%	8 12.3%	15 23.1%	1 1.5%	2 3.1%
MH Partial Hospitalization (GCC)	17	2 11.8%	8 47.1%	2 11.8%	5 29.4%	-	-
Peer Support Services	2	-	2 100.0%	-	-	-	-
SA Inpatient	1	-	1 100.0%	-	-	-	-
SA Intensive Outpatient	1	-	-	-	1 100.0%	-	-
SA Outpatient	10	-	5 50.0%	-	5 50.0%	-	-

Further comments about access included the following. It is worth noting that 33 of the 63 comments offered (52%) indicated respondents were not made aware that they had a choice of providers.

- "Received no list of providers."
- "They didn't tell me I had a choice of providers."
- "I have to go to Altoona for services."

Issues or Problems with Provider

The percentage of adults indicating they had experienced a serious issue or problem with their provider rose slightly from 7% last quarter (eleven individuals) to 9% (five individuals) this quarter. Six respondents said they had used the provider's formal process for lodging complaints. Reasons for dissatisfaction with provider services included dissatisfaction with treatment received (cited 8 times), lack of treatment coordination (cited 3 times), and poor communication (cited twice). Comments included:

- *"Dr. does not listen to me. I asked for meds that worked in the past and he says no."*
- *"Didn't get the right amount of depression medicine."*

Treatment Experiences

Last quarter, satisfaction with treatment experiences ranged from 89% to 96% agreement with positive survey statements. This quarter, satisfaction ranged from 81% to 96% agreement. For instance:

- This quarter, 81% of adults said they are included in all meetings about their treatment (89% last quarter).
- 92% said they have enough time with the treatment staff during most sessions (96% last quarter).
- 96% said they feel comfortable asking questions about their treatment.

Because feeling free to complain about services without fear of negative consequences is such a powerful indicator of both an individual's sense of empowerment as well as an agency's efforts to create safety, the following chart illustrates adult responses cross-tabulated with levels of care.

Absolute Analysis % Responses	Base	I feel free to complain about services I get from my treatment agency without fear of negative consequences.				
		Strongly Agree	Agree	I'm Neutral	Disagree	Not Applicable
Base	275	39 14.2%	203 73.8%	14 5.1%	16 5.8%	3 1.1%
What service do you receive from this provider that you'd...						
Crisis Intervention	1	1 100.0%	-	-	-	-
Medication/Psychiatry	116	16 13.8%	85 73.3%	8 6.9%	6 5.2%	1 0.9%
MH ICM/RC	59	6 10.2%	46 78.0%	2 3.4%	5 8.5%	-
MH Inpatient	3	-	2 66.7%	-	-	1 33.3%
MH Outpatient Therapy	65	13 20.0%	46 70.8%	3 4.6%	3 4.6%	-
MH Partial Hospitalization (GCC)	17	2 11.8%	12 70.6%	-	2 11.8%	1 5.9%
Peer Support Services	2	-	1 50.0%	1 50.0%	-	-
SA Inpatient	1	-	1 100.0%	-	-	-
SA Intensive Outpatient	1	-	1 100.0%	-	-	-
SA Outpatient	10	1 10.0%	9 90.0%	-	-	-

Comments about why individuals had disagreed on any of the indicators of satisfaction with the treatment experience included:

- *"The therapist watches the clock all the time."*
- *"Doctor doesn't want to spend time with me."*
- *"I don't sit in on any meetings about recovery goals. I just sign the form."*
- *"Hands treatment plan to me and says 'sign it'."*

The following chart compares satisfaction with inclusion in meetings about treatment goals by levels of care:

Absolute Analysis % Responses	Base	I am included in all meetings about my treatment and recovery goals.				
		Strongly Agree	Agree	I'm Neutral	Disagree	Not Applicable
Base	275	26 9.5%	206 74.9%	24 8.7%	13 4.7%	6 2.2%
What service do you receive from this provider that you'd...						
Crisis Intervention	1	1 100.0%	- -	- -	- -	- -
Medication/Psychiatry	116	9 7.8%	85 73.3%	12 10.3%	6 5.2%	4 3.4%
MH ICM/RC	59	3 5.1%	46 78.0%	5 8.5%	5 8.5%	- -
MH Inpatient	3	- -	3 100.0%	- -	- -	- -
MH Outpatient Therapy	65	11 16.9%	46 70.8%	5 7.7%	1 1.5%	2 3.1%
MH Partial Hospitalization (GCC)	17	1 5.9%	15 88.2%	1 5.9%	- -	- -
Peer Support Services	2	- -	1 50.0%	- -	1 50.0%	- -
SA Inpatient	1	- -	1 100.0%	- -	- -	- -
SA Intensive Outpatient	1	- -	1 100.0%	- -	- -	- -
SA Outpatient	10	1 10.0%	8 80.0%	1 10.0%	- -	- -

Recovery Orientation

Satisfaction in this area remains high each quarter. Every indicator achieved between 90% and 98% agreement, with the exception of encouragement to participate in peer support, at 81% (up 5% from last quarter).

Encouragement for peer support is broken down by type of service in the following chart:

BHSSBC
January – March 2009 Survey Results

Absolute Analysis % Responses	Base	Staff encourage me to participate in peer support (Such as 12-step groups, drop in centers, peer specialist services, etc.)				
		Strongly Agree	Agree	I'm Neutral	Disagree	Not Applicable
Base	275	43 15.6%	189 68.7%	11 4.0%	18 6.5%	14 5.1%
What service do you receive from this provider that you'd...						
Crisis Intervention	1	1 100.0%	- -	- -	- -	- -
Medication/Psychiatry	116	16 13.8%	80 69.0%	6 5.2%	8 6.9%	6 5.2%
MH ICM/RC	59	9 15.3%	45 76.3%	2 3.4%	2 3.4%	1 1.7%
MH Inpatient	3	- -	3 100.0%	- -	- -	- -
MH Outpatient Therapy	65	10 15.4%	41 63.1%	2 3.1%	5 7.7%	7 10.8%
MH Partial Hospitalization (GCC)	17	4 23.5%	11 64.7%	1 5.9%	1 5.9%	- -
Peer Support Services	2	1 50.0%	1 50.0%	- -	- -	- -
SA Inpatient	1	- -	1 100.0%	- -	- -	- -
SA Intensive Outpatient	1	- -	1 100.0%	- -	- -	- -
SA Outpatient	10	2 20.0%	6 60.0%	- -	2 20.0%	- -

Outcomes of Treatment

Overall satisfaction with outcomes as a direct result of treatment decreased this quarter. Affirmative responses to each of the indicators of satisfaction with outcomes of treatment are listed in the following table by combined-county response as well as by county.

COMBINED COUNTY BEDFORD COUNTY SOMERSET COUNTY

Outcomes as a Direct Result of Treatment	Combined County Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Bedford County Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Somerset County Jul-Sep 08	Oct-Dec 08	Jan-Mar 09
I deal more effectively with daily problems.	79%	90%	83%	85%	90%	86%	73%	90%	81%
I feel more hopeful about the future.	73%	89%	81%	77%	83%	79%	69%	92%	82%
I believe I can recover.	74%	85%	83%	76%	83%	83%	73%	86%	82%
I feel more stabilized.	78%	88%	87%	82%	86%	92%	74%	91%	83%
I would recommend this agency to a friend or family member.	90%	94%	93%	95%	95%	94%	84%	94%	91%

A cross-tabulation on type of treatment services received and belief in one's ability to recover is illustrated in the following chart. As with last quarter, it appears that people receiving mental health treatment did not feel as strongly that they could recover as did those receiving substance abuse treatment.

Absolute Analysis % Responses	Base	I believe I can recover.				
		Strongly Agree	Agree	I'm Neutral	Disagree	Not Applicable
Base	275	38 13.8%	192 69.8%	36 13.1%	8 2.9%	1 0.4%
What service do you receive from this provider that you'd...						
Crisis Intervention	1	1 100.0%	- -	- -	- -	- -
Medication/Psychiatry	116	13 11.2%	81 69.8%	16 13.8%	5 4.3%	1 0.9%
MH ICM/RC	59	6 10.2%	46 78.0%	5 8.5%	2 3.4%	- -
MH Inpatient	3	- -	3 100.0%	- -	- -	- -
MH Outpatient Therapy	65	12 18.5%	39 60.0%	13 20.0%	1 1.5%	- -
MH Partial Hospitalization (GCC)	17	4 23.5%	12 70.6%	1 5.9%	- -	- -
Peer Support Services	2	1 50.0%	1 50.0%	- -	- -	- -
SA Inpatient	1	- -	- -	1 100.0%	- -	- -
SA Intensive Outpatient	1	- -	1 100.0%	- -	- -	- -
SA Outpatient	10	1 10.0%	9 90.0%	- -	- -	- -

Comments in response to, "If you disagreed with any of these statements, please say why" included:

- *"I'm not sure about the future."*
- *"I get discharged and have to go right back, it seems like a huge cycle."*
- *"Recommended them many times."*

Coordination of Care

Of those 144 adults responding to whether or not their behavioral health provider had them sign a release and helped to coordinate care with their physical health doctor, 84% said they had, and 16% said they had not, which is nearly identical to the last two quarters.

Prescriptions

Twelve adults (8% of 159 respondents to this question) said they had problems getting their prescriptions filled at their pharmacy and paid for by Medical Assistance. This is the same percentage as last quarter. Their comments included:

- *Doesn't have money to fill her meds.*
- *"Because Medical Assistance dropped me."*
- *"They won't approve some medicines."*

Services Still Needed

Respondents were asked, "If you weren't able to get behavioral health help in the last twelve months, what stopped you?" Responses to the direct question, as well as comments made in the "other" section, were added to produce the tally. Respondents often named multiple barriers to receiving help.

Transportation:	cited 15 times
Money issues:	cited 8 times
Inconvenient times:	cited 4 times
Long waiting list:	cited 3 times
Services denied:	cited 3 times
Medication issues:	cited 3 times
Didn't know where to get help:	cited 2 times
Distance to providers:	cited 2 times
Difficulty obtaining Dr. appt.	cited 2 times
Personal choice not to access	cited 2 times
Insurance problems:	cited once

When asked if there were any services respondents still needed, but were not getting, the most frequently cited was counseling (cited 8 times), the same as last quarter.

- *“More counseling.”*
- *“I have trouble schedule-wise. I work nights.”*
- *“I have to wait when I miss appointments.”*

Additional Compliments and Concerns

The majority of all comments in this section were positive. Of the 91 comments people chose to make, 77 (85%) were compliments. Some comments were:

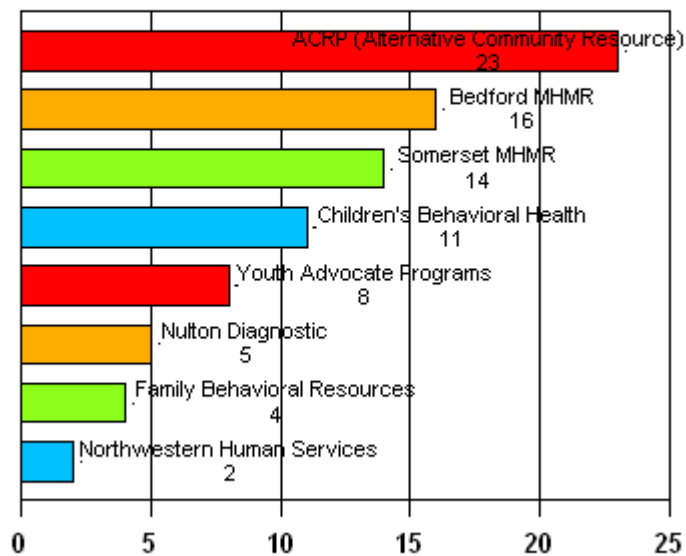
- *“I’m still here. They have inspired me to go on living.”*
- *“They are a really good program. It’s worth the drive.”*
- *“Length of time with doctor not even five minutes.”*
- *“I think they do a good job; they take it seriously.”*

Family Member Survey Results

Treatment Agencies

Eight different agencies were named by family members surveyed when they were asked to identify their child's treatment agency. While children may get services from more than one agency, each survey focuses only on one agency in order to produce satisfaction results only for that specific treatment provider.

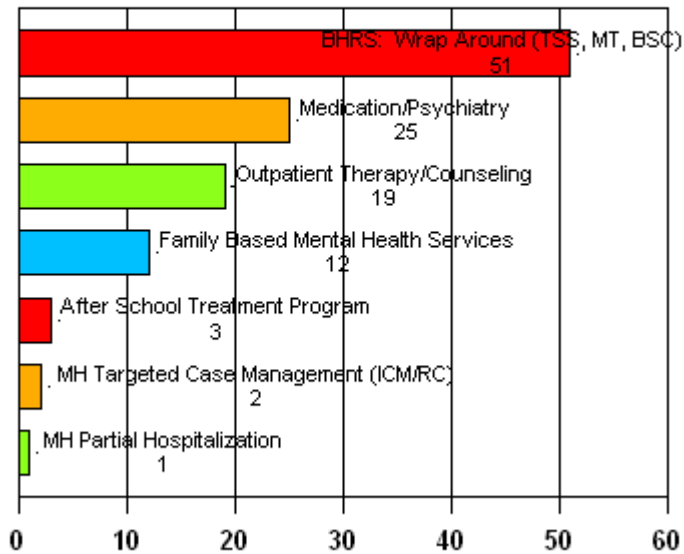
Treatment Agencies



Services Received

Family members identified the services in which their children participate. The results are illustrated in the following chart. Similar to last quarter, over half (57%) of the children of focus were receiving Behavioral Health Rehabilitation Services ("Wrap-around"). The next most frequently used service at 28% was medication/psychiatry, followed by outpatient therapy at 21%.

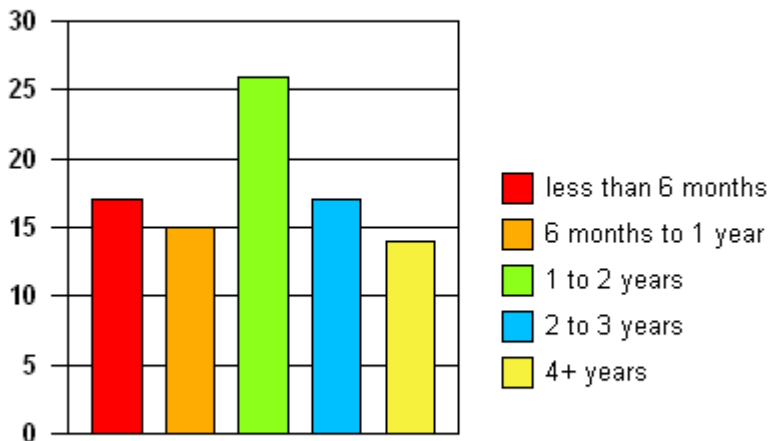
Levels of Care



Length of Participation in Services with the Treatment Agency

The length of time children had been participating in services varied between less than six months to four years or more. The majority of the children of focus had been participating in treatment services for one to two years.

Length of Participation



Access to Services

Family member satisfaction with access to services continues to be high, with three quarters of the responses ranging from 92% to 99% agreement. The average for this section was 92%.

Of the 85 family members responding to this question, 76 (89%--the same as last quarter) said their child was seen within seven days of requesting an evaluation or outpatient appointment. Five of 88 respondents (6%--the same as last quarter) said they had chosen to be put on a waiting list in order to see a provider different from the one first offered. Both comments about that indicated the family wished to choose their own provider.

Examples of satisfaction in the area of access included:

- 99% said the staff treats their family with respect and courtesy (the same as last quarter).
- 95% of respondents said services were offered at convenient times.
- 93% of family members said authorizations for service were processed on time.
- 88% said the treatment agency delivered the full amount of service prescribed for their child (down 6% from last quarter).
- 86% of family members felt they had been authorized a sufficient amount of service to meet their child's needs (down 1% from last quarter).

The lowest indicator was this: 74% of family members (down 3% from last quarter) agreed that they had been given a choice of different providers they could use for the service their child was receiving. Because this has been the area of least satisfaction in terms of access to services every quarter, additional exploration of the data was warranted.

To better understand this finding, responses were broken down by county and most frequently cited levels of care, illustrated in the following table. While Somerset families expressed the least agreement with "We have been given a choice of providers we can use for this service," the breakdown by levels of care may provide a partial reason. Psychiatry typically has the fewest number of practitioners in most communities, so choice of provider is limited. Somerset families had a much higher percentage of children using psychiatric services than did Bedford families.

Combined percentage of responses of “agree” or “strongly agree: 74%	Bedford 81%	Somerset 69%
Level of Care	Bedford Number and Percentage of surveyed members using the service	Somerset Number and Percentage
BHRS	18 (45%)	33 (45%)
Medical/Psychiatry	4 (10%)	21 (29%)
Outpatient/Counseling	6 (15%)	13 (18%)
Family Based	8 (20%)	4 (5%)

The following chart shows the combined county responses to choice of provider by level of care. This still shows potential concern, because there is disagreement in most of the other levels of care as well as doctor services.

Absolute Analysis % Responses	Base	We have been given a choice of different providers we can use for this service.				
		Strongly Agree	Agree	I'm Neutral	Disagree	Not Applicable
Base	113	18 15.9%	63 55.8%	6 5.3%	20 17.7%	6 5.3%
What services is your child receiving?						
BHRS: Wrap Around (TSS, MT, BSC)	51	7 13.7%	34 66.7%	- -	8 15.7%	2 3.9%
Medication/Psychiatry	25	3 12.0%	12 48.0%	1 4.0%	6 24.0%	3 12.0%
Outpatient Therapy/Counseling	19	6 31.6%	7 36.8%	2 10.5%	3 15.8%	1 5.3%
Family Based Mental Health Services	12	2 16.7%	7 58.3%	1 8.3%	2 16.7%	- -
After School Treatment Program	3	- -	2 66.7%	1 33.3%	- -	- -
MH Targeted Case Management (ICMRC)	2	- -	1 50.0%	- -	1 50.0%	- -
MH Partial Hospitalization	1	- -	- -	1 100.0%	- -	- -

This chart shows the results for just Bedford family respondents. Only one person disagreed with the statement.

Absolute Analysis % Responses	Base	We have been given a choice of different providers we can use for this service.				
		Strongly Agree	Agree	I'm Neutral	Disagree	Not Applicable
Base	40	1 2.5%	31 77.5%	6 15.0%	1 2.5%	1 2.5%
What services is your child receiving?						
BHRS: Wrap Around (TSS, MT, BSC)	18	1 5.6%	17 94.4%	-	-	-
Family Based Mental Health Services	8	-	7 87.5%	1 12.5%	-	-
Outpatient Therapy/Counseling	6	-	4 66.7%	2 33.3%	-	-
Medication/Psychiatry	4	-	1 25.0%	1 25.0%	1 25.0%	1 25.0%
After School Treatment Program	2	-	1 50.0%	1 50.0%	-	-
MH Partial Hospitalization	1	-	-	1 100.0%	-	-
MH Targeted Case Management (ICM/RC)	1	-	1 100.0%	-	-	-

The following chart shows the results for just Somerset families. There was significant disagreement for many levels of care, so limited choice of psychiatrists cannot be the only factor that may explain why Somerset families report disagreement with the statement.

Absolute Analysis % Responses	Base	We have been given a choice of different providers we can use for this service.			
		Strongly Agree	Agree	Disagree	Not Applicable
Base	73	17 23.3%	32 43.8%	19 26.0%	5 6.8%
What services is your child receiving?					
BHRS: Wrap Around (TSS, MT, BSC)	33	6 18.2%	17 51.5%	8 24.2%	2 6.1%
Medication/Psychiatry	21	3 14.3%	11 52.4%	5 23.8%	2 9.5%
Outpatient Therapy/Counseling	13	6 46.2%	3 23.1%	3 23.1%	1 7.7%
Family Based Mental Health Services	4	2 50.0%	-	2 50.0%	-
After School Treatment Program	1	-	1 100.0%	-	-
MH Targeted Case Management (ICM/RC)	1	-	-	1 100.0%	-

Next, the area of choice is examined by provider, instead of level of care, in the following chart. It is important to remember that often providers offer more than one service.

Absolute Analysis % Responses	Base	We have been given a choice of different providers we can use for this service.				
		Strongly Agree	Agree	I'm Neutral	Disagree	Not Applicable
Base	83	9 10.8%	52 62.7%	5 6.0%	12 14.5%	5 6.0%
How I have a few questions about your treatment agency. W...						
ACRP (Alternative Community Resource)	23	7 30.4%	13 56.5%	1 4.3%	2 8.7%	- -
Bedford MHRM	16	- -	12 75.0%	2 12.5%	1 6.3%	1 6.3%
Somerset MHRM	14	- -	10 71.4%	- -	3 21.4%	1 7.1%
Children's Behavioral Health	11	- -	7 63.6%	- -	1 9.1%	3 27.3%
Youth Advocate Programs	8	1 12.5%	3 37.5%	- -	4 50.0%	- -
Hulton Diagnostic	5	- -	4 80.0%	- -	1 20.0%	- -
Family Behavioral Resources	4	1 25.0%	2 50.0%	1 25.0%	- -	- -
Northwestern Human Services	2	- -	1 50.0%	1 50.0%	- -	- -

Issues or Problems with Provider

Three of 87 respondents to the question (3%--down 3% from last quarter) said that they had experienced serious issues or problems with their child's treatment provider's services. Poor communication was cited twice, with lack of treatment coordination, dissatisfaction with treatment received, and services not provided in a timely fashion each cited once. Respondents were able to choose more than one reason. This additional problem was cited:

- *"Poor communication between CBHNP and Provider."*

No one said they had used the provider's formal process for addressing concerns.

Treatment Experiences

Family members were mostly satisfied overall with their child's treatment experiences, with an average of 88% agreement to the statements in this section. However, only four indicators (compared with seven last quarter), received an agreement rating of 90% or more. The lowest in this category was in the area of interagency service teams. Seventy-three percent of respondents (9% less than last quarter) agreed that "there is a team of people from more than one agency that meets regularly to ensure coordination of services for my child." However, this indicator has been found to be confusing to respondents, who may only have one provider for their child or may not identify the meetings they attend as interagency meetings. This indicator will be re-worked for next year's survey.

Examples of indicators of satisfaction include:

- 97% said they feel comfortable asking questions about their child's treatment, a finding identical to the two previous quarters.
- 94% said their family's input is valued and included in their child's treatment/recovery plan.
- 91% (down 3% from last quarter) said their family's input was valued and included in their child's treatment plan.
- 86% said their child has enough time with the worker during most sessions.

This chart illustrates responses about having been informed of treatment options cross-tabulated by type of services. Medication/psychiatry and BHRS services had the lowest level of agreement.

Absolute Analysis % Responses	Base	My child and I have been informed about treatment options and their benefits and disadvantages.					
		Strongly Agree	Agree	I'm Neutral	Disagree	Strongly Disagree	Not Applicable
Base	113	17 15.0%	83 73.5%	4 3.5%	6 5.3%	2 1.8%	1 0.9%
What services is your child receiving?							
BHRS: Wrap Around (TSS, MT, BSC)	51	5 9.8%	40 78.4%	2 3.9%	3 5.9%	1 2.0%	- -
Medication/Psychiatry	25	4 16.0%	16 64.0%	2 8.0%	2 8.0%	1 4.0%	- -
Outpatient Therapy/Counseling	19	5 26.3%	12 63.2%	- -	1 5.3%	- -	1 5.3%
Family Based Mental Health Services	12	2 16.7%	10 83.3%	- -	- -	- -	- -
After School Treatment Program	3	- -	3 100.0%	- -	- -	- -	- -
MH Targeted Case Management (ICM/RC)	2	1 50.0%	1 50.0%	- -	- -	- -	- -
MH Partial Hospitalization	1	- -	1 100.0%	- -	- -	- -	- -

Recovery Orientation

Family member satisfaction was also high in the area of their treatment agency's recovery oriented practices, but did decrease slightly from last quarter. The average percentage of those agreeing or strongly agreeing with the indicators was 92%.

Eighty-seven percent of respondents said staff focus on their child's strengths, not limitations. The graph below shows the comparison of responses cross-tabulated with levels of care. One hundred percent of participants with children in family based, after school, targeted case management, and partial hospitalization services agreed.

BHSSBC
January – March 2009 Survey Results

Absolute Analysis % Responses	Base	Staff focus on my child's strengths, not his/her limitations.			
		Strongly Agree	Agree	I'm Neutral	Not Applicable
Base	111	14 12.6%	84 75.7%	12 10.8%	1 0.9%
What services is your child receiving?					
BHRS: Wrap Around (TSS, MT, BSC)	51	7 13.7%	37 72.5%	7 13.7%	- -
Medication/Psychiatry	25	5 20.0%	16 64.0%	4 16.0%	- -
Outpatient Therapy/Counseling	17	1 5.9%	14 82.4%	1 5.9%	1 5.9%
Family Based Mental Health Services	12	- -	12 100.0%	- -	- -
After School Treatment Program	3	- -	3 100.0%	- -	- -
MH Targeted Case Management (ICMRC)	2	1 50.0%	1 50.0%	- -	- -
MH Partial Hospitalization	1	- -	1 100.0%	- -	- -

Outcomes of Treatment

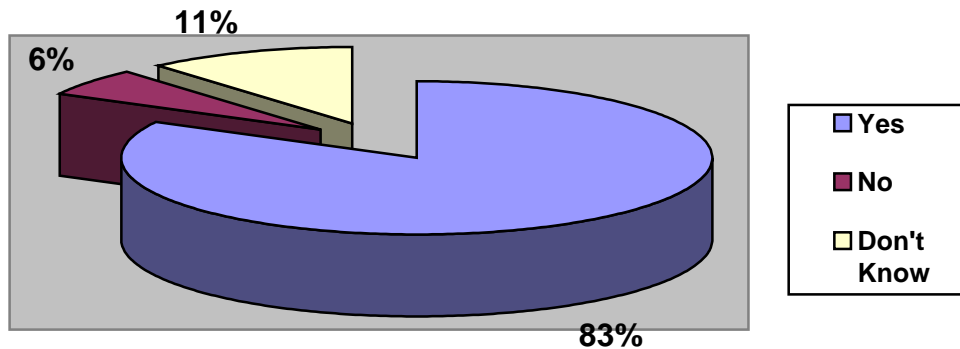
Overall satisfaction (81%) with the indicators of positive outcomes of treatment dropped 3% from last quarter. Bedford's average for this quarter was 87%, while Somerset's was 76%. Combined county satisfaction went down on each indicator except willingness to recommend the agency, which increased 3% over last quarter.

Outcomes as a direct result of participation in treatment	Combined			Bedford			Somerset		
	Jul-Sep 08	Oct-Dec 08	Jan-Mar 09	Bedford Jul-Sep 08	Bedford Oct-Dec 08	Bedford Jan-Mar 09	Somerset Jul-Sep 08	Somerset Oct-Dec 08	Somerset Jan-Mar 09
My child deals more effectively with daily problems.	77%	82%	77%	90%	85%	82%	63%	78%	73%
My child's social skills are improving.	82%	82%	80%	93%	86%	87%	71%	76%	75%
I feel my child's behavioral health is improving.	79%	82%	74%	91%	89%	84%	67%	71%	67%
I would recommend this agency to a friend or family member.	94%	88%	91%	93%	91%	95%	96%	84%	89%

In five of the nine comments made about why respondents disagreed with these statements about outcomes of treatment, family members said their child needed more "help" or "treatment".

Coordination of Care

As shown in the chart below, the majority of family members reported that their behavioral health provider had them sign a release in order to help coordinate the child's care with the family doctor or pediatrician.



Prescriptions

Seven family members (8% of those answering the question) said they had experienced problems getting behavioral health medications for their child. All seven live in Somerset County. Only two elaborated:

- *“He possibly needs meds.”*
- *Medicine not working.*

Services Still Needed

Family members were asked, “If you weren’t able to get behavioral health help for your child in the last twelve months, what stopped you?” Their answers were tabulated as follows:

Money Issues	(cited 11 times)
Transportation	(cited 6 times)
Didn't know where to go	(cited 5 times)
Services denied	(cited 5 times)
Inconvenient times	(cited 2 times)
Long waiting list	(cited 1 time)
Weather	(cited 1 time)

Services that are still needed included:

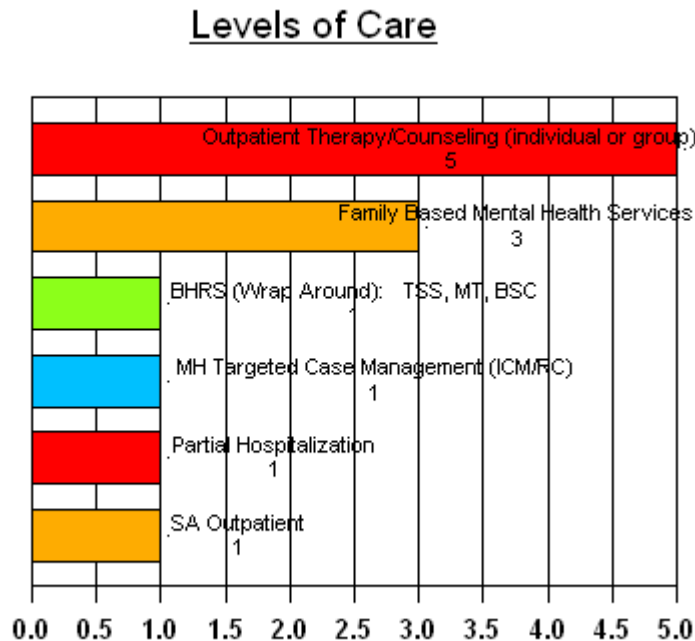
TSS	(cited 6 times)
Medication	(cited 4 times)
Counseling	(cited 1 time)
Anger Management	(cited 1 time)
Help with child's seizures	(cited 1 time)

Some comments were:

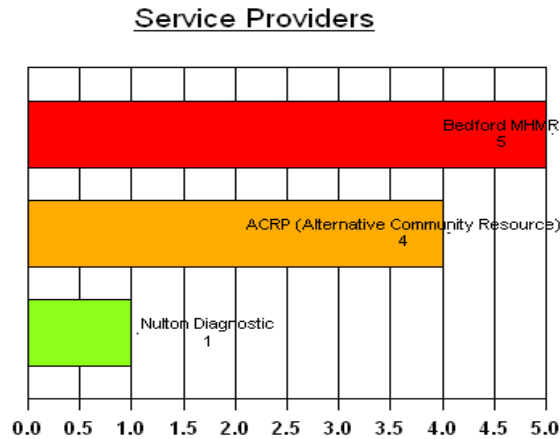
- *“No one seems to know what she needs.”*
- *“We are still waiting for a TSS worker. We have a lady that comes in, but he needs more help; I’m just not sure what he needs.”*

Youth Survey Results

Nine youth were surveyed this quarter. All of the surveys were completed by phone. Seven of the youth were from Bedford, and two from Somerset. All were male, and all but one was receiving services primarily for mental health. Youth respondents identified the service they wished to focus on for the survey. The results are illustrated in the following graph:



They received services from the following providers:



Access to Services

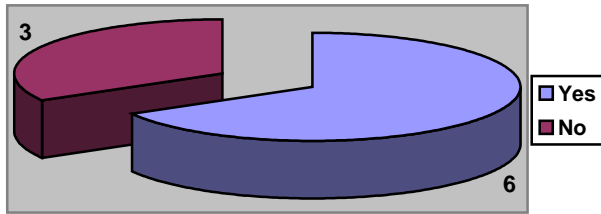
Youth respondents indicated high satisfaction for most indicators about access to services. Eight of the nine youth felt they were able to get their first appointment when they needed it. The average agreement for this area was 89%. Some examples:

- 100% of the youth said they met with their provider at times that were convenient.
- 100% said they get the right amount of help—not too much, nor too little.
- 100% said they were treated with courtesy and respect.

The lowest satisfaction was demonstrated when only 56% agreed that they have a choice of providers for the services they receive.

None of the youth reported having had problems with their providers that caused them to stop using that provider. Three respondents did indicate they had experienced trouble getting the help they needed, and two reported the reason was that they did not know where to go for help. One person cited “health” as a reason.

Two thirds of youth respondents take behavioral health medications, as illustrated:



One respondent said they had problems getting the behavioral health medications that work for them, but did not elaborate.

Treatment Experiences

Youth were asked to respond to statements about their treatment experiences, including having a voice in treatment, comfort with asking questions about treatment, inclusion in meetings, etc. Satisfaction in this area was extraordinarily high, with a 99% average agreement for the indicators. No respondent answered “disagree” or “strongly disagree” to any indicator, and only one youth replied “neutral”, and that was on only one indicator.

Recovery Orientation

Youth respondents were also very satisfied with the recovery orientation of agency staff, with an overall agreement of 95%. Youth agreed with every statement with the exception of one respondent stating “neutral” to “Staff are sensitive to my cultural background” and “neutral” to “Staff focus on my strengths, not my limitations.”

Outcomes of Treatment

The average agreement for this section was 89%. Highlights:

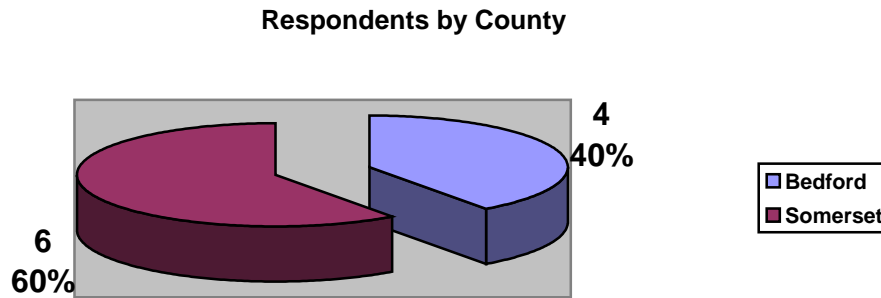
- 100% of youth said they handle day to day problems better as a direct result of their participation in treatment services.
- 100% would recommend the agency to a friend or family member.
- 89% said they don't get in trouble as often.

SUMMARY OF PEER-TO-PEER SURVEY RESULTS

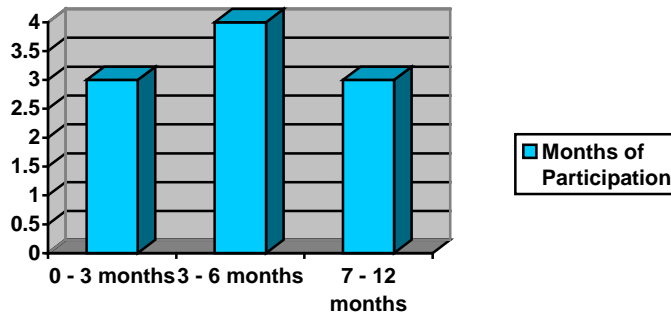
The Individual/Family Satisfaction Team was asked by BHSSBC to do a survey focused specifically on the Certified Peer Specialist program. A summary of the results follows.

Participants

Ten surveys of participants in certified peer specialist services were completed from a possible eighteen total participants (56% sample rate). The following chart illustrates the sample by county of residence.

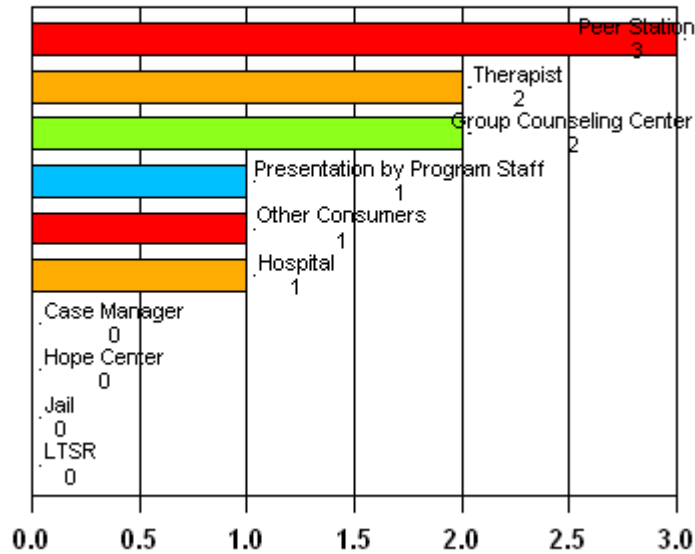


Participants in the Peer program had been receiving Certified Peer Specialist support services for under one year, with the majority having participated for three to six months, as illustrated in the following chart.

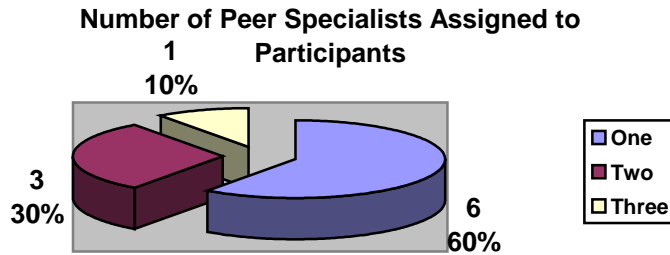


Participants cited the source of their referrals, as shown in the following graph. As indicated, no referrals were received through case managers, the jail, HOPES Center, or the LTSR.

How did you hear about the program?



During the course of the program, 40% of participants have had one or more peer specialists assigned. Sixty percent have stayed with the first peer specialist assigned.



The one person who had three peer specialists assigned reported having been in the program three months or less.

Absolute Respondents	Base	How many peer specialists have you had during your time i...			
		One	Two	Three	Four
Base	10	6	3	1	-
How long have you been participating in the Peer program?					
0 - 3 months	3	2	-	1	-
3 - 6 months	4	3	1	-	-
7 - 12 months	3	1	2	-	-
1 - 2 years	-	-	-	-	-
2+ years	-	-	-	-	-

Access

Participants were asked about their access to services. Satisfaction in this area was extremely high, with all indicators receiving 100% agreement except one: seeing the peer specialist as often as desired.

Absolute Analysis % Respondents	Base					
		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Base	50	17 34.0%	30 60.0%	1 2.0%	2 4.0%	-
I meet with my peer specialist at times that are convenient for me.	10	4 40.0%	6 60.0%	-	-	-
The place we meet is convenient for me.	10	4 40.0%	6 60.0%	-	-	-
The place we meet is comfortable and inviting.	10	3 30.0%	7 70.0%	-	-	-
I see my peer as often as I would like.	10	2 20.0%	5 50.0%	1 10.0%	2 20.0%	-
The time we spend together during our meetings is long enough.	10	4 40.0%	6 60.0%	-	-	-

Comments offered about disagreement with these indicators included:

- *“We sometimes have a hard time getting our schedules to coordinate.”*

- *“We've been missing each other. We play phone tag and then we get together.”*
- *“Like to meet more often.”*

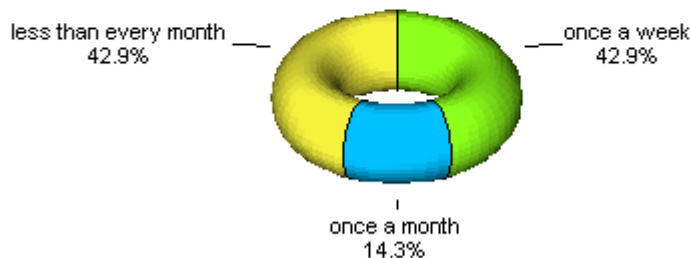
Contact

Most of the contact (70%) between peer and peer specialist took place in face-to-face meetings, with 30% completed with a combination of phone and face-to-face meetings. Email and letters were not used as a means of contact. Ninety percent of respondents were very satisfied with this approach, and 10% (one person) were somewhat satisfied.

Frequency

Less than a third of participants spoke on the phone with their peer specialist every week, as illustrated in the following chart.

Frequency of Phone Contact



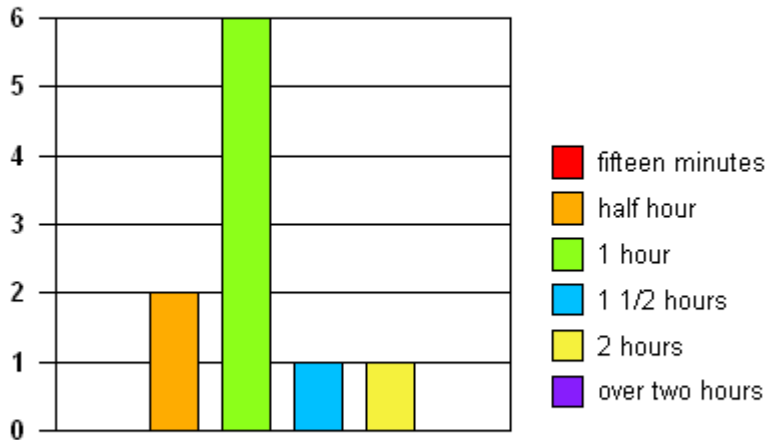
The majority of respondents met with their peers face to face once a week.

Frequency of Face to Face Contact



The majority of face to face meetings between peers are for one hour, as shown.

Duration of Face to Face Contact



Individualized and Person-Centered Focus

Six indicators in this area achieved an impressive 100% agreement. The lowest agreement (70%) was with peer specialists keeping the appointments they set with their peers.

Absolute Analysis % Respondents	Base					
		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Base	90	31 34.4%	52 57.8%	4 4.4%	3 3.3%	-
My peer specialist respects my right to privacy and doesn't push me for information.	10	1 10.0%	7 70.0%	1 10.0%	1 10.0%	-
We talk about what I want to talk about.	10	4 40.0%	6 60.0%	-	-	-
My peer specialist maintains confidentiality.	10	3 30.0%	7 70.0%	-	-	-
My peer specialist helps me work on the goals I want to work on.	10	4 40.0%	6 60.0%	-	-	-
My peer specialist supports my right to choose what is best for me.	10	4 40.0%	6 60.0%	-	-	-
My peer specialist is considerate of my cultural background and lifestyle choices.	10	3 30.0%	7 70.0%	-	-	-
My peer specialist keeps the appointments we have set.	10	4 40.0%	3 30.0%	2 20.0%	1 10.0%	-
My peer specialist is on time for our meetings.	10	4 40.0%	4 40.0%	1 10.0%	1 10.0%	-
I look forward to time with my peer specialist.	10	4 40.0%	6 60.0%	-	-	-

Comments reflecting disagreement with these statements were:

- *(Name of current peer) doesn't push for info and (name of previous peer) cancelled and was late twice. Pushed ideas on me.*
- *I've only had her twice, depends on weather or if she runs over time with other people.*

Support for Recovery

Satisfaction with peer specialist efforts to provide support for peer recovery was extremely high, with satisfaction ranging from 90% to 100% agreement on all indicators. Particular attention should be paid to each component in the following chart, as powerful indications of quality service. The one exception is in the promotion of psychiatric advance directives. This may be an area for further professional development for peer specialists.

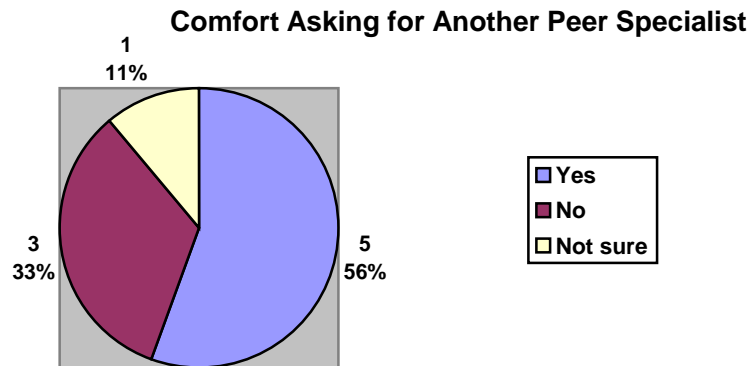
Absolute Analysis % Respondents	Base						
		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
Base	100	50 50.0%	41 41.0%	3 3.0%	4 4.0%	-	2 2.0%
I feel I can trust my peer specialist.	10	6 60.0%	4 40.0%	-	-	-	-
I relate well with my peer specialist.	10	7 70.0%	3 30.0%	-	-	-	-
My peer specialist understands my individual recovery issues.	10	6 60.0%	3 30.0%	1 10.0%	-	-	-
My peer specialist believes I can recover in my own way and in my own time.	10	7 70.0%	2 20.0%	1 10.0%	-	-	-
My peer specialist has helped me find resources I need.	10	3 30.0%	5 50.0%	1 10.0%	-	-	1 10.0%
My peer specialist helps improve my ability to manage crises in my life.	10	7 70.0%	3 30.0%	-	-	-	-
My peer specialist has increased my ability to advocate for myself to get my needs met.	10	5 50.0%	5 50.0%	-	-	-	-
My peer specialist has talked to me about the Wellness Recovery Action Plan (WRAP).	10	5 50.0%	5 50.0%	-	-	-	-
My peer specialist has talked to me about psychiatric advanced directives.	10	1 10.0%	5 50.0%	-	4 40.0%	-	-
My peer specialist invites me to attend community meetings and events, like C-SP, faith-based activities, drop-in cente...	10	3 30.0%	6 60.0%	-	-	-	1 10.0%

Comments about disagreement with these statements included:

- *Already involved in activities and community meetings and events.*
- *She never brought up the advanced directives, as far as I can remember.*
- *Never heard of an advanced directive.*
- *They never talked about it.*

Satisfaction with Current Peer Specialists

One hundred percent of respondents said they are comfortable talking with their peer specialist about any changes needed in their interactions to better meet their needs. Ninety percent said they were satisfied with their current peer specialist. However, only 50% said they would feel comfortable asking for another peer specialist.



Additionally, 50% said they knew who to talk to if they wished to request a change in peer specialist, and 60% said they knew what to do to make a formal complaint about the peer program or their peer specialist. This may be an area to target for further education for program participants.

Participants were asked a series of questions, and their responses follow:

What benefits you most about the Peer program?

- *The fact that I can talk with someone who has been where I've been and doesn't judge me or put her nose down at me.*
- *She listens to me, helps me come up with answers and is supportive to help me get out at times.*
- *Talking to someone who understands mental illness and recovery concepts. Someone who is a friend.*
- *I like having someone listen to what I have to say for a change.*
- *Get together and talk!*

- *Just knowing that somebody cares and if she can't help me she'll point me in the right direction.*
- *Doing my skills at peer station and possibly getting more voluntary work in or part time job.*
- *She keeps me on track, right choices to make. If I have doubts she helps me out. I make right choices myself.*
- *Nothing.*
- *Helping the peer answer phones at work.*

What benefits you least?

- *Oh, I don't know.*
- *Not this time.*
- *None, except understanding that peer specialists are in recovery from a mental illness--she was emotional some of the time.*
- *I don't know.*
- *Nothing that she knows of.*
- *I'm satisfied.*
- *Nothing.*
- *No, everything the peer does helps me.*
- *No.*
- *No.*

What, if anything, would you like to change?

- *Getting our schedules to be more alike so I can meet with her more and not feel like I'm putting her out and I do feel like that saves time.*
- *Currently it's running smoothly, but not in the past.*
- *"I like it the way it is."*
- *Nothing that I know of.*
- *She would like to go back to old ways!*
- *I've only seen her twice so I don't know.*
- *Nothing.*
- *Would like peer to talk more. Give more feedback about her own experience to help peer.*
- *Nothing.*
- *No.*

What else would you like us to know about the Peer program?

- *She does a great job-- I'm so thankful there is a program like this that is available for someone like me. She doesn't judge me and she understands me- where I've been and also what I'm going through now.*
- *(Peer's name) tried to have me do things she wanted me to do, and not what I came up with. She also talked negatively about her boss several*

times-- "nitpicky" we need a new supervisor, etc. Current peer specialist I like and I don't want to switch.

- *I disagreed with (Peer's name) being fired. I thought she should one day be manager of the peer program. I told (program managers) what I thought. I liked her because she had a strong heart for peers. Hard worker and talented.*
- *I think it's great. I like talking to someone who understands where I've been and what I'm going through. I really feel like she cares about me. I have an ICM now and that's really helpful too.*
- *Nothing.*
- *I think it reaches a lot more people because the person can come directly to your house if you don't feel like going out, they will come to you.*
- *To let people know about peer station and its positive affect and also they get you on your feet.*
- *When did it start and who thought of it?*
- *Don't have one at this time and would like to have one.*
- *Activities.*

Conclusion

It appears from the responses to the peer survey that participants in the program are very satisfied overall, especially with how certified peer specialists support participants' recovery. A strong majority of indicators of satisfaction in all areas achieved 100% agreement. Suggestions for improvement include training certified peer specialists to assist participants to complete psychiatric advance directives, and supporting the peer specialists to create consistent, achievable meeting schedules with their peers. In addition, as the program grows, education about requesting a change of peer specialists or making complaints about the program should be provided to participants.

Appendix A: Member Problem Report

Say: “If you have shared any problems about your provider or managed care company during this survey, are you interested in having your concerns addressed immediately by Behavioral Health Services of Somerset and Bedford Counties? This is the agency responsible for ensuring quality care by your treatment provider and managed care company.”

IF YES, Say: “All concerns and problems will be reviewed by my supervisor, who will report them to the BHSSBC Clinical/Quality Management Director, Annette Comiskey. If you would like Ms. Comiskey to call you directly, you can give me permission to share your name and phone number. If not, your concerns will still be addressed but will be reported as anonymous.”

Feel free to share Annette’s phone number: 814-443-4891 EXT. 4157

Date: _____

Surveyor: _____

Provider Name: _____

Type of Service: _____

Description of problem: _____

Member Name (with member’s permission): _____

Member Phone (with member’s permission): _____

Actions (check all that apply):

- Notified Lynn Deni (whether by phone or via this report or both)
- Gave the member Annette’s phone number
- Filed an incident report
- Filed a critical incident report