



**INDIVIDUAL/FAMILY
SATISFACTION TEAM**

QUARTERLY REPORT

January – March 2010

To

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

April 15, 2010

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.

After using a survey for a period of time, desired refinements to survey variables inevitably present themselves. Ways to make questions and statements clearer and easier to deliver emerge through constant use of the survey tool. However, changes made within too short a period make it difficult to compare survey results over time. The last changes to the surveys were made for implementation in July 2008. Because the Office of Mental Health and Substance Abuse Services operates on a calendar year (January – December), BHSSBC directed the Individual/Family Satisfaction Team to postpone any survey changes until January 2010, an 18 month period. This quarter, new surveys for adult, family member, and youth respondents were implemented, using the survey revisions recommended by the Advisory Committees.

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

Survey participants were recruited using three methods this quarter: (a) via a CBHNP member contact list; (b) through face to face, anonymous interviews with individuals participating in chemical dependency treatment; and (c) through face to face surveys conducted at provider offices.

The primary method used was the contact list. 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 second method used is specific to individuals receiving substance abuse treatment. This requires a different approach other than the contact list, 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, four 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.

In surveying participants in substance abuse treatment services, one method involves having the provider present a D & A Consent to Contact form to the individual, 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.

Another 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 third method involves an agreement between the Somerset Cornerstone Clinical Services Unit and the Individual/Family Satisfaction Team to have an I/FST surveyor located in the Cornerstone building at predetermined times to survey willing participants as they go to or from their mental health outpatient appointments.

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 26 Member Problem Reports completed by IFST Surveyors between the months of January and March 2010. Fourteen involved adult respondents, and 12 involved family member respondents. Problem reports are submitted to the Program Coordinator, who reviews and

then forwards them to the BHSSBC Clinical/Quality Management Director. If the issues are primarily those of needed community resources, and do not involve behavioral health services, the Program Coordinator provides the respondent with the needed information. This quarter, four problem reports were handled at the Program Coordinator level and 22 were forwarded on to BHSSBC for resolution. Only two of the 26 respondents wished to remain anonymous. Anonymous reports are also given to BHSSBC for informational purposes, but the respondents' concerns cannot be personally addressed since their names and contact information are not given to BHSSBC with the report.

The following issues were cited in this quarter's Problem Reports. Members were able to cite more than one area of dissatisfaction.

- 7 cited dissatisfaction with doctor services, including limited time with the doctor, pressure to sign treatment plans not developed in collaboration with the respondent, and lack of respectful communication.
- 7 cited issues with case management services, including lack of time and responsiveness, and disrespectful treatment.
- 4 cited lack of TSS time for their child at home and school.
- 4 cited the need for individual therapy for their child.
- 2 cited too long a wait time for services for their child.
- 1 cited lack of services when the therapist left the agency.
- 1 needed childcare.
- 1 desired speech therapy for their child.
- 1 requested help with homelessness and employment.
- 1 complained his doctor had recommended representative payee services.

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. This next quarter, the Program Coordinator will create a notebook (kept in locked filing cabinets in each county) with the resolution of those problem reports so that surveyors can access the results as they are received from BHSSBC.

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 of completed surveys. The goal is 16 (10% of the contracted 54 surveys) 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 how they felt about the length of the survey, if they were satisfied with the interview process, and how they felt about being contacted. A report of the results is then submitted to the Program Supervisor for review and inclusion in the quarterly report. Currently I/FST has six active surveyors, but only had five for the months of January and February 2010. Every surveyor is audited at least once a month to assure quality surveys are being done.

This Quarter, 16 individuals who had been surveyed between January and March 2009 were contacted for Quality Audit Checks. They shared feedback on the following:

Length of Survey:

Five (31%) of the 16 respondents were concerned about the length of the survey. They stated that:

- *"It was a little long."*
- *"I got bored doing it."*

This feedback will be considered when the survey is revised for the following calendar year.

Survey Process:

One hundred percent of respondents expressed satisfaction with the survey process, offering comments such as:

- *"He was nice and seemed concerned."*
- *"He did a good job explaining things."*
- *"She was polite."*

Comfort with Contact:

When asked about how they felt about being contacted, 100% of the respondents answered positively:

- *"It makes me feel like someone cares."*
- *"I was fine with it."*

There were no quality audits done on the Drug and Alcohol Surveys. Since they are all anonymous, call-backs cannot be made.

Data Storage

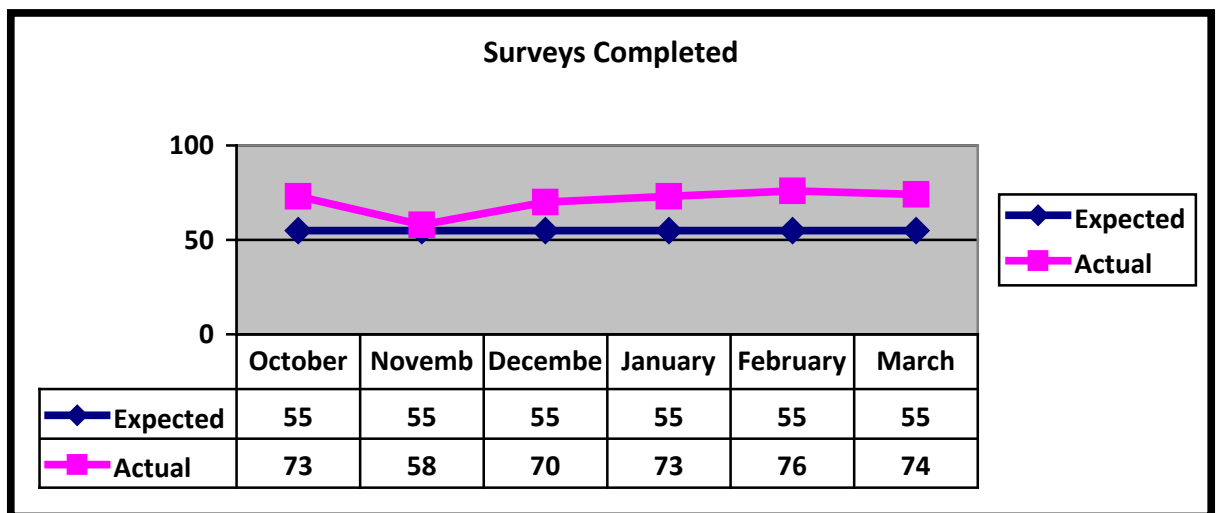
All signed informed consents, as well as completed paper surveys, are stored in locked filing cabinets. Informed consents are separated from the completed surveys to ensure survey answers cannot be traced back to the individual participants without their expressed consent. Completed surveys are entered 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

There were no barriers to survey implementation this quarter.

Surveys Completed

I/FST completed 223 surveys this quarter, exceeding its expected contract goal for the quarter by 58 surveys, as evidenced in the following chart.



Face to Face Surveys

I/FST is obligated to achieve at least 25% of its contracted number of 165 surveys (for the January – March 2010 quarter) through face to face interviews. This quarter, 54 of the surveys were conducted face to face with the respondent. This is an increase of 13 over last month's 41. Fifty-four

surveys represent 33% of the contracted 165 surveys expected, and 24% of the total 223 surveys completed.

The following chart shows the survey method by respondent group. The percentage of surveys completed face to face with adults rose over the last quarter, and declined for family members. As with last quarter, no youth respondents were surveyed face to face.

	Face to Face	Phone	Total for Quarter
Adults	52 (39%)	83	135
Family Members	2 (3%)	62	64
Youth	0	24	24
TOTAL	54 (24%)	169 (76%)	223

Face to face surveys of individuals receiving substance abuse treatment have historically been a significant contributor to the total number of face to face surveys conducted. However, that is trending down as numbers of face to face respondents receiving just mental health services or both mental health and substance abuse treatment services has risen. The percentage of adult face to face surveys completed with individuals receiving only substance abuse treatment services has declined over the past three quarters, from 56%, to 44% , to 33% (17 of 52 adult face to face surveys completed). It should be noted that the percentage of individuals surveyed for their satisfaction with substance abuse treatment was 8% of the total number of survey respondents (17 of 223).

Sampling Percentages by County

BHSSBC provides I/FST the contact information of CBHNP members who are participating in behavioral health services so that these members may be contacted and offered the opportunity to participate in the confidential survey process. 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.

BHSSBC provided I/FST with a list of 1,776 active CBHNP members who had received services from January – June 2009. Members who had previously been surveyed January – August were removed from the list. This left a total of 1,329 potential survey respondents, and it is this number upon which target respondent group percentages have been based.

The following chart shows the actual number, by county, of each respondent group on the member list provided.

Number of CBHNP Members Accessing Behavioral Health Services April - June 2009	Bedford	Somerset
Adults ages 19 and up: 708 (53% of the total)	305 (43%)	403 (57%)
Family Members of youth ages 2 - 14: 464 (35% of the total)	190 (41%)	274 (59%)
Youth ages 15 - 18: 157 (12% of the total)	63 (40%)	94 (60%)
TOTAL: 1,329	558 (42% overall)	771 (58% overall)

As stated previously, IFST completed 223 surveys this quarter. That is a 17% sample rate (up 2%) of the total available pool. Using the numbers from the chart above, Bedford surveys should represent about 42% of the total surveys accomplished, and Somerset 58%. In actuality, Bedford surveys comprised 39% of the total completed, and Somerset 61%--percentages that are very close to the target.

The following chart reflects the projections for subgroups (adults, family members, and youth) based on the available population to survey, as well as the actual numbers of surveys completed by county for each of these subgroups.

As can be seen, the total percentage of adult surveys completed (61%) was 8% higher than that projected (53%). In turn, the percentage of family member surveys completed (29%) was 6% lower than the target (35%). The youth surveys completed were 11% of the total, missing the target by only 1%. The ratio between counties showed Bedford under-represented in the adult groups, with Somerset overrepresented by 10%. Family member surveys were on target for county representation. Bedford youth were overrepresented in the sample by 18%.

Completed Surveys	Bedford Projected	Bedford Actual	Somerset Projected	Somerset Actual
Adults: 135 (61% of total)	43% of adults	45 (33%)	57% of adults	90 (67%)
*Family Members: 64 (29% of total)	41% of family members	27 (42%)	59% of family members	36 (56%)
Youth: 24 (11% of total)	40% of youth	14 (58%)	60% of youth	10 (42%)
TOTAL: 223	42%	39% of the total surveys (86)	58%	61% of the total surveys (136)

*1 person not identified by county.

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: 18 (13% of adults, 8% of total respondents)	No projections	4 adults	No projections	13 adults
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Participant Information

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

Gender

Adult gender representation was nearly identical to last quarter. However, for children of focus, female representation rose significantly. Youth have remained fairly evenly split between genders, with this quarter showing exactly 50% for each. No transgendered persons were represented in the survey responses, as was the case last quarter.

	Male	Female	Transgendered
Adults	35 (33%)	100 (67%)	0
Family Survey Children of Focus	35 (55%)	29 (45%)	0
Youth	12 (50%)	12 (50%)	0

Ethnicity

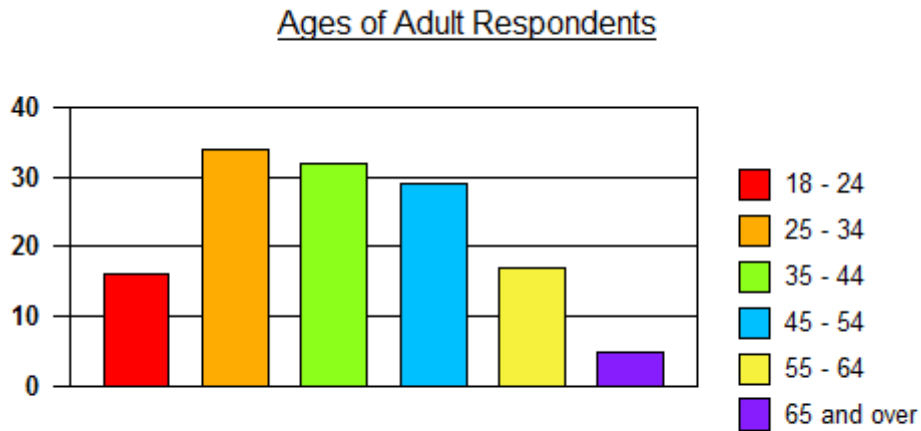
	Caucasian	African American	Hispanic American	Native American	Asian American	Bi-racial
Adults	133 (99%)			1 (.5%)		1 (.5%)
Family Survey Children of Focus	62 (98%)		1 (2%)			
Youth	21 (88%)	2 (8%)				1 (4%)

As with the previous three quarters, no individuals in any surveys identified themselves as Asian American.

Age

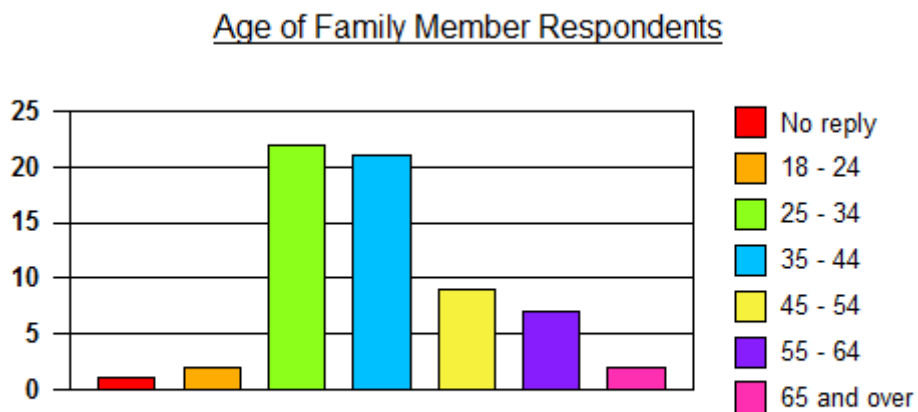
Adults

As shown in the following chart, all adult age groups were sampled.

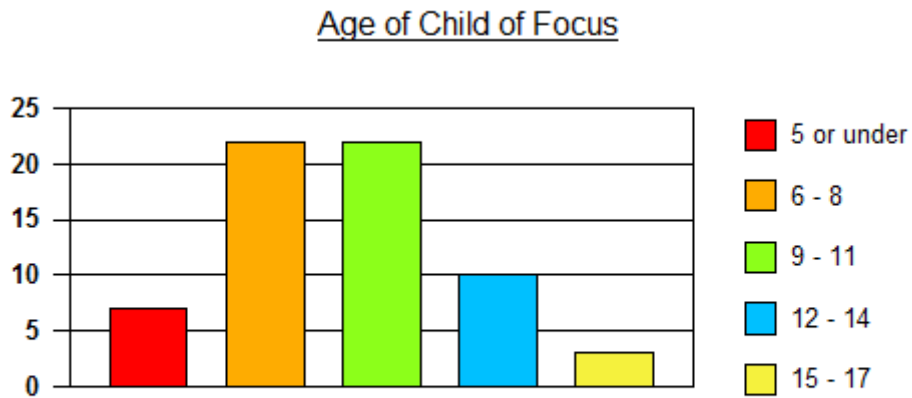


Families

As with the past five quarters, the ages of family members that were surveyed regarding their satisfaction with their children's services fell between the ages of 18 and over 65. Most were between the ages of 25 and 44.

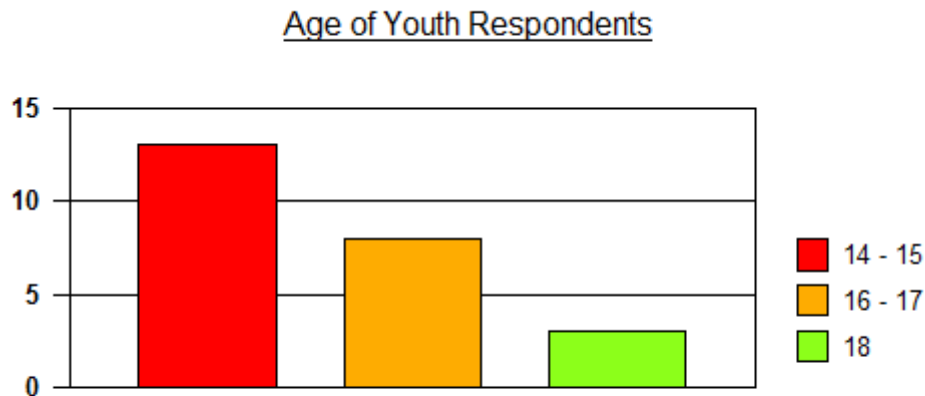


The ages of the children of focus are depicted in the following chart. Last quarter, the majority of the children were between 12 and 14 years of age. This quarter, the majority were between 6 and 11 years of age.



Youth

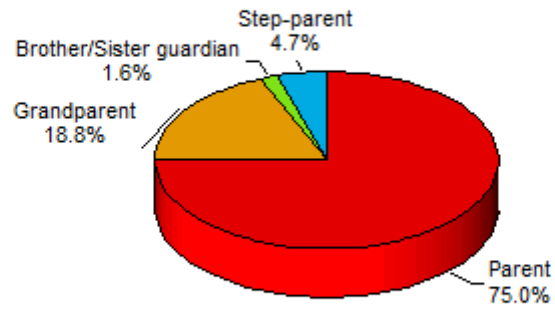
The ages of youth respondents ranged from 14 – 18 years of age.



Family Relationships

As with the previous four quarters, about three-fourths of respondents were parents of the children of focus.

Relationship to Child of Focus



Survey Results

Impressions for January – March 2010

Adult Surveys

Responses from the adult survey group were fairly positive, and have remained quite stable over the last four quarters, varying in each area by only 1 to 2%, with the exception of outcomes of treatment, which rose 6% this quarter. The average percentages of those selecting “agree” or “strongly agree” to indicators of satisfaction in the four key areas were:

- Access: 90% (up 3% from last quarter).
- Treatment Experiences: 85% (down 1% from last quarter).
- Recovery Orientation: 90% (up 2% from last quarter).
- Outcomes of Treatment: 88% (up 6% from last quarter).

Combined county responses to most indicators throughout the entire survey’s key indicator areas were above 80%, with only four exceptions (same number as last quarter):

- 75% said their provider offered to include friends and family members in the development of their treatment plan.
- 73% said staff encourages them to participate in peer support (up 8% from last quarter).
- 62% said they had been given a choice of providers (same as last quarter)
- 58% said they had a written plan on how they would like to be treated if in crisis.

Areas of highest satisfaction were:

- 96% said the provider’s meeting rooms are clean and inviting.
- 96% said they feel safe at the provider’s office.
- 96% said they are treated with respect and dignity by staff, including providers’ office staff.
- 96% said they would recommend their provider to a friend or family member

There were few significant differences in county-specific responses. No responses in the key areas (access, treatment experiences, recovery orientation, and outcomes of treatment) showed a difference of 10% or more between counties.

Family Member Surveys

As with adult respondents, family member responses were very similar to those of last quarter, varying only by 1% to 2 % in the key areas:

- Access: 93% (up 1% from last quarter).
- Treatment Experiences: 91% (up 2% from last quarter).
- Recovery Orientation: 96% (up 1% from quarter).
- Outcomes of Treatment: 79% (down 2% from last quarter).

This quarter there were only four indicators of satisfaction that received less than 80% agreement. They were:

- 78% said they had been given a choice of treatment providers (up 10% from last quarter).
- 78% said their child is making progress in his or her treatment.
- 78% said their child's treatment is making a positive impact on how they relate as a family.
- 67% said their child deals more effectively with daily problems (down 3% from last quarter).

Indicators demonstrating the highest satisfaction were:

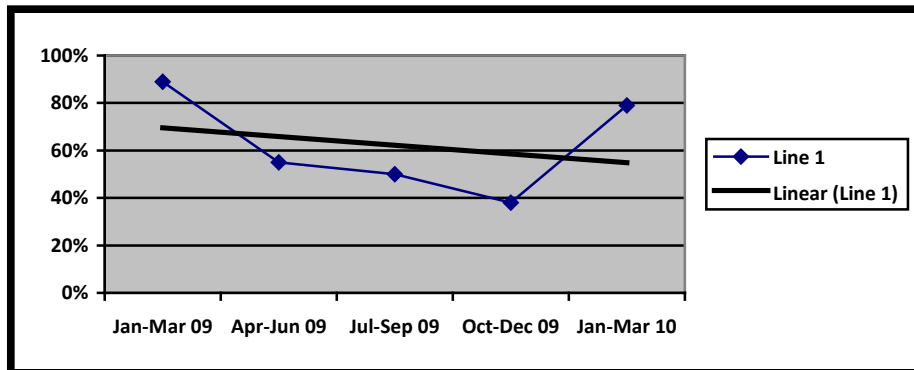
- 99% had been given information about their rights.
- 99% said they had received a notice of privacy practices from their provider.
- 97% said staff understands their child is an individual, and treats their child's specific, individual needs.
- 97% said their child is treated with respect and dignity by staff.
- 97% said they understand the role of each person involved in their child's treatment.
- 97% said they feel comfortable asking questions about their child's treatment.

As with the adults, there were few significant differences between county-specific responses from family members; only one indicator showed a difference of 10% or more between counties:

	Bedford	Somerset
Changes in the staff providing my child's treatment have been explained to me.	76%	86%

Youth Surveys

The number of youth who reported knowing who to go to if they have a problem with their treatment provider rose sharply this quarter, as represented in the following chart:



Youth satisfaction went up in all four key areas as compared with last quarter.

- Access: 94% (up 7% from last quarter).
- Treatment Experiences: 92% (up 7% from last quarter).
- Recovery Orientation: 95% (up 8% from last quarter).
- Outcomes of Treatment: 85% (up 2% from quarter).

Only three indicators of satisfaction revealed less than 80% agreement:

- 71% said they had a choice of providers (up 2% from last quarter).
- 79% said their provider calls in plenty of time to let them know if the provider is going to be late or miss a session.
- 75% said they feel good more often than before.

Areas of highest satisfaction were:

- 100% said they are treated with respect and courtesy.
- 100% said the places they meet are clean and inviting.
- 100% said the provider spends the full amount of scheduled time with them.
- 100% said their privacy is respected.

Overall Satisfaction Scores

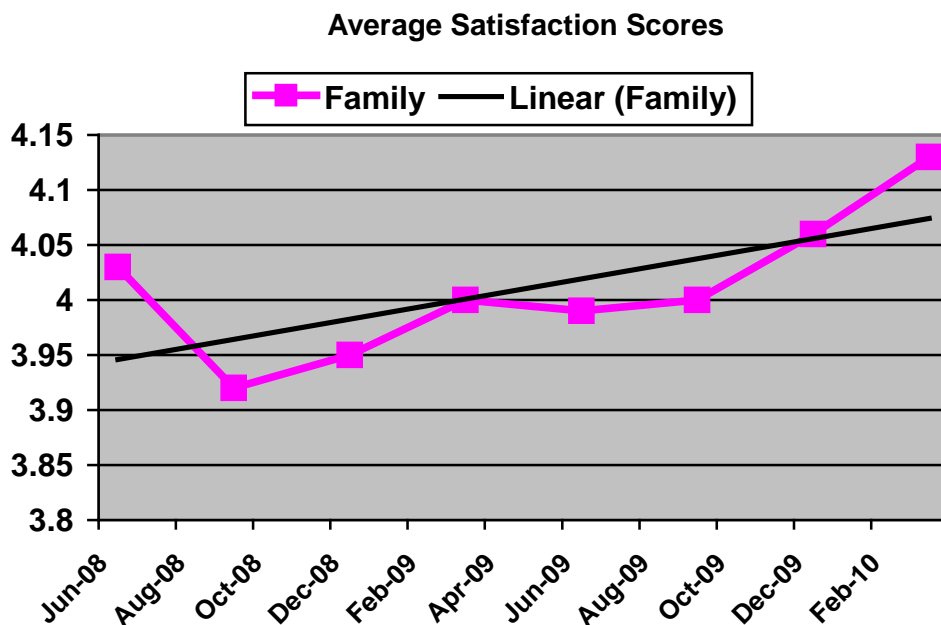
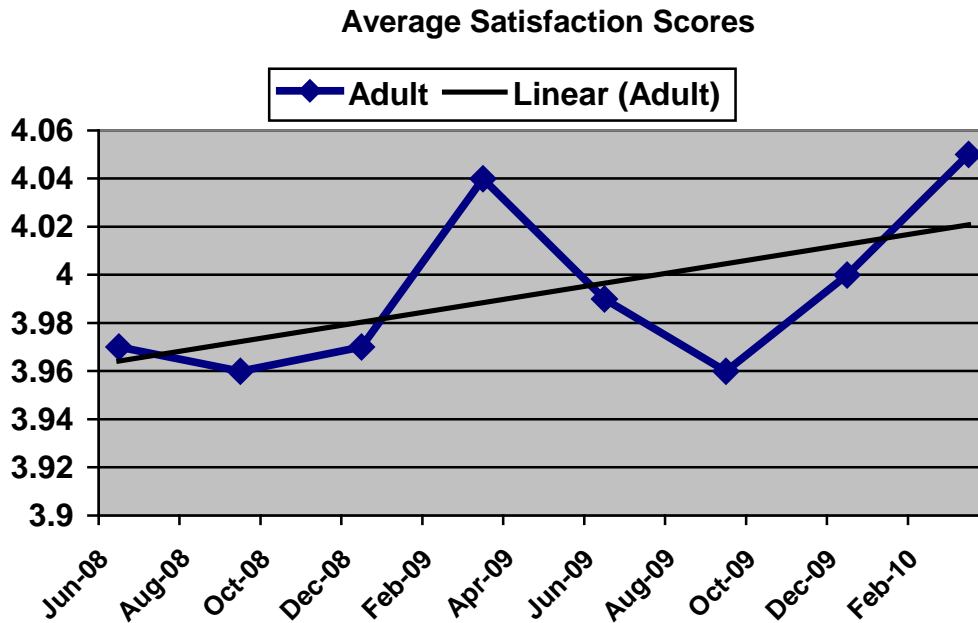
One method of viewing participant satisfaction is through the “overall satisfaction scores”. These numeric ratings provide additional ways of comparing satisfaction between participant groups in four key areas of the surveys. The surveys for each category of respondents (adults, family, and youth) each 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.

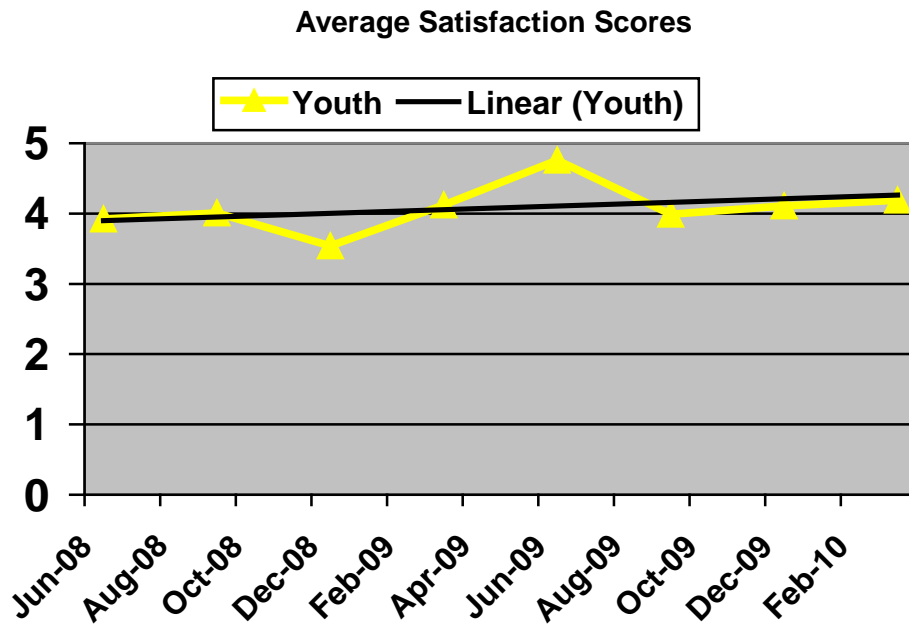
Satisfaction scores are uniquely useful. Percentages of those saying “agree or strongly agree” do not always tell the whole story. Satisfaction scores weight the numbers of people who “strongly agree”, higher than just “agree”, or “neutral” which more truly reflects the strength of the stated satisfaction. Average satisfaction scores for all groups increased this quarter over last.

The satisfaction scores for this quarter are shown in the following table. To provide a comparison, the average scores from the previous four quarters are listed in the final four rows of the table. Average satisfaction for each respondent group was higher this quarter than the previous four.

Satisfaction Scores October - December 2009	Adults n=135	Family Members n=64	Youth n=24
Access to Services	4.08	4.18	4.28
Treatment Experiences	3.96	4.15	4.19
Recovery Orientation of Staff	4.10	4.23	4.26
Outcomes of Treatment	4.06	3.96	4.02
AVERAGE January – March 2010	4.05	4.13	4.19
Oct – Dec 2009	4.0	4.06	4.11
July – Sept. 2009	3.96	4.00	3.99
April – June 2009	3.99	3.99	4.76
January – March 2009	4.04	4.00	4.12

The following charts compare satisfaction scores over the past eight quarters by respondent group. There is an upward trend in satisfaction for each respondent group.





Satisfaction with CBHNP

The following charts show the results of questions respondents were asked to explore the extent of their interactions with CBHNP and their satisfaction with those interactions.

COMBINED COUNTY ADULTS AND FAMILY MEMBERS

A third of the family member respondents had called CBHNP, but only 10% of adult respondents did. No respondents this quarter reported disrespectful treatment from CBHNP. One hundred percent of respondents who answered the question said they were treated respectfully by CBHNP.

	ADULTS				FAMILY MEMBERS			
ADULTS AND FAMILY MEMBERS January – March 2010	Number responding	Yes	No	Not Sure or Somewhat	Number responding	Yes	No	Not Sure or Somewhat
Have you ever called CBHNP?	135	13 (10%)	110 (81%)	12 (9%)	62	21 (34%)	37 (60%)	4 (6%)
When you called CBHNP, did the staff treat you respectfully?	12	12 (100%)	0	0	23	23 (100%)	0	0
Which office did you call?	Bedford Field Office	Member Services	Not Sure		Bedford Field Office	Member Services	Not Sure	
	4	0	7		14	5	3	

There were two comments regarding the area of respectful treatment by CBHNP, both from adults:

- *"They did a fine job."*
- *"Absolutely, yes."*

Adult and Family Member Compliments or Concerns About CBHNP:

- *"It's a good company."*
- *"I never heard of CBHNP."*
- *"No need to have been in touch with them."*
- *"Good company--they've approved all of her treatment."*
- *"Except for their process, I had to get my own help."*
- *"They have always treated me good."*

COMBINED COUNTY YOUTH

As shown in this table, the percentage of youth who know who to go to with complaints or grievances about their treatment has risen dramatically over the previous three quarters.

YOUTH	Jan-Mar 09	Apr-Jun 09	Jul – Sep 2009	Oct – Dec 2009	Jan – Mar 2010
I am aware that this company (CBHNP) works with my treatment provider to decide what types of services I get	89%	N=21 62%	N = 16 69%	N = 13 62%	N = 24 71% (17)
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.	89%	N=20 55%	N = 16 50%	N= 13 38%	N = 24 75% (18)
I know if I have a problem with my treatment provider I can make a formal complaint to CBHNP.					N = 24 79% (19)

Complaints and Grievances

As shown in the following chart, most respondents (77% of adults and 94% of family members) were aware of their right to file a complaint or grievance about CBHNP’s decisions or service. Sixteen percent more family members than adults had filed a complaint about a provider with CBHNP. Of those, 67% of adults and 60% of family members were satisfied with how they were treated during the complaint process.

	ADULTS: N = 135			FAMILY MEMBERS: N = 64			
	Yes	No	Not Sure or Somewhat		Yes	No	Not Sure or Somewhat
I am aware of my right to file a complaint or grievance about CBHNP’s decisions or service.	104 77%	22 16%	9 7%		60 94%	3 5%	1 1%
Have you ever been dissatisfied with a provider or CBHNP, and made a complaint to CBHNP?	2 1%	132 98%	1 1%		11 17%	51 80%	2 3%
Were you satisfied with how you were treated by CBHNP during the complaint process?	2 67%	1 33%	0		6 60%	4 40%	0

Adult respondents did not provide reasons for dissatisfaction. Family member respondents provided the following reasons:

- My complaint wasn’t taken seriously. 1
- Nothing changed. 1
- CBHNP staff didn’t communicate clearly. 1
- Didn’t get what I asked for. 1
- Other 1

Comments included:

- *"I didn't like their process and I was given the runaround."*
- *"[Agency] didn't get more hours for treatment through CBHNP."*
- *"They were rude to me."*

Grievances against CBHNP

No adults reported having a service denied and filing a grievance with CBHNP. However, ten family members reported having a service denied for their child and then filing a grievance with CBHNP. Six were satisfied with how they were treated by CBHNP, three were not, and 1 indicated they were somewhat satisfied, as shown in the following chart:

Those who were not satisfied shared the following reasons:

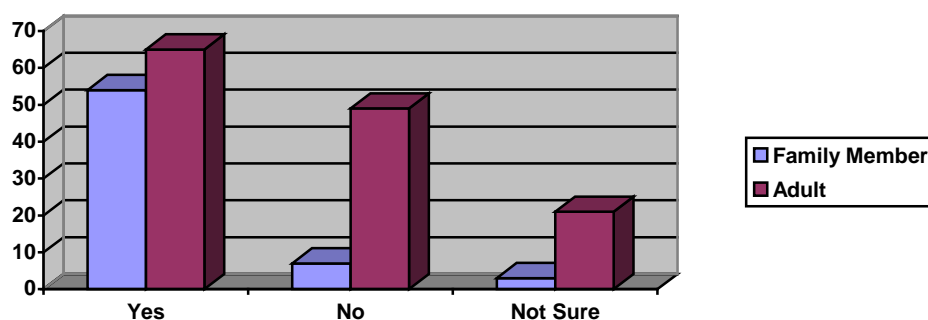
Didn't like having the review doctor participate by phone:	1
Didn't agree with the outcome:	1
The process was intimidating:	1
Other:	1

Comments included:

- *"Didn't get enough TSS hours and were not helping."*
- *"They were all ignorant to me."*

Receipt of CBHNP Handbook

The following chart shows those adult and family members who report having received a CBHNP member handbook in the mail:



Responses to Required DPW Questions

Adults

*Total participating in this series of questions: 134

In the last 12 months, were you able to get the help you needed?	Bedford County	Somerset County	Both Counties
Yes (always)	44	84	128 (96%)
Sometimes	1	3	4
No (never)	0	2	2
			134
Were you given the chance to make treatment decisions?			
Yes (always)	41	70	111 (83%)
Sometimes	2	14	16
No (never)	2	5	7
			134
What effect has the treatment you received had on the quality of your life?			
Much better	21	50	71
A little better	16	23	39
About the same	7	16	23
A little worse	0	0	0
Much worse	1	0	1
			134

*One adult survey did not identify a county. Therefore, the individual county totals are one short of the combined county totals on the indicated lines.

Family

Total participating in this series of questions: 63

*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)	6	5	11
Sometimes	4	7	11
No (never)	17	23	41 (65%)
*Were you and your child given the chance to make treatment decisions?			
Yes (always)	25	31	57 (90%)
Sometimes	1	4	5
No (never)	1	0	1
*What effect has the treatment your child received had on the quality of your child's life?			
Much better	14	10	25
A little better	8	13	21
About the same	4	11	15
A little worse	1	0	1
Much worse	0	1	1

*One adult survey did not identify a county. Therefore, the individual county totals are one short of the combined county totals on the indicated lines.

Youth

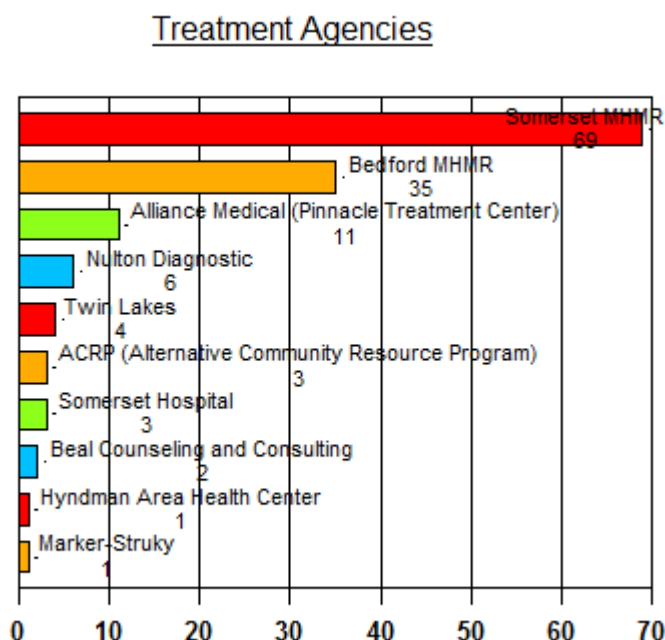
Total participating in this series of questions: 24

In the last 12 months, did you have problems getting the help you needed?	Bedford County	Somerset County	Both Counties
Yes (always)	0	0	0
Sometimes	2	3	5
No (never)	12	7	19 (79%)
Were you given the chance to make treatment decisions?			
Yes (always)	14	10	24 (100%)
Sometimes	0	0	0
No (never)	0	0	0
What effect has the treatment you received had on the quality of your life?			
Much better	7	6	13
A little better	6	2	8
About the same	1	2	3
A little worse	0	0	0
Much worse	0	0	0

Adult Survey Results

Treatment Agencies

Ten different agencies (one more than last quarter) were named by adults surveyed when asked to identify their treatment agency. As with the last two quarters, Somerset MHMR was the most frequently cited, followed by Bedford MHMR and Alliance Medical.

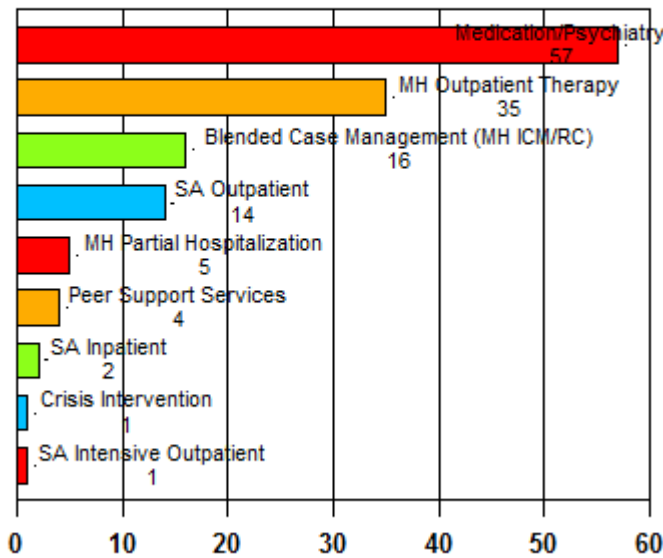


Services Received

Adults identified the services they received that they wished to focus on during the satisfaction survey. Eighty-three percent of respondents (down 1% from last quarter) were receiving only mental health treatment services, 13% (up 1% from last quarter) were receiving substance abuse treatment services, and 4% (same as last quarter) were receiving both.

As seen in the following chart, nine different types of services were the focus of the surveys (up two from last quarter). As with the last four quarters, psychiatry/medication management was the most frequently cited level of care upon which respondents wished to focus for the survey.

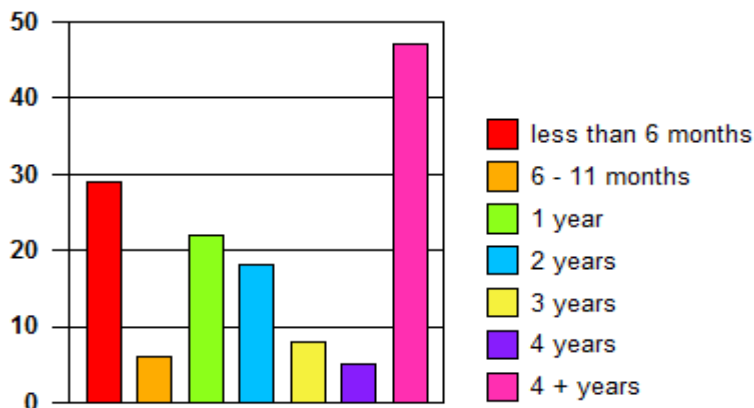
Levels of Care



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 the five prior quarters, most of the people surveyed had participated in treatment services with their provider for four or more years.

Length of Participation with Agency



The following chart shows length of participation cross tabulated by level of care. Interestingly, three quarters of respondents focusing on targeted case management services in the survey had been participating for four or more

years. Less than half of those focusing on psychiatry services had participated for four or more years.

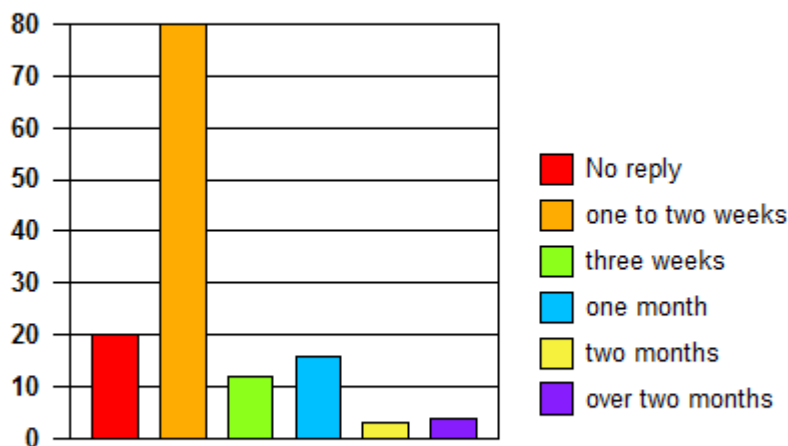
Absolute Analysis % Responses	Base	How long have you been receiving services from (name of a...)						
		less than 6 months	6 - 11 months	1 year	2 years	3 years	4 years	4 + years
Base	135	29 21.5%	6 4.4%	22 16.3%	18 13.3%	8 5.9%	5 3.7%	47 34.8%
Which service that you receive from (name of agency) woul...								
Blended Case Management (MH ICM/RC)	16	1 6.3%	- -	- -	2 12.5%	- -	1 6.3%	12 75.0%
Crisis Intervention	1	- -	- -	- -	- -	1 100.0%	- -	- -
Medication/Psychiatry	57	9 15.8%	2 3.5%	9 15.8%	6 10.5%	4 7.0%	1 1.8%	26 45.6%
MH Outpatient Therapy	35	8 22.9%	3 8.6%	10 28.6%	6 17.1%	- -	2 5.7%	6 17.1%
MH Partial Hospitalization	5	1 20.0%	- -	1 20.0%	- -	2 40.0%	- -	1 20.0%
Peer Support Services	4	2 50.0%	- -	- -	1 25.0%	- -	- -	1 25.0%
SA Inpatient	2	2 100.0%	- -	- -	- -	- -	- -	- -
SA Intensive Outpatient	1	- -	- -	- -	- -	1 100.0%	- -	- -
SA Outpatient	14	6 42.9%	1 7.1%	2 14.3%	3 21.4%	- -	1 7.1%	1 7.1%

Access to Services

Appointments:

Eight adults (6%--down 8% from last quarter) said they were not offered the opportunity of an appointment within seven days of contacting their provider to set up services. The number of weeks until their first treatment appointment is illustrated in the following chart:

Time Until First Appointment



The longest wait times were for psychiatric services, as shown in the following cross tabulation between level of care and time until services:

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Absolute Analysis % Responses	Base	Missing	About how long was it before your first treatment appoint...				
		No reply	one to two weeks	three weeks	one month	two months	over two months
Base	135	20 14.8%	80 59.3%	12 8.9%	16 11.9%	3 2.2%	4 3.0%
Which service that you receive from (name of agency) woul...							
Blended Case Management (MH ICM/RC)	16	5 31.3%	8 50.0%	1 6.3%	2 12.5%	-	-
Crisis Intervention	1	-	-	1 100.0%	-	-	-
Medication/Psychiatry	57	11 19.3%	30 52.6%	4 7.0%	6 10.5%	2 3.5%	4 7.0%
MH Outpatient Therapy	35	3 8.6%	23 65.7%	4 11.4%	4 11.4%	1 2.9%	-
MH Partial Hospitalization	5	-	4 80.0%	-	1 20.0%	-	-
Peer Support Services	4	1 25.0%	2 50.0%	1 25.0%	-	-	-
SA Inpatient	2	-	2 100.0%	-	-	-	-
SA Intensive Outpatient	1	-	1 100.0%	-	-	-	-
SA Outpatient	14	-	10 71.4%	1 7.1%	3 21.4%	-	-

Access Indicators:

Responses to statements about access were generally positive, with an average of 90% (up 3% from last quarter) responding “agree” or “strongly agree” and a range from 89% - 96% with the exception of one indicator (provider choice) at 62% (same as last quarter). Some highlights:

- 96% said the rooms where they meet are clean and inviting.
- 95% said meeting times are convenient.
- 95% said they had been authorized for a sufficient amount of service to meet their needs.
- 92% said staff is usually available when they need them.

There were no indicators in the Access section where county-specific responses differed by 10% or more.

Choice of Providers

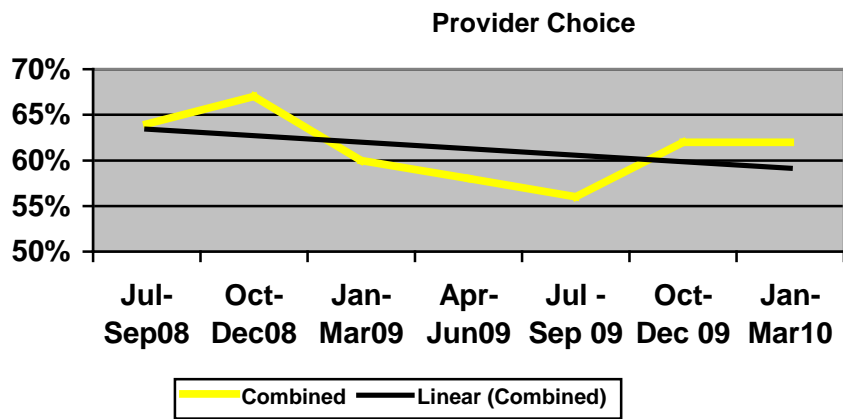
The most significant area of concern in the area of access each quarter is in low agreement with the statement, “I have been given a choice of providers I can use for this service.” This quarter the combined county affirmative response (62%) was the same as last quarter. Perception of choice of provider can be influenced by many factors, including provider failure to inform participants of other area service providers and few local providers for a particular level of care. The data from this indicator do not allow for an interpretation of why participants chose the responses they did around choice of providers.

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.

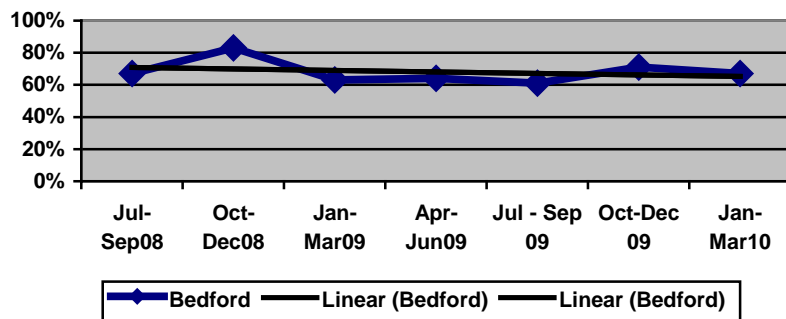
	Jan-Mar 2009	Apr-Jun 2009	Jul-Sep 2009	Oct- Dec 2009	Jan – Mar 2010	
Bedford Adults	63%	64%	61%	71%	67%	
Somerset Adults	51%	54%	54%	57%	60%	
Combined County	60%	58%	56%	62%	62%	

As seen in the following three graphs with the addition of trend lines, perception of provider choice is still trending downward for the combined county responses but is fairly flat when viewed by the individual county.

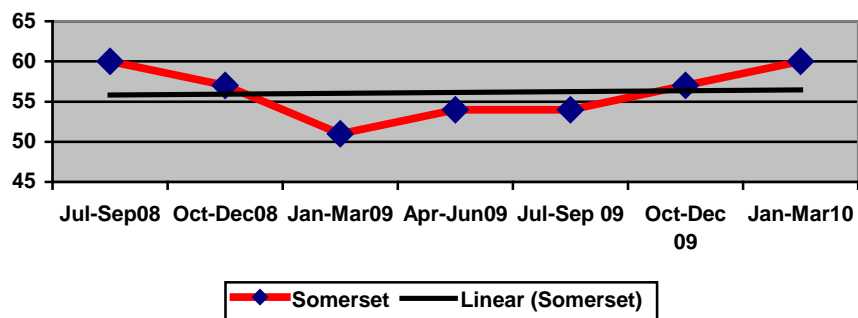
Combined County:



Bedford County:



Somerset County:



This chart compares type of service received with reports of having been given a choice of providers. Responses of “disagree” to the statement can be seen for all levels of care represented by respondents, with the exception of mental health partial hospitalization and peer support services.

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
Base	134	22 16.4%	62 46.3%	17 12.7%	31 23.1%	2 1.5%
Which service that you receive from (name of agency) woul...						
Blended Case Management (MH ICM/RC)	16	2 12.5%	6 37.5%	1 6.3%	6 37.5%	1 6.3%
Crisis Intervention	1	-	-	-	1 100.0%	-
Medication/Psychiatry	57	8 14.0%	28 49.1%	9 15.8%	11 19.3%	1 1.8%
MH Outpatient Therapy	34	9 26.5%	15 44.1%	5 14.7%	5 14.7%	-
MH Partial Hospitalization	5	2 40.0%	2 40.0%	1 20.0%	-	-
Peer Support Services	4	1 25.0%	2 50.0%	1 25.0%	-	-
SA Inpatient	2	-	1 50.0%	-	1 50.0%	-
SA Intensive Outpatient	1	-	1 100.0%	-	-	-
SA Outpatient	14	-	7 50.0%	-	7 50.0%	-

Comments About Access:

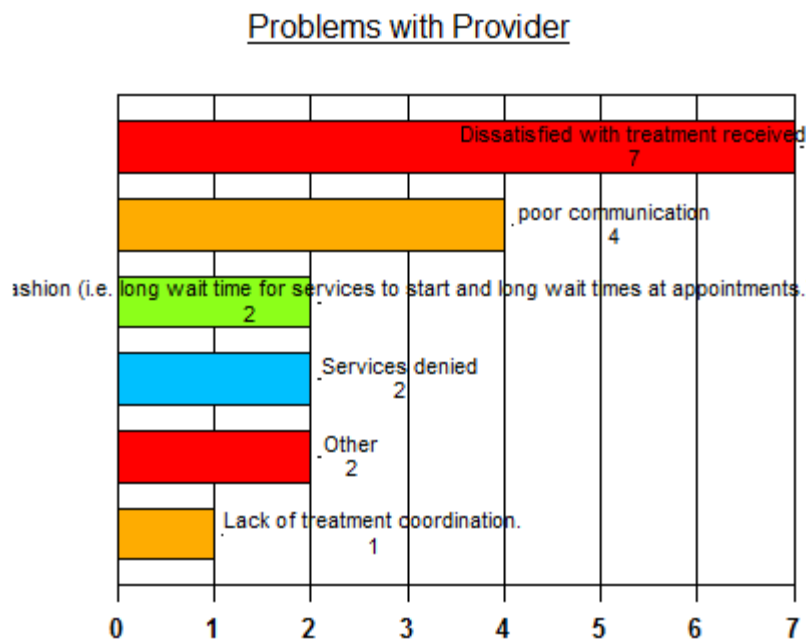
- "When I need to talk to someone, I can't get a hold of anyone."
- "Not given choice of provider."
- "The reason I was not given a list of providers was because they told me they had none."
- "Every time I call, I get the voice mail. They're too busy seeing other people."

Issues or Problems with Provider

Eleven adults (8% of respondents—up 2% from last quarter) said they had experienced a serious issue or problem with their provider. The following

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graph illustrates their concerns (respondents were able to cite more than one concern):



Additional comments elaborating on problems with providers included:

- *"She didn't listen to a darn thing I said."*
- *"I just can't understand the doctor."*
- *"There was poor communication and coordination of my services, also I wasn't advised of anything and couldn't sit in one of the meetings."*

Three people said they had used the provider's formal process for lodging complaints, and said they were satisfied with the process.

Treatment Experiences

Average satisfaction in this area was 85% this quarter (down 1% from last quarter). Several indicators in this area were added or altered, so a comparison with previous quarters is not given here. The range for those agreeing, or strongly agreeing, with indicators of satisfaction with treatment experiences was 58% to 96%.

Highest satisfaction was expressed in the following:

- 96% said they felt safe at their provider's office.
- 93% said they felt comfortable asking questions about their treatment.
- 92% said they have enough time with the treatment staff during most sessions.

Areas of lowest satisfaction included:

- 58% said they had a written plan on how they would like to be treated if they are in crisis.
- 75% said their provider offered to include friends and family important to them in the development of their treatment plan.

No indicators showed a ten percent or greater difference between county-specific responses.

Freedom to Complain Without Fear of Negative Consequences:

Respondent reports of freedom to complain without fear of negative consequences had risen steadily over the past three quarters, from 79%, to 85%, to 87%, and remained at 87% this quarter.

Inclusion in Treatment Meetings:

Although 83% of respondents said they were involved in creating their treatment plan, only 75% said they had the option of including friends and family in the plan's development. The following chart shows their responses to inclusion of natural supports cross-tabulated by level of care. As expected, the greatest number of "disagree" responses was for medication/psychiatry services, as participants are not regularly involved in creating individualized treatment plans for that service. They should be, however, in outpatient therapy.

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Absolute Analysis % Responses	Base	(Name of provider) offered to include friends and family who are important to me in the development of my treatment plan.				
		Strongly Agree	Agree	I'm Neutral	Disagree	Strongly Disagree
Base	135	24 17.8%	77 57.0%	19 14.1%	13 9.6%	2 1.5%
Which service that you receive from (name of agency) would...						
Blended Case Management (MH ICM/RC)	16	2 12.5%	7 43.8%	6 37.5%	1 6.3%	-
Crisis Intervention	1	-	1 100.0%	-	-	-
Medication/Psychiatry	57	10 17.5%	32 56.1%	9 15.8%	6 10.5%	-
MH Outpatient Therapy	35	8 22.9%	21 60.0%	1 2.9%	3 8.6%	2 5.7%
MH Partial Hospitalization	5	3 60.0%	1 20.0%	1 20.0%	-	-
Peer Support Services	4	-	3 75.0%	1 25.0%	-	-
SA Inpatient	2	-	2 100.0%	-	-	-
SA Intensive Outpatient	1	-	1 100.0%	-	-	-
SA Outpatient	14	1 7.1%	9 64.3%	1 7.1%	3 21.4%	-

Comments About Treatment Experiences:

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

- "No, they didn't offer to include friends and family members."
- "No, I don't have a written crisis plan."
- "Too much gossip between staff and patients. Everyone knows your business."
- "I'd be afraid to complain."
- "Did not tell me how to address concerns I may have."

Recovery Orientation

Satisfaction in this area remains fairly high each quarter. The average agreement for this quarter was 90%, up 2% from last quarter. The range for agreement with statements of satisfaction with the recovery orientation of treatment providers was between 86% and 96%, with the exception of encouragement to participate in peer support, at 73% (down 2% from last quarter).

No indicators showed a ten percent or greater difference between county-specific responses.

Encouragement for peer support is broken down by level of care in the following chart:

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	Strongly Disagree
Base	131	23 17.6%	75 57.3%	12 9.2%	17 13.0%	4 3.1%
Which service that you receive from (name of agency) woul...						
Blended Case Management (MH ICM/RC)	15	4 26.7%	9 60.0%	1 6.7%	1 6.7%	-
Crisis Intervention	1	-	1 100.0%	-	-	-
Medication/Psychiatry	57	9 15.8%	33 57.9%	7 12.3%	6 10.5%	2 3.5%
MH Outpatient Therapy	33	6 18.2%	19 57.6%	1 3.0%	5 15.2%	2 6.1%
MH Partial Hospitalization	4	1 25.0%	1 25.0%	2 50.0%	-	-
Peer Support Services	4	2 50.0%	2 50.0%	-	-	-
SA Inpatient	2	-	2 100.0%	-	-	-
SA Intensive Outpatient	1	-	-	-	1 100.0%	-
SA Outpatient	14	1 7.1%	8 57.1%	1 7.1%	4 28.6%	-

Comments About Recovery-Oriented Practices:

Comments about why individuals had disagreed on any of the indicators of satisfaction with recovery oriented practices included:

- "No, I don't think they are sensitive to my background."
- "Some treat me with respect, but some don't."
- "Never talked about participating in peer support."
- "No, they don't discuss recovery principles"

Outcomes of Treatment

Participants were asked to respond to indicators of satisfaction regarding positive outcomes they perceived were a direct result of their participation in treatment services. The average satisfaction in this area was 88% this quarter (up 6% from last quarter). Indicators ranged from 82% (feeling improvement in behavioral health) to 96% agreement (willingness to recommend the agency).

No indicators showed a ten percent or greater difference between county-specific responses.

The following chart illustrates willingness to recommend the treatment agency:

Absolute Analysis % Responses	Base	I would recommend this agency to a friend or family member.				
		Strongly Agree	Agree	I'm Neutral	Disagree	Strongly Disagree
Base	134	45 33.6%	85 63.4%	1 0.7%	2 1.5%	1 0.7%
What is the name of your treatment agency?						
ACRP (Alternative Community Resource Program)	3	1 33.3%	2 66.7%	-	-	-
Alliance Medical (Pinnacle Treatment Center)	11	-	11 100.0%	-	-	-
Beal Counseling and Consulting	2	1 50.0%	1 50.0%	-	-	-
Bedford MHMR	35	8 22.9%	27 77.1%	-	-	-
Hyndman Area Health Center	1	-	1 100.0%	-	-	-
Marker-Struky	1	1 100.0%	-	-	-	-
Nulton Diagnostic	6	4 66.7%	2 33.3%	-	-	-
Somerset Hospital	2	-	1 50.0%	1 50.0%	-	-
Somerset MHMR	69	30 43.5%	37 53.6%	-	1 1.4%	1 1.4%
Twin Lakes	4	-	3 75.0%	-	1 25.0%	-

This chart outlines all responses to the outcomes of treatment section for the past year. One indicator was changed to “I feel my behavioral health is improving” so comparisons to previous quarters cannot be made. As illustrated, combined county and Somerset County responses were the highest they have been on each indicator for four quarters.

	COMBINED COUNTY				BEDFORD COUNTY				SOMERSET COUNTY			
	Combined County				Bedford				Somerset			
Outcomes as a Direct Result of Treatment	Apr- Jun 09	Jul – Sep 2009	Oct – Dec 2009	Jan- Mar 2010	Apr- Jun 09	Jul – Sep 2009	Oct – Dec 2009	Jan- Mar 2010	Apr- Jun 09	Jul – Sep 2009	Oct- Dec 2009	Jan- Mar 2010
I deal more effectively with daily problems.	79%	83%	84%	87%	79%	81%	90%	87%	79%	84%	79%	87%
I feel more hopeful about the future.	82%	78%	76%	83%	85%	76%	83%	84%	79%	79%	72%	82%
I believe I can recover.	79%	79%	80%	89%	86%	68%	85%	84%	74%	84%	76%	91%
I feel my behavioral health is improving.				82%				82%				81%
I would recommend this agency to a friend or family member.	92%	87%	92%	96%	93%	95%	96%	100%	92%	83%	90%	95%

Comments About Outcomes of Treatment

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

- *"My behavioral health is not improving yet."*
- *"They helped me but I am not sure of myself right now."*
- *"You never recover from a mental illness."*
- *"One day at a time."*

Coordination of Care

Eighty-five of 132 adults responding to the indicator (64%--down 17% from last quarter) said their behavioral health provider had them sign a release and helped to coordinate care with their physical health doctor. Twenty-one percent (28 individuals) were not sure. As with last quarter, several respondents indicated they did not have a family doctor for their physical health.

Prescriptions

Twelve adults (9% of 134 respondents to this question) said they had problems getting their prescriptions filled at their pharmacy and paid for by Medical Assistance. Their comments included:

- *"When I went to drug store, they made me wait a few days because they were out of stock."*
- *"The company gives me only 45 for one month when the doctor prescribes 60 for one month (Celexa)."*
- *"Having to have a prior authorization."*

Services Still Needed

Barriers to Services:

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 14 times
Didn't know where to get help: cited 5 times

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Childcare issues	cited 5 times
Money issues:	cited 4 times
Services denied	cited 3 times
Inconvenient times	cited 2 times
Language barriers	cited 1 times
Other	cited 1 time
Distance	cited 1 time
On unemployment	cited 1 time
In the hospital	cited 1 time
Work	cited 1 time
Family emergency	cited 1 time

Other Services Needed:

Individual counseling:	cited 6 times
Time with case manager	cited 3 times
Anger management	cited 2 times
Inpatient Substance Abuse Tx	cited 1 time
Physical therapy	cited 1 time
Methadone recovery	cited 1 time
Family doctor	cited 1 time
Psychiatrist	cited 1 time
Better life	cited 1 time
Child support	cited 1 time
Job	cited 1 time

Additional Compliments and Concerns About Provider Services

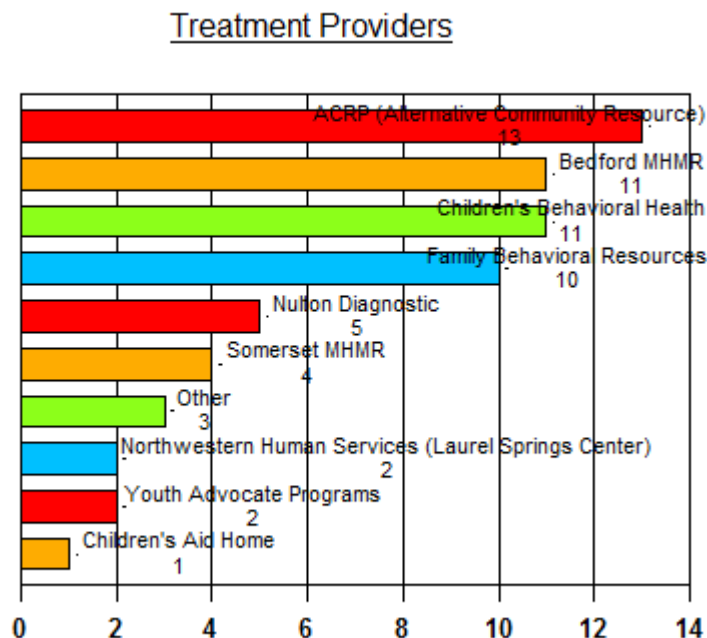
The majority of all comments in this section were positive. Some of the examples of comments shared are:

- *"They are very caring and loving, and treat you like a human being."*
- *"The lady has been working with me. I feel she is an expert in her field."*
- *"They had a pretty friendly staff there."*
- *"I never got the services I needed."*
- *"Need them to schedule doctor and counseling on the same day."*
- *"They are saving my life."*
- *"It's a good program and there are a lot of caring people/staff who are very nice, couldn't ask for anyone better."*

Family Member Survey Results

Treatment Agencies

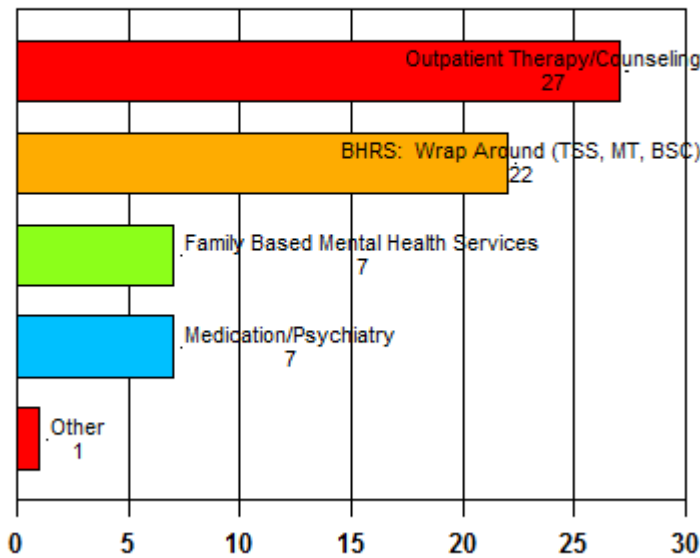
Ten different agencies (up one from last quarter) were named by family members surveyed when they were asked to identify their child's treatment agency. In addition, five families cited other practitioners not on this list.



Services Received

Family members identified the services in which their children participate. The results are illustrated in the following chart. As with the last two quarters, the top two most frequently cited levels of care were outpatient therapy and BHRS.

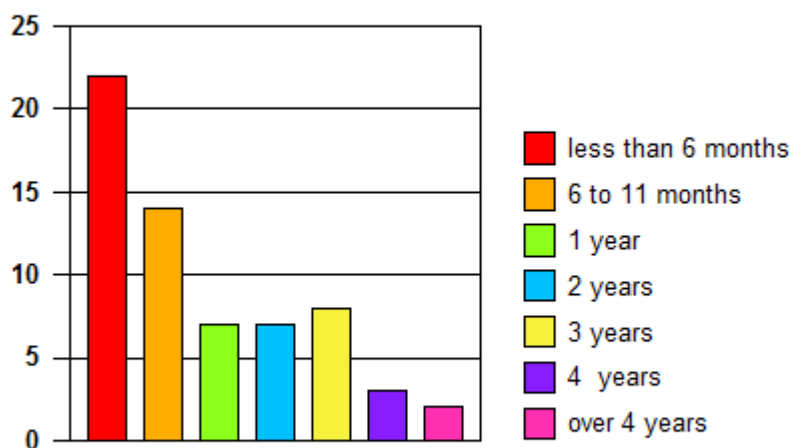
Levels of Care



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. As with the past two quarters, the majority of the children of focus had been participating in treatment services for less than six months.

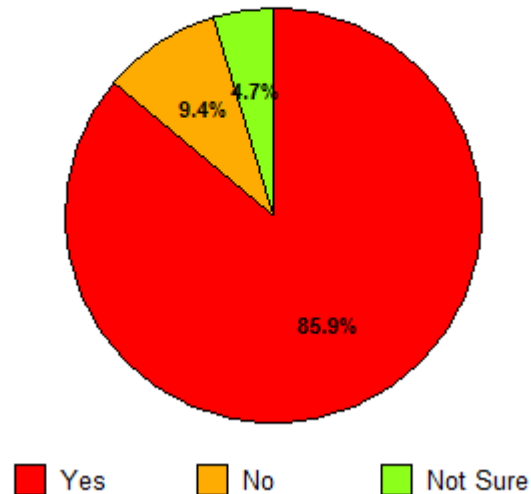
Length of Participation



Access to Services

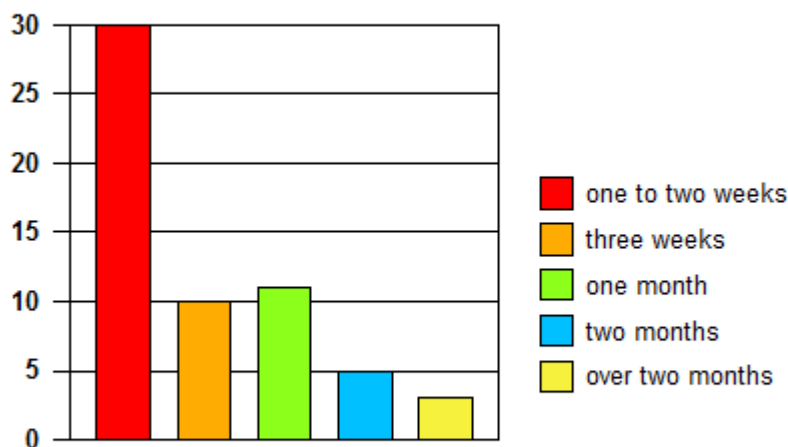
Family members were asked if they were seen within seven days of calling for an appointment for their child. Fifty-five (86%--up 7% from last quarter) said “yes” as shown in the following chart:

Appointment Offered Within 7 Days



Family members reported the length of time before receiving their child’s first appointment, as illustrated in the following chart:

Time Before First Treatment Appointment



The following chart shows time before first treatment appointment cross-tabulated by level of care. As shown, three levels of care (BHRS, Psychiatry, and Outpatient Therapy) all had reports of waits of two months or longer.

Absolute Analysis % Responses	Base	About how long was it before your first treatment appoint...				
		one to two weeks	three weeks	one month	two months	over two months
Base	59	30 50.8%	10 16.9%	11 18.6%	5 8.5%	3 5.1%
Which service that your child receives from (name of prov...						
BHRS: Wrap Around (TSS, MT, BSC)	19	9 47.4%	- -	4 21.1%	4 21.1%	2 10.5%
Family Based Mental Health Services	7	2 28.6%	3 42.9%	2 28.6%	- -	- -
Medication/Psychiatry	7	3 42.9%	1 14.3%	2 28.6%	1 14.3%	- -
Outpatient Therapy/Counseling	25	16 64.0%	5 20.0%	3 12.0%	- -	1 4.0%
Other	1	- -	1 100.0%	- -	- -	- -

Family member satisfaction with access to services was high overall, with an average of 93% (up 1% from last quarter) agreement with positive indicators. Combined county responses ranged from 88% to 99% agreement, with the exception of having been given a choice of provider, at 78% (up 10% from last quarter). Areas of highest satisfaction were:

- 99% said the provider's office was clean and inviting.
- 99% said they had received a notice of their provider's privacy practices.
- 99% said services were available at convenient times.

Areas of lowest satisfaction were:

- 78% said they had been given a choice of providers.
- 88% said they had been authorized for a sufficient amount of service to meet their child's needs.

Because most of the grievances filed with CBHNP are from family members, and most of them concern access to services for their child, this report will now include a rolling, four-quarter summary of percentage affirmative responses to the indicators in this key area.

Physical Accessibility of Services

	Apr – June 2009	July – Sep 2009	Oct-Dec 2009	Jan-Mar 2010
Convenience of service times.	92%	94%	98%	98%
Convenience of location.	93%	95%	95%	95%
Reliable transportation.	93%	97%	95%	91%

Authorizations for Service

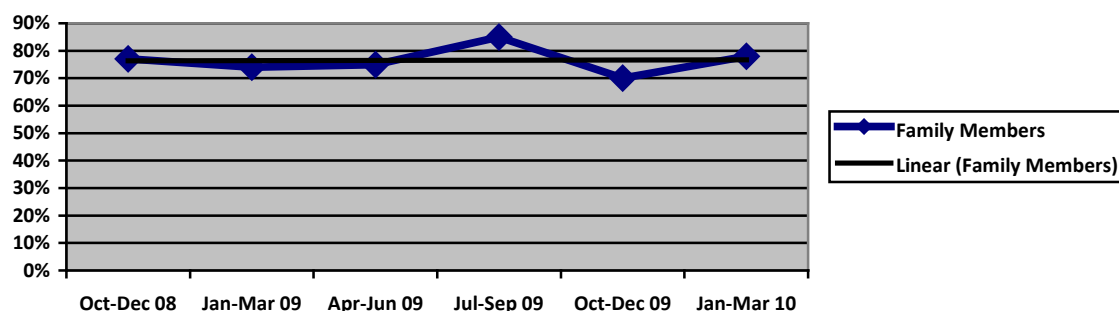
	Apr – June 2009	July – Sep 2009	Oct-Dec 2009	Jan – Mar 2010
Sufficient amount of service authorized.	79%	91%	95%	88%
Provider submits requests for authorization and documentation on time to avoid interruption to services.	90%	86%	92%	94%
Full amount of service delivered.	87%	90%	97%	95%

Environment and Information

	Apr – June 2009	July – Sep 2009	Oct-Dec 2009	Jan-Mar 2010
Provider's office clean and inviting.	94%	91%	95%	99%
Notice of privacy practices given.	93%	93%	92%	99%
Clear information provided regarding who to contact if child is in crisis.				92%
Choice of provider given.	75%	85%	70%	78%

Choice of Provider

As with adult survey data, the trend regarding reports of provider choice over the past six quarters is flat. As mentioned in the adult section of this report, perception of choice of provider can be influenced by many factors, including provider failure to inform participants of other area service providers and few local providers for a particular level of care. The data from this indicator do not allow for an interpretation of why participants chose the responses they did around choice of providers.



The following chart breaks down responses on provider choice by level of care received. This quarter, the only levels of care with responses of “disagree” were BHRS and Outpatient Counseling (both of which have more than one area provider of the service).

Absolute Analysis % Responses	Base	We have been given a choice of different providers we can use for this service.				
		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Base	64	13 20.3%	37 57.8%	6 9.4%	7 10.9%	1 1.6%
Which service that your child receives from (name of prov...						
BHRS: Wrap Around (TSS, MT, BSC)	22	3 13.6%	17 77.3%	1 4.5%	1 4.5%	-
Family Based Mental Health Services	7	3 42.9%	3 42.9%	1 14.3%	-	-
Medication/Psychiatry	7	-	6 85.7%	1 14.3%	-	-
Outpatient Therapy/Counseling	27	7 25.9%	10 37.0%	3 11.1%	6 22.2%	1 3.7%
Other	1	-	1 100.0%	-	-	-

The next chart lists the responses regarding choice of provider cross-tabulated by provider of service.

Absolute Analysis % Responses	Base	We have been given a choice of different providers we can use for this service.				
		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Base	62	13 21.0%	36 58.1%	6 9.7%	6 9.7%	1 1.6%
Now I have a few questions about your treatment agency. W...						
ACRP (Alternative Community Resource)	13	3 23.1%	7 53.8%	2 15.4%	-	1 7.7%
Bedford MHMR	11	2 18.2%	8 72.7%	-	1 9.1%	-
Children's Aid Home	1	-	-	-	1 100.0%	-
Children's Behavioral Health	11	2 18.2%	7 63.6%	1 9.1%	1 9.1%	-
Family Behavioral Resources	10	2 20.0%	6 60.0%	-	2 20.0%	-
Nulton Diagnostic	5	1 20.0%	3 60.0%	1 20.0%	-	-
Northwestern Human Services (Laurel Springs Center)	2	1 50.0%	1 50.0%	-	-	-
Somerset MHMR	4	-	2 50.0%	2 50.0%	-	-
Youth Advocate Programs	2	1 50.0%	1 50.0%	-	-	-
Other	3	1 33.3%	1 33.3%	-	1 33.3%	-

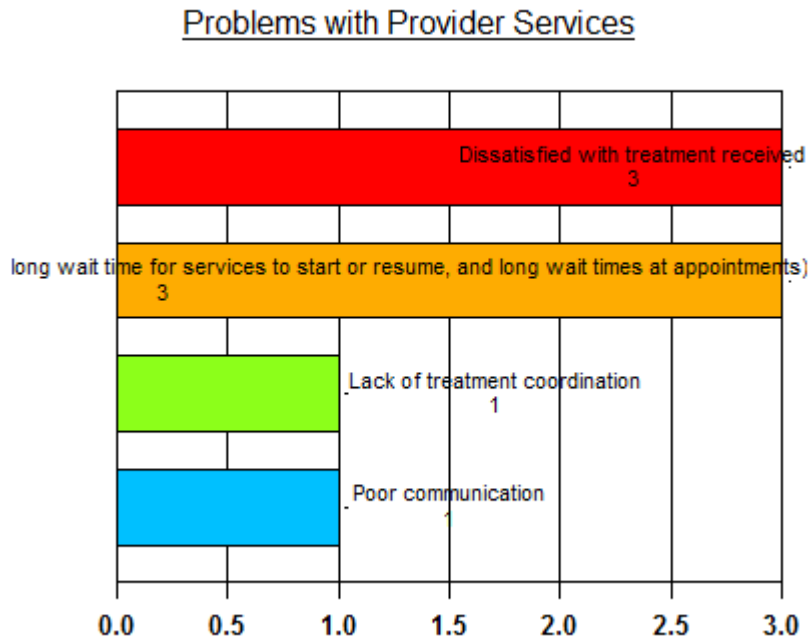
No county-specific indicators in the area of access differed by ten percent or more.

Comments About Access To Services:

- *"My daughter's counselor was very good, but they changed counselors."*
- *"I have to drive 68 miles to Hollidaysburg to get my own help."*
- *"My son needs more time."*
- *"Interruption of services due to missed paperwork."*

Issues or Problems with Provider

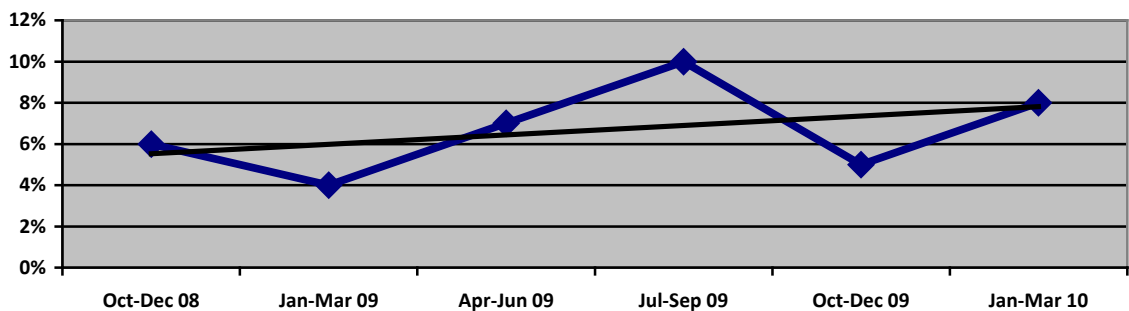
Five of 64 respondents to the question (8%--up 3% from last quarter) said that they had experienced serious issues or problems with their child's treatment services. Reasons for their dissatisfaction are reflected in the following chart. Respondents could choose more than one.



One comment was provided:

- "Didn't receive services on time due to paperwork"

Percentages of family member respondents reporting serious issues or problems with their provider is trending up over the past six quarters, as shown in the following chart:



Treatment Experiences

Family members were quite satisfied overall with their child's treatment experiences, with an average of 91% agreement to the statements in this section (up 2% from last quarter). Comments ranged from 80% to 99% agreement with indicators.

Examples of indicators of high satisfaction include:

- 99% said they had been given information about their rights (up 1% from last quarter).
- 97% (down 2% from last quarter) said they feel free to complain about the services their child gets without fear of negative consequences.
- 97% (same as last quarter) said they feel comfortable asking questions about their child's treatment.

For the last two quarters, satisfaction with having been informed of treatment options and benefits showed the lowest satisfaction, at 83%. Agreement with this indicator rose to 89% this quarter.

Indicators of lowest satisfaction were:

- 80% felt their child had enough time with the worker during most sessions.
- 80% said changes in staff providing their child's treatment had been explained to them.
- 81% said they had received a copy of their child's treatment plan.

A cross-tabulation of explanation of staff changes by level of care follows. Interestingly, no one receiving BHRS services (where changes in staff tend to occur more frequently) disagreed with the statement.

Absolute Analysis % Responses	Base	Changes in the staff providing my child's treatment have been explained to me.			
		Strongly Agree	Agree	I'm Neutral	Disagree
Base	62	12 19.4%	39 62.9%	9 14.5%	2 3.2%
Which service that your child receives from (name of prov...					
BHRS: Wrap Around (TSS, MT, BSC)	22	3 13.6%	17 77.3%	2 9.1%	-
Family Based Mental Health Services	7	3 42.9%	4 57.1%	-	-
Medication/Psychiatry	7	-	5 71.4%	1 14.3%	1 14.3%
Outpatient Therapy/Counseling	25	6 24.0%	12 48.0%	6 24.0%	1 4.0%
Other	1	-	1 100.0%	-	-

One indicator showed a 10% or greater difference between county responses:

	Bedford	Somerset
Changes in the staff providing my child's treatment have been explained to me.	76%	86%

Comments about Treatment Experiences

- *"I was never informed about my daughter's treatment plan."*
- *"Sometimes they don't tell me about staff changes."*
- *"Her counselor doesn't come on a regular basis."*

Recovery Orientation

Family member satisfaction was very high in the area of their treatment agency's recovery oriented practices, with an average of 96% agreement (up 1% from last quarter). Responses ranged from 91% to 97% agreement, as follows:

- 97% said staff treats them and their child with respect and dignity.
- 97% said staff treats their child as an individual.

- 95% said staff was sensitive to their cultural background.
- 95% said staff focuses on their child's strengths, not limitations.
- 95% said staff attitudes reflect the belief that their child has the ability to overcome challenges.
- 91% said staff has realistic, age-appropriate expectations for their child.

Comments About Recovery Orientation

There was only one comment offered in this area:

- *"They don't treat my child as a 5 year old."*

Outcomes of Treatment

Respondents are asked to rate their child's improvement as a direct result of participating in services with their provider. The overall satisfaction in this area was 79% (down 2% from last quarter).

Averages for each of the two counties did not differ on any indicator by 10% or more.

Responses to each indicator are listed in the following chart, showing data from four quarters. Those indicators that were added or changes do not reflect four quarters' data.

Outcomes as a direct result of participation in treatment	Combined				Bedford			Somerset				
	Apr-Jun 09	Jul – Sep 2009	Oct – Dec 2009	Jan – Mar 2010	Bed. Apr-Jun 09	Jul – Sep 2009	Bed Oct – Dec 2009	Jan – Mar 2010	Som. Apr-Jun 09	Jul – Sep 2009	Som Oct – Dec 2009	Jan – Mar 2010
My child deals more effectively with daily problems.	76%	76%	70%	67%	72%	78%	71%	67%	88%	75%	69%	67%
My child is making progress in his/her treatment.				78%				78%				78%
My child's treatment is making a positive impact on how we relate as a family.				78%				74%				81%
I would recommend this agency to a friend or family member.	92%	90%	95%	94%	93%	96%	94%	93%	91%	87%	95%	95%

Agreement with the indicator of dealing more effectively with daily problems was lowest, so this indicator was cross tabulated by level of care. Medication / psychiatry was the one level of care where no respondent disagreed.

Absolute Analysis % Responses	Base	My child deals more effectively with daily problems.			
		Strongly Agree	Agree	I'm Neutral	Disagree
Base	64	13 20.3%	30 46.9%	13 20.3%	8 12.5%
Which service that your child receives from (name of prov...					
BHRS: Wrap Around (TSS, MT, BSC)	22	5 22.7%	11 50.0%	3 13.6%	3 13.6%
Family Based Mental Health Services	7	2 28.6%	2 28.6%	2 28.6%	1 14.3%
Medication/Psychiatry	7	- -	5 71.4%	2 28.6%	- -
Outpatient Therapy/Counseling	27	6 22.2%	11 40.7%	6 22.2%	4 14.8%
Other	1	- -	1 100.0%	- -	- -

Comments About Outcomes of Treatment

- *"I have asked for new staff changes, but didn't get them."*
- *"She still gets out of control."*
- *"He hasn't been there long enough for any improvements."*
- *"Some days my child deals more effectively with daily problems."*

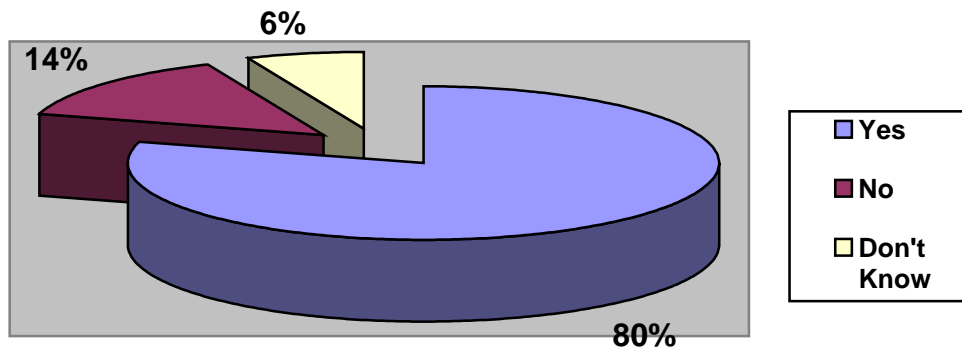
Additional Compliments or Concerns About Provider's Services

Most of the comments offered in this section were very positive. Some examples of comments were:

- *"My son was discharged and he got the necessary help from [agency]."*
- *"My child needs a counselor concerning children issues and not family issues."*
- *"They have always been wonderful."*
- *"My daughter needs more time and there is a lack of staffing. We have never met the TSS Worker."*
- *"The counselors are great."*

Coordination of Care

As shown in the chart below, 80% of family member respondents 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

Only 4 of 63 family members this quarter (6% of those answering the question) said they had experienced problems getting the behavioral health medications that are most effective for their child. This was up 1% from last quarter. One comment was offered:

- *"They haven't found the right medications."*

Services Still Needed

Barriers to Services

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 based on responses to the question and follow up comments:

Transportation	cited	3 times
Services denied	cited	1 time
Money Issues	cited	1 time

Additional comments revealed:

- *"It's hard to get appointments with therapist, they don't return phone calls."*
- *"He needs a TSS in school and at home."*

Services Still Needed

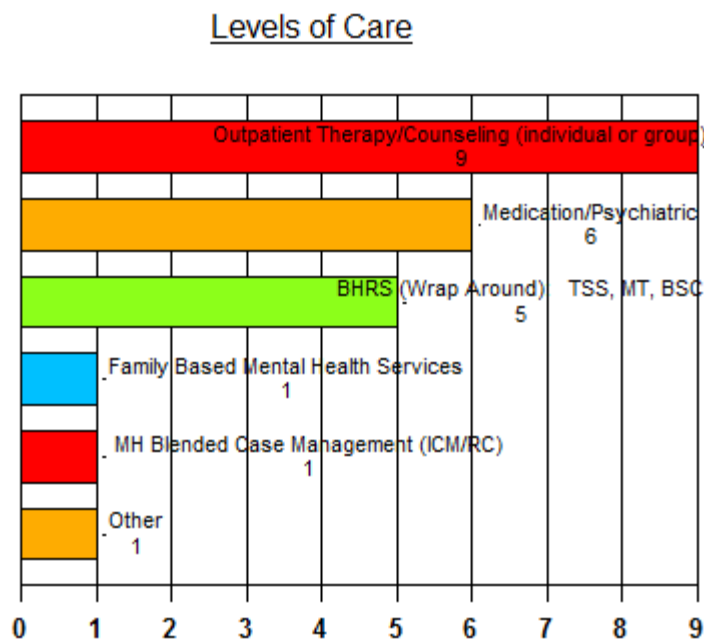
Services family members said that are still needed included:

TSS	cited	5 times
Counseling	cited	4 times
Speech therapy	cited	2 times
Medication	cited	2 times
Help in school	cited	1 time
Behavior skills help	cited	1 time
Anger management	cited	1 time

Youth Survey Results

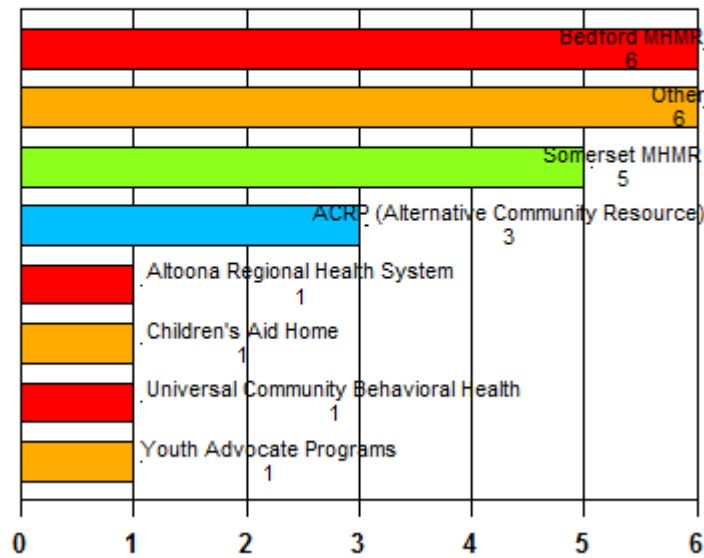
Twenty-four youth were surveyed this quarter (up 11 from last quarter). All of the surveys were completed by phone. Fourteen of the youth were from Bedford, and ten from Somerset. Twelve were male, and twelve female. Eighteen were receiving services primarily for mental health and six stated they received treatment for both substance abuse and mental health challenges.

Youth respondents identified the service they wished to focus on for the survey. As with last quarter, outpatient therapy/counseling was cited most frequently, but six different levels of care are represented in the responses, including school-based mental health counseling, listed as “other”. The results are illustrated in the following graph:



They received services from the following seven providers, plus miscellaneous included in the “other” category:

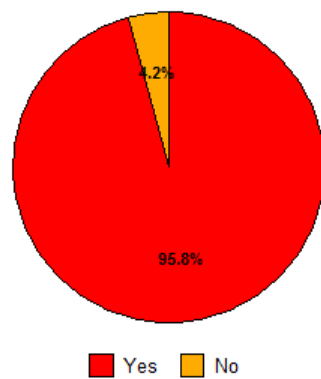
Providers



Access to Services

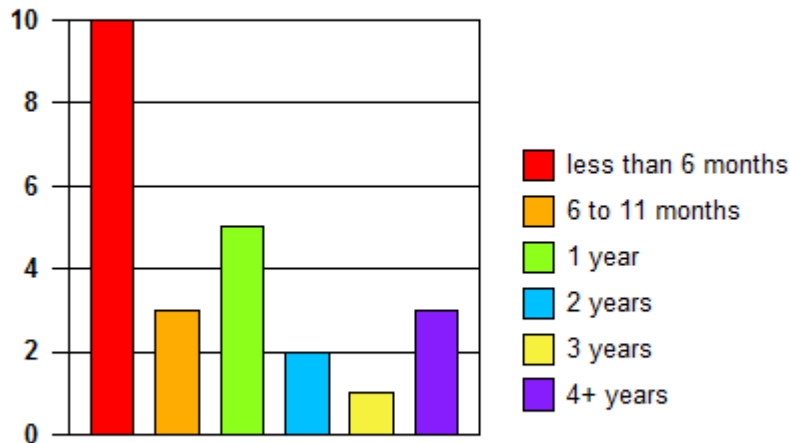
Most youth respondents indicated they felt they were seen by their provider within a reasonable amount of time, as shown:

Seen Within a Reasonable Amount of Time



The following chart illustrates how long they had been receiving services from the identified provider. As shown, most had been participating for six months or less.

Length of Participation



Youth respondents indicated fairly high satisfaction for most indicators about access to services. The average agreement for this area was 94% (up 7% from last quarter). All responses but one (choice of providers) ranged from 96% - 100% agreement. Some examples of responses:

- 100% said they are treated with respect and courtesy.
- 92% said the places they meet are clean and inviting.
- 96% said the places they meet are easy to get to.

The lowest satisfaction was this:

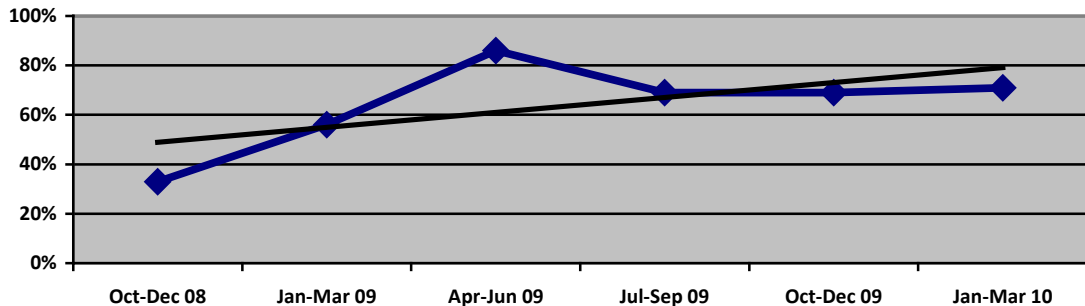
- 71% said they were given a choice of providers for the service they receive.

The following chart shows responses to this indicator by level of care, with all but one showing disagreement with the indicator.

BHSSBC Executive Summary
I/FST January – March 2010 Survey Results

Absolute Analysis % Responses	Base	I have a choice of people I can see for this service.			
		Strongly Agree	Agree	I'm Neutral	Disagree
Base	23	5 21.7%	11 47.8%	1 4.3%	6 26.1%
What service would you like to focus on during this survey?					
HRS (Wrap Around): TSS, MT, BSC	5	- -	3 60.0%	- -	2 40.0%
Family Based Mental Health Services	1	- -	1 100.0%	- -	- -
Medication/Psychiatric	6	1 16.7%	4 66.7%	- -	1 16.7%
MH Blended Case Management (ICM/RC)	1	- -	- -	- -	1 100.0%
Outpatient Therapy/Counseling (individual or group)	9	3 33.3%	3 33.3%	1 11.1%	2 22.2%
Other	1	1 100.0%	- -	- -	- -

Satisfaction responses for choice of provider for the past five quarters are illustrated in the chart and graph below. As shown, satisfaction is trending up.



There were three indicators in the area of access where youth responses varied in county specific responses by ten percent or more. Bedford youth responded with greater satisfaction on these areas than did Somerset youth, as shown in the following chart:

	Bedford	Somerset
We meet at times that are convenient for me.	100%	90%
I have a choice of people I can see for this service.	79%	60%
I get the right amount of help—not too much and not too little.	100%	90%

Problems with Providers

One youth reported having had problems with the provider that caused him/her to stop using that provider. The reason stated was "*Didn't agree with the Doctor.*"

Difficulty Obtaining Behavioral Health Help

No youth reported having difficulty obtaining needed behavioral health help.

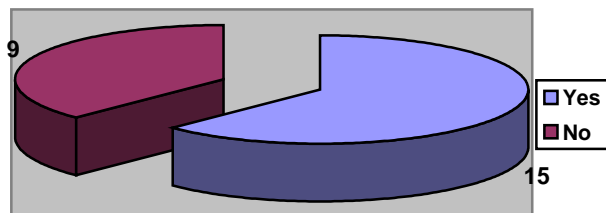
Services still needed

Only one comment was offered when respondents were asked if there were services they needed, but weren't getting:

- "*A closer provider.*"

Medications

Less than two-thirds of the youth respondents (63%) said they take behavioral health medications, as illustrated:



All of the youth taking medications agreed or strongly agreed that “Overall, I feel my behavioral health medications help me.” Three stated they were having problems getting the behavioral health medications that worked for them, and two offered explanatory comments:

- *"Meds lose their effect."*
- *"Had some trial and errors in getting the right meds."*

Comments reflecting disagreement with indicators of satisfaction in the area of access were:

- *"I just took the first person given to me."*
- *"No one has ever given me a choice of who I could see."*

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 rose 7% over last quarter, for a 92% average agreement for the indicators. The areas of highest satisfaction were:

- 100% said their provider spends the full amount of scheduled time with them.
- 100% said they felt they had a voice in their treatment (up 31% from last quarter).

The lowest indicator of satisfaction was:

- 79% said their provider called them in plenty of time to let them know if they were going to be late or miss a session.

The following chart shows responses to this indicator cross-tabulated by level of care. As illustrated, disagreements were expressed for case managed and outpatient counseling.

Notification of Absence / Late Arrival

Absolute Analysis % Responses	Base	(Name of provider) calls in plenty of time to let me know if they are going to be late or miss a session.			
		Strongly Agree	Agree	I'm Neutral	Disagree
Base	22	8 36.4%	10 45.5%	1 4.5%	3 13.6%
What service would you like to focus on during this survey?					
HRS (Wrap Around): TSS, MT, BSC	4	2 50.0%	2 50.0%	-	-
Family Based Mental Health Services	1	-	1 100.0%	-	-
Medication/Psychiatric	6	3 50.0%	3 50.0%	-	-
MH Blended Case Management (ICM/RC)	1	-	-	-	1 100.0%
Outpatient Therapy/Counseling (individual or group)	9	2 22.2%	4 44.4%	1 11.1%	2 22.2%
Other	1	1 100.0%	-	-	-

There were four indicators in the area of treatment experiences where youth responses varied ten percent or more by county. They were:

	Bedford	Somerset
The provider is usually on time for our sessions.	85%	100%
I am asked what my goals are for treatment and some of my ideas are included in what we do together.	100%	90%
I feel comfortable asking questions about my treatment.	100%	90%
I am included in all meetings about my treatment.	86%	100%

Comments About Treatment Experiences

- *No notice of appointment changes.*
- *"I was never told who to complain to."*
- *Doesn't get seen when the appointment is set for.*

Recovery Orientation

Youth respondents expressed high satisfaction with the recovery orientation of agency staff this quarter, at an average of 95% agreement with indicators of satisfaction (up 8% from last quarter). Responses ranged from 88% to 100% agreement with indicators of satisfaction. For instance

- 100% said they are treated with respect and dignity.
- 100% said their privacy is respected.

The areas of lowest satisfaction were:

- 88% said staff was sensitive to their family's background, and how they choose to live their lives.
- 88% said staff focuses on their strengths, not on what they don't do very well.

Sensitivity to family culture was cross tabulated by level of care and illustrated in the following chart. As seen, one person disagreed, and two others were neutral. Looking further into the demographics, the two neutral responses were provided by one Caucasian and one African American youth, and the response of "disagree" was provided by an African American youth.

Absolute Analysis % Responses	Base	Staff are sensitive to my family's background, and how we choose to live our lives.			
		Strongly Agree	Agree	I'm Neutral	Disagree
Base	23	8 34.8%	12 52.2%	2 8.7%	1 4.3%
What service would you like to focus on during this survey?					
HRS (Wrap Around): TSS, MT, BSC	5	1 20.0%	2 40.0%	1 20.0%	1 20.0%
Family Based Mental Health Services	1	1 100.0%	-	-	-
Medication/Psychiatric	6	2 33.3%	4 66.7%	-	-
MH Blended Case Management (ICM/RC)	1	-	1 100.0%	-	-
Outpatient Therapy/Counseling (individual or group)	9	3 33.3%	5 55.6%	1 11.1%	-
Other	1	1 100.0%	-	-	-

There were three indicators in the area of providers' recovery orientation where youth responses varied ten percent or more by county. They were:

	Bedford	Somerset
Staff are sensitive to my family's background and how we choose to live our lives.	93%	80%
Staff focus on my strengths, not on what I don't do very well.	93%	80%
Staff offer encouragement as I work toward meeting my goals.	100%	90%

Comments About Recovery Orientation:

- *"Never really discussed background."*

Outcomes of Treatment

Satisfaction in this area was up 2%, rising from 83% average agreement with indicators last quarter to 85% this quarter. The indicator with the strongest agreement was:

- 92% (same as last quarter) would recommend the agency to a friend or family member.

The indicator with the lowest satisfaction was this:

- 75% said they feel good more often than before.

This indicator was cross tabulated by level of care, as illustrated in the following chart:

Absolute Analysis % Responses	Base	I feel good more often than before.			
		Strongly Agree	Agree	I'm Neutral	Disagree
Base	22	6 27.3%	11 50.0%	3 13.6%	2 9.1%
What service would you like to focus on during this survey?					
HRS (Wrap Around): TSS, MT, BSC	4	- -	2 50.0%	2 50.0%	- -
Family Based Mental Health Services	1	- -	- -	- -	1 100.0%
Medication/Psychiatric	6	2 33.3%	4 66.7%	- -	- -
MH Blended Case Management (ICM/RC)	1	- -	- -	1 100.0%	- -
Outpatient Therapy/Counseling (individual or group)	9	3 33.3%	5 55.6%	- -	1 11.1%
Other	1	1 100.0%	- -	- -	- -

There were no county specific responses to indicators that varied by ten percent or more in the area of direct outcomes as a result of participation in treatment.

Comments About Outcomes of Treatment:

- *"Treatment has not helped anger."*
- *"Didn't get enough treatment."*

Additional Compliments and Concerns about Provider

- *"Very available."*

For Further Information:

Questions about the contents of this report may be directed to

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Mental Health Association
540 East Washington Street
Chambersburg, PA 17201
(717) 264-4301
ldavis@mhaff.org

Requests for copies may be directed to

Annette Comiskey, Clinical/Quality Management Director
Behavioral Health Services of Somerset and Bedford
Counties
814-443-4891 EXT. 4157

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