



**INDIVIDUAL/FAMILY
SATISFACTION TEAM**

QUARTERLY REPORT

July - September, 2009

To

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

October 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.

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 has directed the Individual/Family Satisfaction Team to postpone any survey changes until January 2010, an 18 month period. This will align any anticipated annual survey changes with the OMHSAS calendar and avoid using a corrected survey for only six months.

This procedure is pertinent given that findings over the past year consistently indicated disagreement on the part of Somerset family members with the statement, "When I call CBHNP, staff treats me respectfully." The survey fails to ask a crucial question prior to that statement to find out if respondents have actually called CBHNP. To determine if the findings are a reflection of the way the survey was initially crafted, or are indeed an area of concern, an addendum to the adult and family surveys was developed for use this quarter and the results are included in this report. The addendum does not change the body of the survey but offers additional information to more accurately explore this area.

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, 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.

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 both methods were used to complete surveys of respondents participating in substance abuse treatment services.

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 35 Member Problem Reports filled out by IFST surveyors this quarter. Eleven were anonymous (Six from confidential substance abuse treatment participant surveys, and five from mental health treatment participants who declined to provide their names). Not all Problem Reports rose to the level requiring action from 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 are forwarded to BHSSBC for information purposes. The following issues were cited:

- 14 cited issues with doctors at mental health providers' offices. Issues included insufficient time with the doctor and disagreement over medication.
- 6 cited issues with outpatient therapy (4 adult respondents and 2 family respondents).
- 3 cited case management, specifically resource coordination.
- 2 cited Therapeutic Staff Support (TSS) hours.
- 1 cited mobile therapy.
- 1 cited issues with a Residential Treatment Facility for youth.

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 of completed surveys. The goal is 16 (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 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.

This quarter, there were seven IFST surveyors conducting surveys. Nineteen respondents were polled through the quality audit process. Of those, four (21%--down 4% from last quarter) were mildly concerned about the length of the survey; 100% were satisfied with the interview process; and no one expressed a serious concern about being contacted. Examples included:

Length:

- *"I like talking."*
- *"Not concerned at all."*

Process:

- *"She was thorough and explained everything to me."*
- *"He was very nice and listened to me."*

Contact:

- *"I would do it again."*

- *“I’m always busy but I did it anyways.”*
- *“It was odd being contacted. I wasn’t expecting it, but it became more comfortable as the survey went on.”*
- *“It made me feel that someone cares about my son’s treatment.”*

It should be noted that quality audits are not done on anonymous surveys completed by individuals receiving substance abuse treatment, since call-backs are not possible due to confidentiality procedures that guarantee anonymity.

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

This continues to be difficult to impact using current methods. The percentage of youth sampled this quarter decreased by two percent from last quarter, and at 7% is 5% lower than the goal of 12%.

Plans to Address this Barrier:

School is again in session, and may partially explain the decrease in successful youth contact. I/FST will meet with BHSSBC to discuss further means of reaching youth, in addition to current processes.

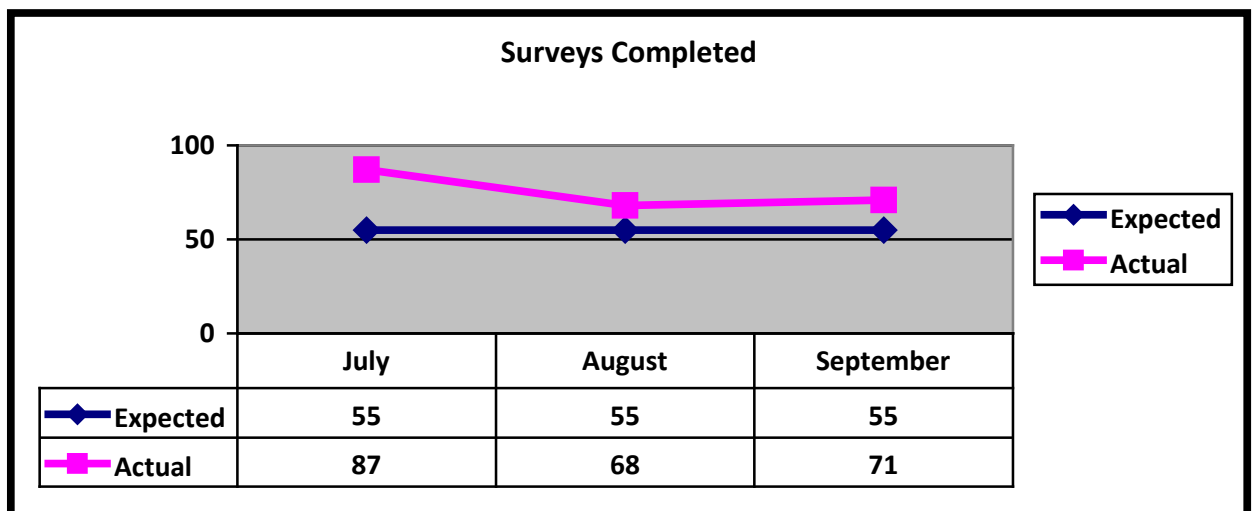
(2) Representation by County

Unlike previous quarters, Bedford County surveys were not completed at the expected ratio indicated by number of members in the survey pool for each county. The target was 42% of the surveys to be completed by Bedford residents. The actual percentage completed was 34%. While this is less than a ten percent difference, attention will be paid to increase Bedford member sampling.

Plans to Address This Barrier: A reasonable goal for next quarter is to improve sampling to + or – 5% of the target by county. I/FST will increase staff assignment to Bedford member calls as necessary.

Surveys Completed

I/FST completed 226 surveys this quarter, exceeding its expected contract goal for the quarter by 61 surveys, as evidenced in the following chart.



Face to Face Surveys

I/FST is contracted to achieve at least 15% of its contracted number of 165 surveys (for the July – September 2009 quarter) through face to face interviews. As seen in the following chart, 41 surveys were completed face to face. This is 25% (41) of the target 165 surveys and 18% of the total 226 entered in the database. As with last quarter, none of these face to face surveys were of youth, but six were of family members (last quarter was three). Family members and youth 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	35 (28%)	88	123
Family Members	6 (7%)	81	87
Youth	0	16	16
TOTAL	41 (18%)	185 (82%)	226

Face to face surveys of people receiving substance abuse treatment directly impacted the number of face-to-face surveys. This quarter, 56% (23 of 41) of the face-to-face surveys were of adult participants in substance abuse treatment. That is 6% higher than last quarter’s 50%. This means that, were it not for these surveys, the face-to-face percentage would be 8% (1% lower than the previous two quarters).

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. Contact information is used to attempt phone calls to all adults, family members, and youth listed. 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 April – 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 are based for this quarter’s report.

The following chart shows the actual number, by county, of each respondent group on the list provided. It should be noted that the total percentages of members from each county did not change from last quarter. The target for

family members increased by one percent over last quarter, and decreased for youth by one percent.

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 226 surveys this quarter. That is a 17% sample rate of the total available pool—identical to last quarter. Using the numbers from the chart above, Bedford surveys should represent about 42% of the total surveys accomplished, and Somerset 58%. In previous quarters, Bedford has been slightly over-represented in survey completion. However, in this quarter, Bedford surveys comprised only 34% of the total completed, compared with 66% from Somerset.

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 (54%) was very close to that projected (53%). The percentage of family member surveys completed (38%) was slightly over the target (35%). The youth percentage of actual surveys completed (7%) was under the projected target (12%) by 5%. Over the past four quarters, youth percentages have been: 1%, 3%, 9%, and now 7%. The ratio between counties showed Bedford under-represented in each respondent group category.

Completed Surveys	Bedford Projected	Bedford Actual	Somerset Projected	Somerset Actual
Adults: 123 (54% of total)	43% of adults	41 (33%)	57% of adults	82 (67%)
Family Members: 87 (38% of total)	41% of family members	27 (31%)	59% of family members	60 (69%)
Youth: 16 (7% of total)	40% of youth	9 (56%)	60% of youth	7 (44%)
TOTAL: 226	42%	34% of the total surveys (77)	58%	66% of the total surveys (149)

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The number of surveys completed with participants receiving substance abuse treatment is reflected below. These surveys are counted in with the adult survey numbers. This quarter, none of these surveys were completed with Bedford residents.

D & A: 23 of the 123 adults surveyed (19% of adults)	No projections	0 adult	No projections	23adults
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Participant Information

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

Gender

Remaining a constant throughout the quarters, over three-fourths of family member respondents are female, while over two-thirds of the children of focus are male.

	Male	Female	Transgendered
Adults	45 (37%)	77 (63%)	0
Family Member	7 (8%)	80 (92%)	0
Family Survey Children of Focus	59 (68%)	28 (32%)	0
Youth	9 (56%)	7 (44%)	0

Ethnicity

	Caucasian	African American	Hispanic American	Native American	Asian American
*Adults	120 (98%)	3 (2%)		1 (1%)	
Family Member	86 (99%)	1 (1%)			
*Family Survey Children of Focus	84 (97%)	4 (4%)			
Youth	15 (94%)			1 (6%)	

*Individual identified more than one ethnicity.

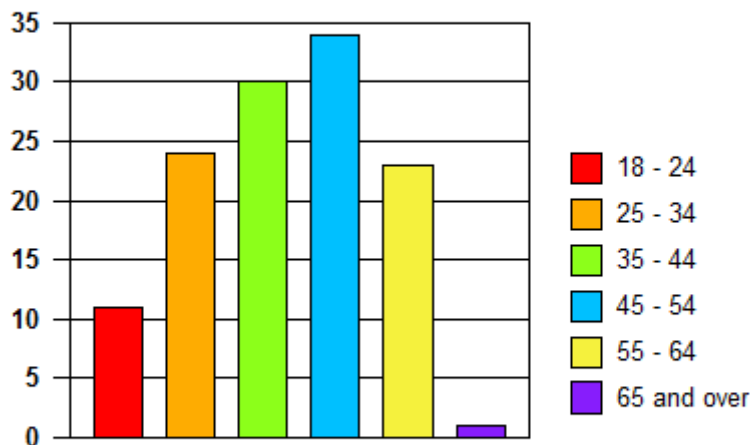
As with last quarter, no individuals in any surveys identified themselves as Asian American. In addition, this quarter no one identified themselves as Hispanic American.

Age

Adults

As shown in the following chart, all adult age groups were sampled. As with last quarter, the majority of adults surveyed were between the ages of 45 and 54, and the fewest were over age 65.

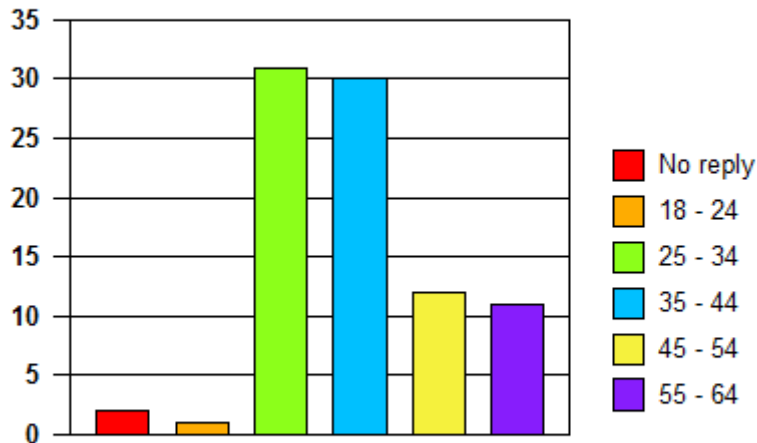
Age of Adult Respondents



Families

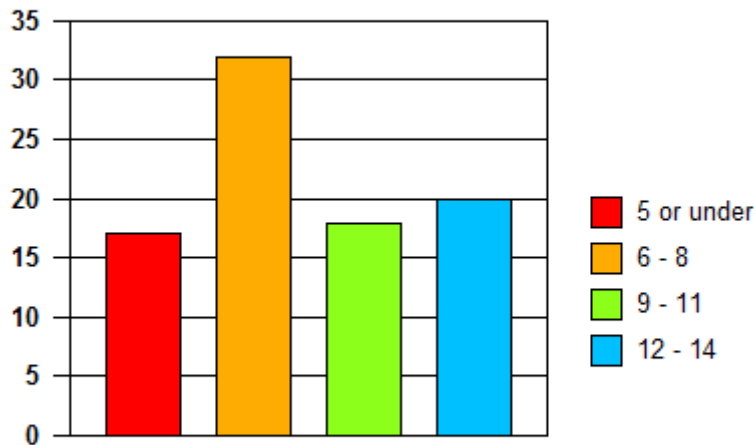
As with the past three quarters, the ages of family members that were surveyed regarding their satisfaction with their children's services fell between the ages of 18 and over 65. The majority this quarter were in the 25 – 44 age range, as illustrated by the following chart.

Age of Family Member Respondents



The ages of the children of focus are depicted in the following chart. The majority of the children were between the ages of six and eight.

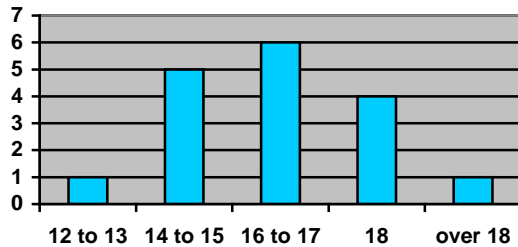
Age of Children of Focus



Youth

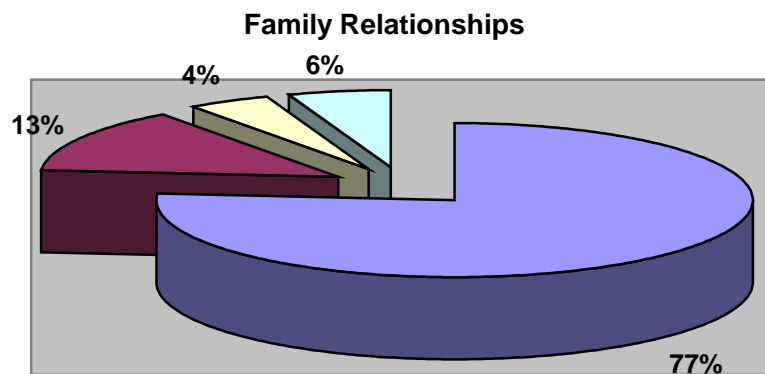
As with last quarter, the age range of youth responding to the survey included 13 through over 18 years of age.

Ages of Youth Respondents



Family Relationships

This quarter responses did not include any from family member guardians, such as siblings and aunts/uncles. As with the previous two quarters, 77% of respondents were parents of the children of focus.



■ Parents ■ Grandparents ■ Adoptive Parent ■ Step Parent

Survey Results

Impressions for July – September 2009

Adult Surveys

Responses from the adult survey group were fairly positive, and were up slightly in each of the four key areas of the survey. The average percentages of those selecting “agree” or “strongly agree” to indicators of satisfaction in the four key areas were:

- Access: 89% (up 2% from last quarter).
- Treatment Experiences: 87% (up 1% from last quarter)
- Recovery Orientation: 90% (up 2% from last quarter).
- Outcomes of Treatment: 82% (same as last quarter).

Combined county responses to most indicators throughout the entire survey’s key indicator areas were above 80%, with only four exceptions:

- 79% believe they can recover.
- 78% said staff encourage them to participate in peer support (up 8% from last quarter).
- 78% said they feel more hopeful about the future
- 76% said they are included in all meetings about their treatment and recovery goals.

Areas of highest satisfaction were:

- 99% said the rooms where they meet are clean and inviting.
- 97% said services are offered at convenient times.
- 95% said staff treat them as an individual.

There were few significant differences between county-specific responses, with only four indicators showing a difference of 10% or more between counties. One that was notable was the 13% difference between Bedford and Somerset responses to “I have reliable transportation to get to appointments at this agency.” Somerset responded with 82% agreement, and Bedford with 95% agreement.

Family Member Surveys

Family member responses were quite positive overall, remaining fairly similar to last quarter.

- Access: 92% (up 3% from last quarter)
- Treatment Experiences: 88% (down 2% from last quarter)
- Recovery Orientation: 96% (same as last quarter)
- Outcomes of Treatment: 81% (down 2% from last quarter)

Last quarter there were four indicators in all the key areas that dipped below 80% agreement with indicators of satisfaction. This quarter there were six. They were:

- 66% said there is a team of people from more than one agency that meets to coordinate services for their child.
- 79% said they are always invited to participate on the team
- 79% said the team meets at times that are convenient.
- 76% said their child deals more effectively with daily problems.
- 74% feel their child's behavioral health is improving.

Indicators demonstrating the highest satisfaction were:

- 99% said their input is valued and included in their child's treatment plan.
- 99% said they feel comfortable asking questions about their child's treatment.
- 99% said their child is treated with respect and dignity by staff.
- 98% said staff treat their family with respect and courtesy.
- 97% said staff treat their child as an individual.

As with the adults, there were very few significant differences between county-specific responses from family members, with only two indicators showing a difference of 10% or more between counties. These were in choice of providers (Somerset at 78% agreement and Bedford at 100%) and being informed about treatment options (Somerset at 82% agreement and Bedford at 96%).

Youth Surveys

Youth satisfaction went down in each key area as compared with last quarter. Averages in the key areas were:

- Access: 89% (down 2% from last quarter).
- Treatment Experiences: 87% (down 4% from last quarter).
- Recovery Orientation: 94% (down 1% from last quarter).
- Outcomes of Treatment: 74% (down 7% from quarter).

Five indicators showed less than 80% agreement. Whereas last quarter's lowest indicators were in the 70's, this quarter's are in the 60's. Those indicators with lower agreement were:

- 69% said they had a choice of providers.
- 69% said they were included in all meetings about their treatment.
- 63% said they handle day to day problems better.
- 63% said they manage strong feelings, like anger, better.

There were, however, five areas that achieved 100% satisfaction (last quarter there was one). They were:

- 100% said they are treated with respect and courtesy.
- 100% said the places they met were clean and inviting.
- 100% said they felt comfortable asking questions about their treatment.
- 100% said staff help them to be responsible for meeting their goals.
- 100% said they are treated with respect by agency staff (a duplicate in the survey).

Observations

Treatment by CBHNP

With the addition of the addendum to clarify the question "When I call CBHNP, staff treats me respectfully" it appears that, while *percentages* show Somerset families as much less satisfied, the actual numbers reflect that only three people replied "no" to the indicator: two family members from Somerset and one from Bedford. Five people cited reasons for dissatisfaction, four of which had to do with communication issues. This indicator will be monitored each quarter, but does not appear to be as prominent a concern as originally thought.

Choice of Treatment Providers

Member reports of having been given a choice of providers for the services they receive continue to decline for adults, but are trending upward for family members and youth.

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.

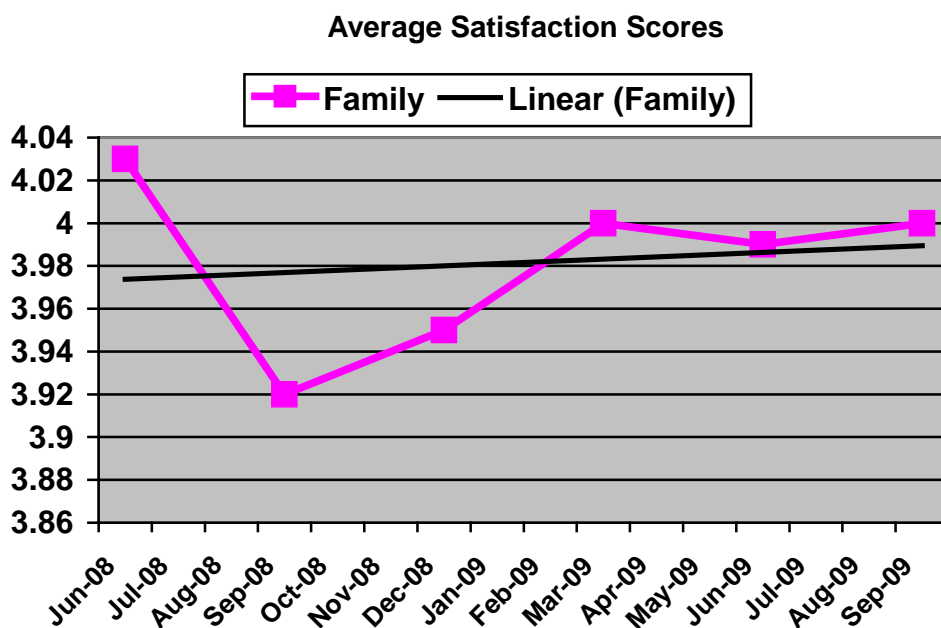
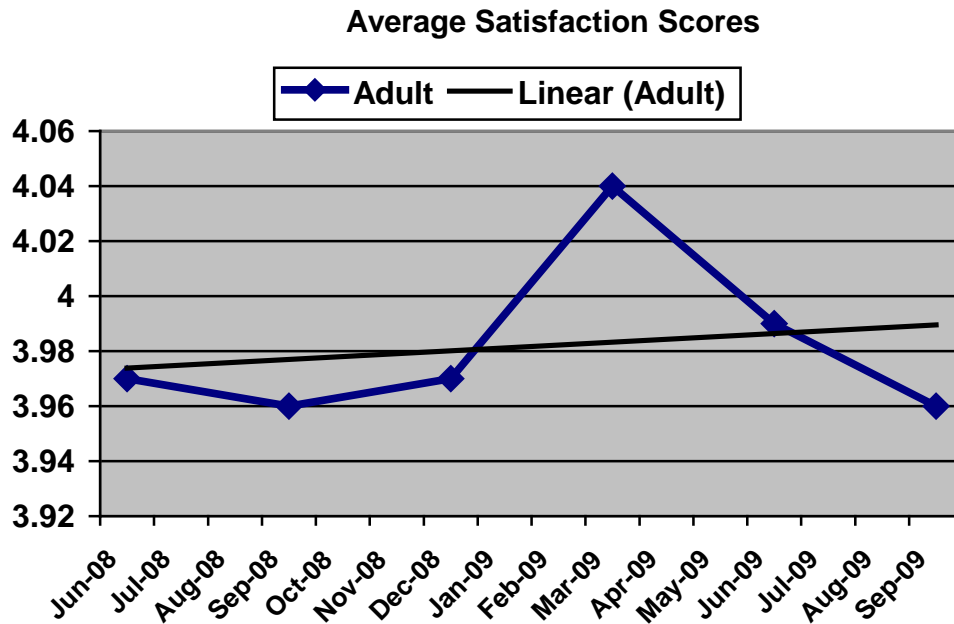
Satisfaction scores are uniquely useful. Percentages of those saying “agree or strongly agree” do not always tell the whole story. Satisfaction scores weight the numbers of people who “strongly agree”, higher than just “agree”, or “neutral” which more truly reflects the strength of the stated satisfaction. Average satisfaction scores for adults and family members have remained fairly stable over the past four quarters. However, satisfaction scores for youth peaked over the past two quarters and then diminished again this quarter to more closely mirror that of adults and family members.

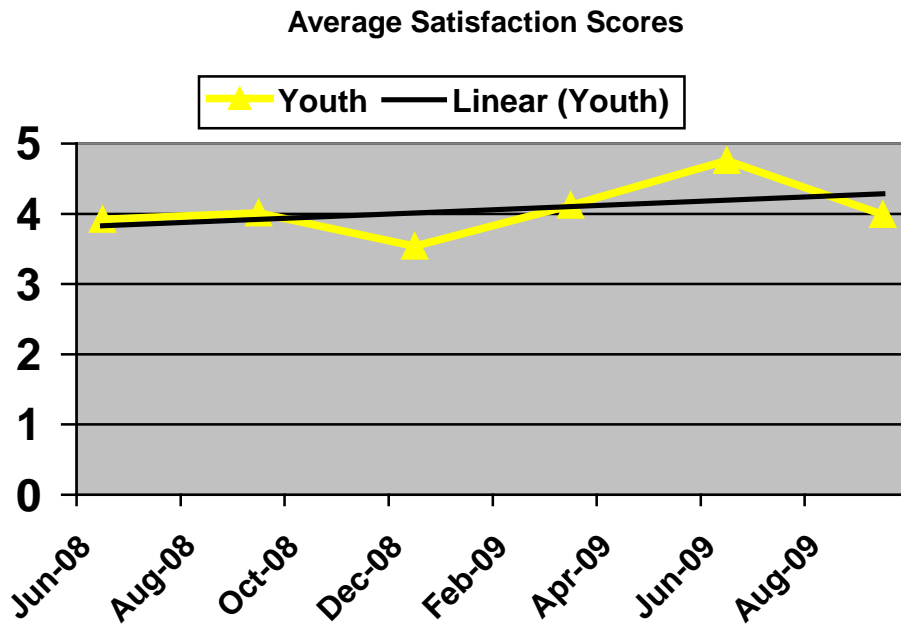
The satisfaction scores for this quarter are shown in the following table. To provide a comparison, the average scores from the previous four quarters are listed in the final four rows of the table.

Satisfaction Scores April - June 2009	Adults n=123	Family Members n=87	Youth n=16
Access to Services	3.98	4.07	4.14
Treatment Experiences	3.92	4.03	3.94
Recovery Orientation of Staff	4.01	4.09	4.04
Outcomes of Treatment	3.94	3.82	3.83
AVERAGE 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
October – December 2008	3.97	3.95	3.54
July – September 2008	3.96	3.92	4.01

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Individual/Family Satisfaction Team
October 15, 2009

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





Satisfaction with CBHNP

As with the prior quarters, a greater percentage of family members than adults reported receiving the member handbook and privacy practices from CBHNP. The percentage of respondents in agreement with the statement, "When I call CBHNP, staff treats me respectfully" continues to be particularly low for Somerset adults, as it has been each quarter. However, the actual numbers of persons responding "no," or "not sure" are very low, and represent only 3% of the total 210 adults and family members surveyed. For instance, non-affirmative responses by county were as follows:

- Somerset: 2 family members replied "no," 2 family members replied, "not sure," and 2 adults replied "not sure."
- Bedford: 1 family member replied "no."

This will be further discussed under the section "CBHNP Clarification", which follows these tables.

The tables in this section show the responses for adults and family members by both combined county percentages of respondents, as well as separated by county. Due to the limited number of respondents, youth results are shown by combined county only. "Percentages" are to be understood as the percentage of people responding to the statement who answered in the affirmative (yes). Data from the prior three quarters is included for comparison.

As illustrated, with the exception of respectful treatment, family members were far more satisfied on the three other indicators than were adults, which has been an ongoing trend. It may be a potential concern that only 71% of adults are aware of their right to file a complaint or grievance with CBHNP. However, this may be more reflective of the limited number of denials for adult services issued by CBHNP as compared to children's services. Often, individuals are not acquainted with complaint and grievance processes until they feel a need to use them. Likewise, although only 50% of youth stated they know who to go to if they wish to make a complaint about CBHNP's decisions about their treatment services, only one was in services that typically have higher rates of grievances (BHRS) filed.

COMBINED COUNTY ADULTS AND FAMILY MEMBERS

ADULTS AND FAMILY MEMBERS	Adults Oct-Dec 2008	Adults Jan-Mar 2009	Adults Apr-Jun 2009	Adults Jul – Sep 2009		Family Oct-Dec 2008	Family Jan-Mar 2009	Family Apr-Jun 2009	Family Jul – Sep 2009
I have received a copy of the member handbook from CBHNP.	62%	47%	N=129 52%	N = 122 55%		78%	82%	N=70 83%	N = 87 85%
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%	60%	N=129 59%	N = 123 59%		92%	89%	N=70 90%	N = 87 86%
When I call CBHNP, staff treats me respectfully.	71% (of those not answering “not applicable”	60% (of those not answering “not applicable”	N=18 56%	N = 11 82% (of those responding to this statement)		91% (of those responding to this statement)	92% (of those responding to this statement)	N=55 84%	N = 35 86% (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%	74%	N=129 76%	N = 122 71%		91%	93%	N=68 94%	N = 85 95%

COMBINED COUNTY YOUTH

As shown in this table, only half the youth respondents know how to address complaints about their treatment.

YOUTH	Youth Oct-Dec 08	Youth Jan-Mar 09	Youth Apr-Jun 09	Youth Jul – Sep 2009
I am aware that this company (CBHNP) works with my treatment provider to decide what types of services I get	67%	89%	N=21 62%	N = 16 69%
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.	33%	89%	N=20 55%	N = 16 50%

ADULT RESULTS BY COUNTY

The low numbers of adults responding to the third statement regarding respectful treatment can somewhat artificially raise concern, as in the finding that only 67% of Somerset adults responding to the statement did so in the affirmative. In fact, only six answered—no one responded “no” and two responded “not sure.” However, it is interesting that all Bedford respondents answered “yes”.

ADULTS	Bedford Adults				Somerset Adults			
	Bedford Oct-Dec 08	Bedford Jan-Mar 09	Bedford Apr-Jun 09	Bedford Jul – Sep 2009	Somerset Oct-Dec 08	Somerset Jan-Mar 09	Somerset Apr-Jun 09	Somerset Jul – Sep 2009
I have received a copy of the member handbook from CBHNP.	76%	54%	N=58 57%	N = 41 51%	53%	43%	N=71 48%	N = 81 57%
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.	86%	75%	N=58 60%	N = 41 66%	58%	48%	N=71 58%	N = 82 55%
When I call CBHNP, staff treats me respectfully.	92%	92%	N=3 100%	N = 5 100%	61%	49%	N=15 47%	N = 6 67%
I am aware of my right to file a complaint or grievance about CBHNP’s decisions or service.	92%	78%	N=58 76%	N = 41 73%	76%	72%	N=71 76%	N = 81 70%

FAMILY MEMBER RESULTS BY COUNTY

Responses from family members on each of the four indicators did not differ widely between counties, as illustrated in the following chart. Lack of respectful treatment does not show as a major concern for family members of either county this quarter.

Family Members	Bedford Family Members				Somerset Family Members			
	Bedford Oct-Dec 08	Bedford Jan-Mar 09	Bedford Apr-Jun 09	Bedford Jul – Sep 2009	Somerset Oct-Dec 08	Somerset Jan-Mar 09	Somerset Apr-Jun 09	Somerset Jul – Sep 2009
I have received a copy of the member handbook from CBHNP.	88%	90%	N=28 79%	N = 27 82%	64%	80%	N=42 86%	N = 60 87%
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.	95%	95%	N=28 93%	N = 27 89%	87%	85%	N=42 88%	N = 60 85%
When I call CBHNP, staff treats me respectfully.	94%	89%	N=28 93%	N = 8 88%	84%	96%	N=27 74%	N = 27 85%
I am aware of my right to file a complaint or grievance about CBHNP's decisions or service.	94%	92%	N=28 93%	N = 27 96%	89%	94%	N=40 95%	N = 58 95%

CBHNP Clarification Questions

Until the survey is revised for use in January 2010, an addendum has been used this quarter to understand more about the satisfaction of adult and family members who have called CBHNP, as there has been some concern regarding the validity of the data in the past quarters.

This quarter, all 210 adult and family member respondents were asked, "Have you ever called CBHNP?" Forty-two (20%) responded in the affirmative. Four (2%) were not sure. Twelve of these respondents were from Bedford (18% of the total Bedford adult and family members) and 30 were from Somerset (21% of the total Somerset adult and family members). The following chart illustrates the offices they contacted, by county of respondent.

CBHNP Office by County of Respondent



Only five respondents cited reasons for dissatisfaction in the area of respectful treatment when calling CBHNP. This matches the responses of disagreement in the main body of the survey, lending validity to the accuracy of this data. One respondent citing dissatisfaction was from Bedford and the other four from Somerset. Of the issues mentioned, one pertained to failure to receive the level of behavioral health treatment requested, and the other four pertained to communication issues, such as not receiving call-backs or being put on hold for extended amounts of time. Of the field offices used by those dissatisfied, one

cited the Bedford Field Office, two cited Member Services, and two were unsure which office they contacted.

Although the question on the addendum was framed in the negative, thirteen people chose to provide comments complimenting the respectful treatment they had received. Of these compliments, five were for the Bedford Field Office; four for Member Services; one for Johnstown; and three were not sure of the location.

Complaints about CBHNP

Four adults (3% of adult respondents) said they had made a complaint to CBHNP about their treatment by CBHNP. Three (75%) were satisfied by how the complaint was handled. Eight family members (9%--down 4% from last quarter) reported that they had made such a complaint. Of those, six (75%) said they were satisfied with how it was handled. Family member comments included:

- "When I called CBHNP I was put on hold indefinitely. Can't get ahold of them on the phone."
- "In the end it all worked out."
- "It was just brushed off. They did not want to deal with it."
- "It was the process I didn't like."

There were no pertinent adult comments.

Grievances against CBHNP

One adult (1%--down 1% from last quarter) said they had been denied a service by CBHNP and subsequently filed a grievance. They were not satisfied with how it was handled, stating: *"Still waiting on the prescription but the insurance won't cover it."* There continues to be confusion about what CBHNP can cover for behavioral health and what must be covered via physical health insurance.

Twelve family members (14%--down 3% from last quarter) said they had a service for their child denied and then filed a grievance. Looking at each of these twelve surveys, 8 people said they were satisfied with how the grievance was handled, two said they were not, and two didn't answer the question. Comments included:

- *"I would prefer that the doctors that dealt with the grievance step would be able to see the child instead of reading about them on paper."*
- *"They cut her hours and we got most of them back."*

Responses to Required DPW Questions

Adults

Total participating in this series of questions: 121

In the last 12 months, were you able to get the help you needed?	Bedford County	Somerset County	Both Counties
Yes (always)	35	68	103
Sometimes	2	2	4
No (never)	3	11	14
			121
Were you given the chance to make treatment decisions?			
Yes (always)	36	65	101
Sometimes	2	6	8
No (never)	1	10	11
			120
What effect has the treatment you received had on the quality of your life?			
Much better	12	46	58
A little better	18	25	43
About the same	9	7	16
A little worse	1	3	4
Much worse	0	0	0
			121

Family

Total participating in this series of questions: 87

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)	3	5	8
Sometimes	1	7	8
No (never)	23	48	71
			87
Were you and your child given the chance to make treatment decisions?			
Yes (always)	26	52	78
Sometimes	0	4	4
No (never)	1	2	3
			85
What effect has the treatment your child received had on the quality of your child's life?			
Much better	12	20	32
A little better	11	27	38
About the same	4	13	17
A little worse	0	0	0
Much worse	0	0	0
			87

Youth

Total participating in this series of questions: 16

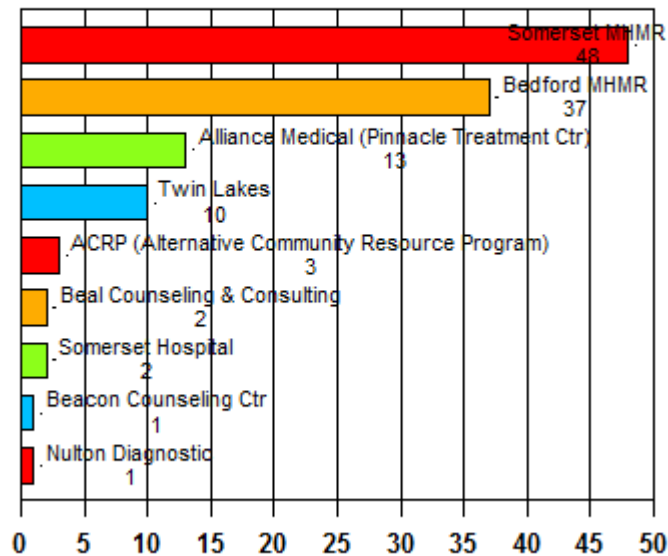
In the last 12 months, did you have problems getting the help you needed?	Bedford County	Somerset County	Both Counties
Yes (always)	0		0
Sometimes	1		1
No (never)	8		15
			16
Were you given the chance to make treatment decisions?			
Yes (always)	7		13
Sometimes	1		1
No (never)	1		2
			16
What effect has the treatment you received had on the quality of your life?			
Much better	4	2	6
A little better	3	5	8
About the same	2	0	2
A little worse	0	0	0
Much worse	0	0	0
			16

Adult Survey Results

Treatment Agencies

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

What is the name of your treatment agency?

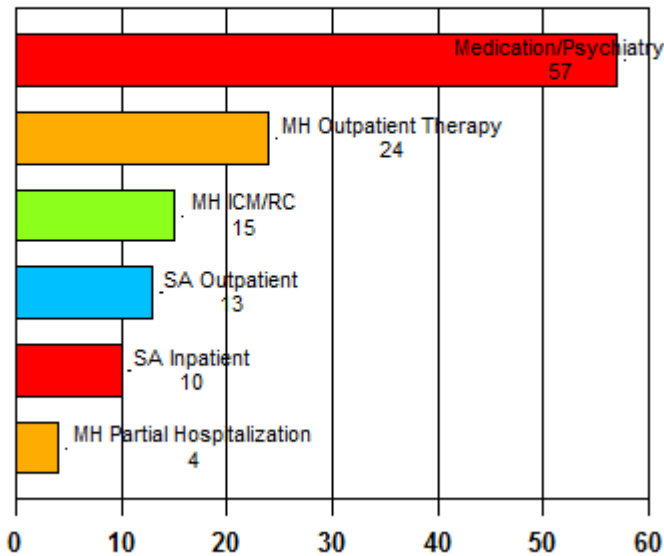


Services Received

Adults identified the services they received that they wished to focus on during the satisfaction survey. Seventy-six percent of respondents (down 6% from last quarter) were receiving only mental health treatment services, 18% (up 2% from last quarter) were receiving substance abuse treatment services, and 6% (up 2% from last quarter) were receiving both.

As seen in the following chart, six different types of services were the focus of the surveys (down four from last quarter). As with the last two quarters, psychiatry/medication management was the most frequently cited, followed by mental health outpatient, and then mental health case management.

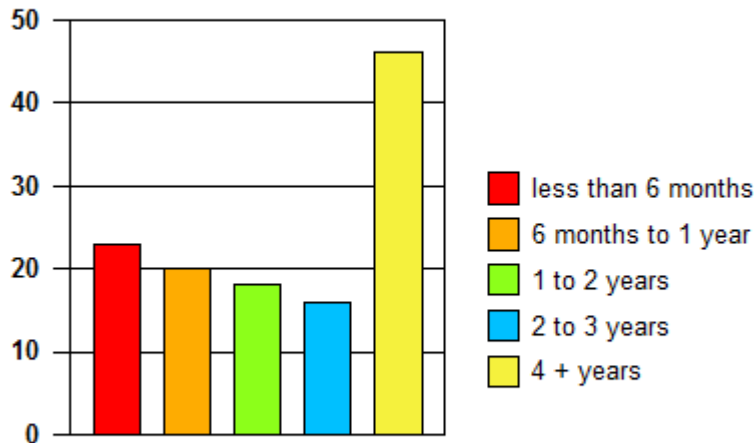
Adult Levels of Care



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

Length of Participation in Services



Access to Services

Appointments:

Fourteen people (11%--down 4% from last month) said they were not seen for an appointment within seven days of contacting their provider to set up services.

Reasons for the delay were illustrated by the following comments:

- *Was transferred from Allegheny County.*
- *"They said I would have to wait two months."*
- *"They were full."*
- *"Waiting list. Backed up."*
- *"They were looking for a new psychiatrist."*

Eleven adults chose to be put on a waiting list to see a provider other than the one first offered. Comments included:

- *"Had to pay off a prior bill."*
- *"Wanted a specific counselor."*
- *:"Short wait—one to two weeks."*

Access Indicators:

As with the past two quarters, the responses to statements about access were generally very positive, with an average of 89% responding "agree" or "strongly

agree” and a range from 86% - 99% with the exception of one indicator (provider choice) at 56%. Some highlights:

- 99% said the rooms where they meet are clean and inviting.
- 97% said meeting times are convenient.
- 95% said the location was convenient (up 3% from last quarter).
- 95% (up 6% from last quarter) stated they had been authorized for a sufficient amount of service to meet their needs.

There were two indicators in the Access section where county-specific responses differed by 10% or more:

	Bedford	Somerset
I have reliable transportation to get to appointments at this agency.	95%	82%
The staff treats me with respect and courtesy.	98%	88%

Choice of Providers

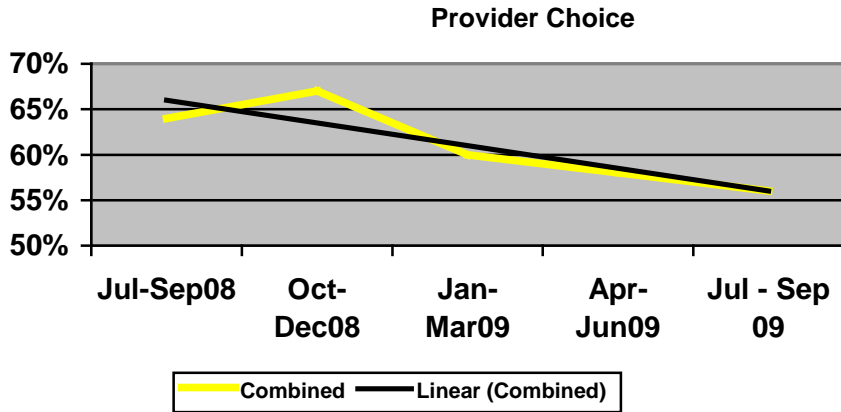
The only area of concern emerging quarter after quarter in the area of access is in low agreement with the statement, “I have been given a choice of providers I can use for this service.” This quarter 56% responded to this statement in the affirmative, compared with 58% last quarter.

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.

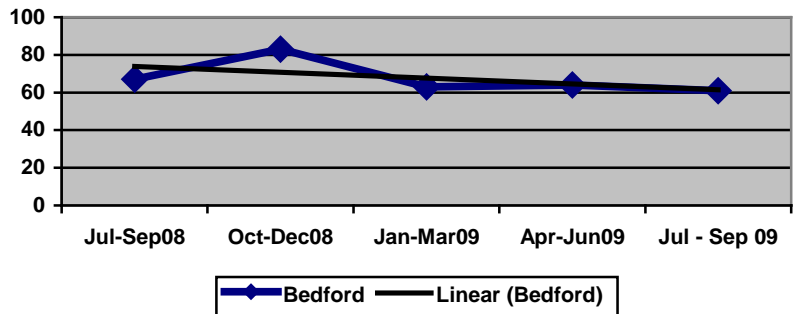
	July – September 2008	October – December 2008	January – March 2009	April – June 2009	July – September 2009
Bedford Adults	67%	83%	63%	64%	61%
Somerset Adults	60%	57%	51%	54%	54%
Combined County	64%	67%	60%	58%	56%

As seen in the following three graphs with the addition of trend lines, perception of provider choice is trending downward slightly for Bedford, and more so for Somerset, and the Combined County responses.

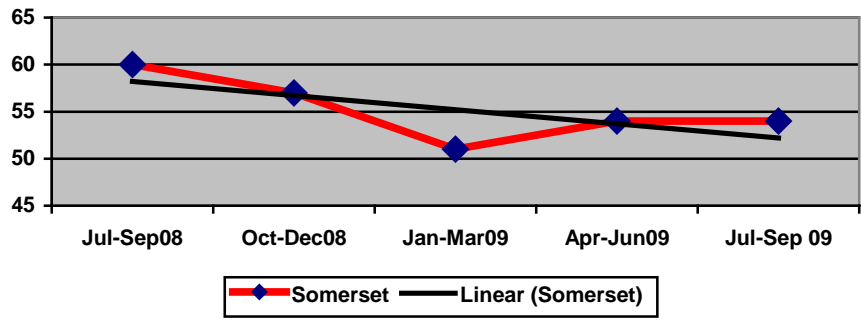
Combined County:



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 partial hospitalization.

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	123	11 8.9%	58 47.2%	17 13.8%	35 28.5%	1 0.8%	1 0.8%
What service do you receive from this provider that you'd...							
Medication/Psychiatry	57	9 15.8%	23 40.4%	10 17.5%	15 26.3%	-	-
MH Outpatient Therapy	24	1 4.2%	14 58.3%	3 12.5%	5 20.8%	1 4.2%	-
MH ICM/RC	15	1 6.7%	6 40.0%	3 20.0%	4 26.7%	-	1 6.7%
SA Outpatient	13	-	7 53.8%	1 7.7%	5 38.5%	-	-
SA Inpatient	10	-	4 40.0%	-	6 60.0%	-	-
MH Partial Hospitalization	4	-	4 100.0%	-	-	-	-

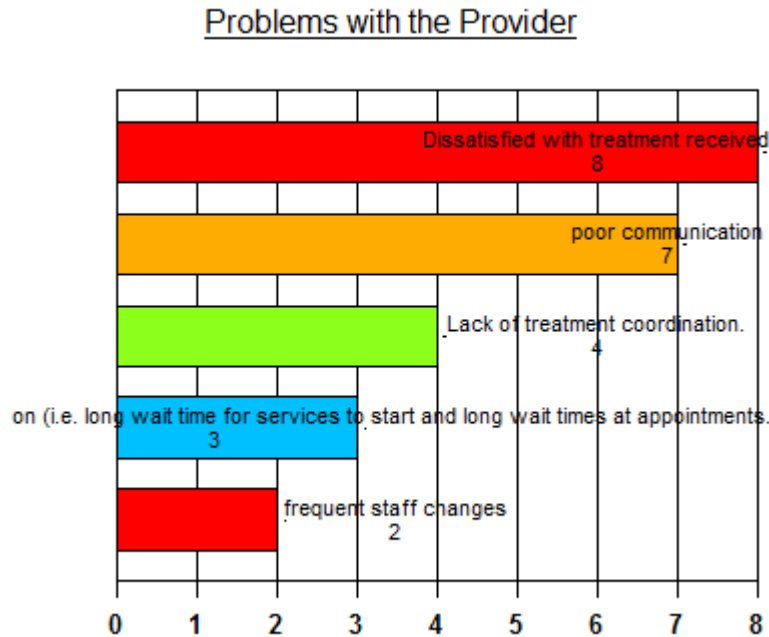
Comments About Access:

Of the 68 additional comments made regarding access, 24 (35%) were about not being given a choice of providers. Fifteen comments (22%) cited lack of reliable transportation and/or long travel distance as barriers to attending appointments. Comments included:

- “50 miles round trip.”
- “Bad vehicle; it breaks down.”
- “Never given list of providers.”

Issues or Problems with Provider

Eighteen adults (15% of respondents) said they had experienced a serious issue or problem with their provider. This is a 6% increase over last quarter. The following graph illustrates their concerns:



Additional comments elaborating on this included:

- *“Different rules every time you come in.”*
- *“Used my name with other clients.”*
- *“Wouldn’t give me my meds that helped me because he did not believe in them.”*

Five said they had used the provider’s formal process for lodging complaints. Of these, three people said they were satisfied with the process, and two said they were not. Comments about the process included:

- *“The treat me a little better.”*
- *“If you complain they make it miserable for you.”*
- *“They still upheld their decision.”*

Treatment Experiences

Average satisfaction in this area was 87% this quarter. Satisfaction with treatment experience remained down slightly as shown by the ranges for the previous three quarters.

Jul-Sep 2009: range 76% - 93%

Apr-Jun 2009: range 79% - 92%

Jan-Mar 2009: range 81% - 96%

Oct-Dec 2008: range 89% - 96%

The lowest satisfaction was with inclusion in all meetings about treatment and recovery goals, at 76% agreement.

Higher satisfaction was expressed in the following:

- 93% said they feel comfortable asking questions about their treatment (up 1% from last quarter).
- 92% of adults said their input is valued and included in their treatment plan (up 4% from last quarter).
- 89% said they have enough time with the treatment staff during most sessions (down 3% from last quarter).

Freedom to Complain Without Fear of Negative Consequences:

Last quarter, 79% of respondents said they felt free to complain about services from their treatment agency without fear of negative consequences. This improved by 6%, for an agreement rate of 85% this quarter.

Inclusion in Treatment Meetings:

I/FST feels that this indicator is not clear. For instance some may interpret it as meaning any sessions between the therapist and individual regarding goals. Others may interpret it as only applying in situations that involve more than one treatment provider who regularly communicate. 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
Base	122	15 12.3%	79 64.8%	13 10.7%	15 12.3%
What service do you receive from this provider that you'd...					
Medication/Psychiatry	56	10 17.9%	33 58.9%	5 8.9%	8 14.3%
MH ICM/RC	15	2 13.3%	10 66.7%	3 20.0%	- -
MH Outpatient Therapy	24	2 8.3%	15 62.5%	4 16.7%	3 12.5%
MH Partial Hospitalization	4	- -	4 100.0%	- -	- -
SA Inpatient	10	1 10.0%	8 80.0%	1 10.0%	- -
SA Outpatient	13	- -	9 69.2%	- -	4 30.8%

Comments About Treatment Experiences:

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

- *"When you see a doctor, you are only in there five minutes."*
- *"I feel nervous asking questions."*
- *"I don't think I get enough time with the doctor."*
- *"What I suggest doesn't apply."*

Recovery Orientation

Satisfaction in this area remains high each quarter. The average was 90% agreement. The range for agreement with statements of satisfaction with the recovery orientation of treatment providers was between 90% and 95%, with the exception of encouragement to participate in peer support, at 78%. However, this indicator was up 8% from last quarter.

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	Not Applicable
Base	122	13 10.7%	82 67.2%	9 7.4%	14 11.5%	1 0.8%	3 2.5%
What service do you receive from this provider that you'd...							
Medication/Psychiatry	56	9 16.1%	32 57.1%	4 7.1%	8 14.3%	1 1.8%	2 3.6%
MH ICM/RC	15	2 13.3%	11 73.3%	2 13.3%	-	-	-
MH Outpatient Therapy	24	2 8.3%	15 62.5%	3 12.5%	3 12.5%	-	1 4.2%
MH Partial Hospitalization	4	-	4 100.0%	-	-	-	-
SA Inpatient	10	-	10 100.0%	-	-	-	-
SA Outpatient	13	-	10 76.9%	-	3 23.1%	-	-

Comments About Recovery-Oriented Practices:

- *"They try to help with limitations."*
- *"Some act like they care; some look down on you—make it hard on you."*
- *"I can't read or write. They have been helping me out."*
- *Never heard about it [peer support]."*

Outcomes of Treatment

The average satisfaction in this area was 82% this quarter. Indicators ranged from 78% to 87% agreement.

The responses by county in each key area of satisfaction have been fairly similar this quarter with few exceptions. In the area of outcomes of treatment, there are two indicators that differed by 10% or more between the counties:

	Bedford	Somerset
I believe I can recover.	68%	84%
I would recommend this agency to a friend or family member.	95%	83%

As with last quarter, belief in one's ability to recover shows the greatest variance between counties. However, as the following chart shows, only six out of 121 respondents (5%) actually disagreed with the statement. 15% were neutral.

Absolute Analysis % Responses	Base	I believe I can recover.			
		Strongly Agree	Agree	I'm Neutral	Disagree
Base	121	20 16.5%	77 63.6%	18 14.9%	6 5.0%
What service do you receive from this provider that you'd...					
Medication/Psychiatry	56	11 19.6%	34 60.7%	7 12.5%	4 7.1%
MH ICM/RC	15	2 13.3%	10 66.7%	3 20.0%	-
MH Outpatient Therapy	23	2 8.7%	13 56.5%	7 30.4%	1 4.3%
MH Partial Hospitalization	4	-	4 100.0%	-	-
SA Inpatient	10	1 10.0%	9 90.0%	-	-
SA Outpatient	13	4 30.8%	7 53.8%	1 7.7%	1 7.7%

The following chart illustrates willingness to recommend the treatment agency:

BHSSBC Executive Summary
I/FST July - September 2009 Survey Results

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	115	27 23.5%	74 64.3%	6 5.2%	6 5.2%	2 1.7%
What is the name of your treatment agency?						
ACRP (Alternative Community Resource Program)	3	1 33.3%	- -	- -	2 66.7%	- -
Alliance Medical (Pinnacle Treatment Ctr)	13	5 38.5%	7 53.8%	1 7.7%	- -	- -
Beacon Counseling Ctr	1	- -	1 100.0%	- -	- -	- -
Beal Counseling & Consulting	2	- -	2 100.0%	- -	- -	- -
Bedford MHMR	36	8 22.2%	27 75.0%	- -	1 2.8%	- -
Nulton Diagnostic	1	- -	1 100.0%	- -	- -	- -
Somerset Hospital	2	- -	2 100.0%	- -	- -	- -
Somerset MHMR	47	12 25.5%	26 55.3%	5 10.6%	2 4.3%	2 4.3%
Twin Lakes	10	1 10.0%	8 80.0%	- -	1 10.0%	- -

This chart outlines all responses to the outcomes of treatment section for the past year:

COMBINED COUNTY BEDFORD COUNTY SOMERSET COUNTY

Combined County Bedford Somerset

Outcomes as a Direct Result of Treatment	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul – Sep 2009	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul – Sep 2009	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul – Sep 2009
I deal more effectively with daily problems.	90%	83%	79%	83%	90%	86%	79%	81%	90%	81%	79%	84%
I feel more hopeful about the future.	89%	81%	82%	78%	83%	79%	85%	76%	92%	82%	79%	79%
I believe I can recover.	85%	83%	79%	79%	83%	83%	86%	68%	86%	82%	74%	84%
I feel more stabilized.	88%	87%	78%	84%	86%	92%	85%	83%	91%	83%	74%	84%
I would recommend this agency to a friend or family member.	94%	93%	92%	87%	95%	94%	93%	95%	94%	91%	92%	83%

Comments About Outcomes of Treatment

- *"I might get worse."*
- *"Have been told I will have my problems for always."*
- *"I don't feel I can recover."*
- *"I am really depressed and angry and it gets in the way of having a hopeful outcome."*

Coordination of Care

Eighty-seven of 103 adults (84%) responding to the indicator said their behavioral health provider had them sign a release and helped to coordinate care with their physical health doctor. This is down 3% from last quarter. Several respondents indicated they did not have a family doctor for their physical health.

Prescriptions

Ten adults (9% of 117 respondents to this question) said they had problems getting their prescriptions filled at their pharmacy and paid for by Medical Assistance. Their comments included:

- *"Medical Assistance doesn't pay for meds."*
- *"My medical meds are hard to get approved."*

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 13 times
Money issues:	cited 5 times
Didn't know where to get help:	cited 5 times
Long waiting list:	cited 4 times
Inconvenient times:	cited 1 times
Language barriers	cited 1 times
Childcare issues:	cited 1 time

Other Services Needed:

Individual counseling:	cited 7 times
More time with Resource Coordinator	cited 2 times
Glasses	cited 1 time
Medication	cited 1 time
Structured treatment	cited 1 time
Dental and eye care	cited 1 time
Program to quit Methadone use	cited 1 time
Family counseling	cited 1 time
“Better psychiatrist”	cited 1 time

Additional Compliments and Concerns

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

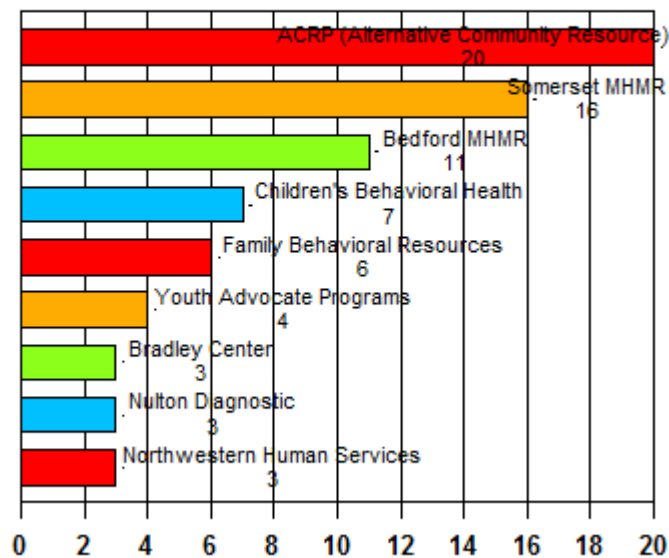
- *"They are very helpful and ask what you need, and invite you to bring them your problems."*
- *"I think this program is great and that the insurance now pays for treatment. Didn't know that [we] could get help and have it paid for."*
- *"They've really helped me. My treatment is the best I could get. Everybody is polite and friendly and professional."*
- *"The nurse was very rude. [There is] a sign on her door stating 'you should not tell us your problems if you don't want to hear ours.'"*
- *"It would be really cool if they had holistic remedies."*
- *"No one here is in recovery. Feels like you're given information in packets and then you're on your own."*

Family Member Survey Results

Treatment Agencies

Nine different agencies (same as last quarter) were named by family members surveyed when they were asked to identify their child's treatment agency. In addition, fourteen families cited other practitioners not on this list.

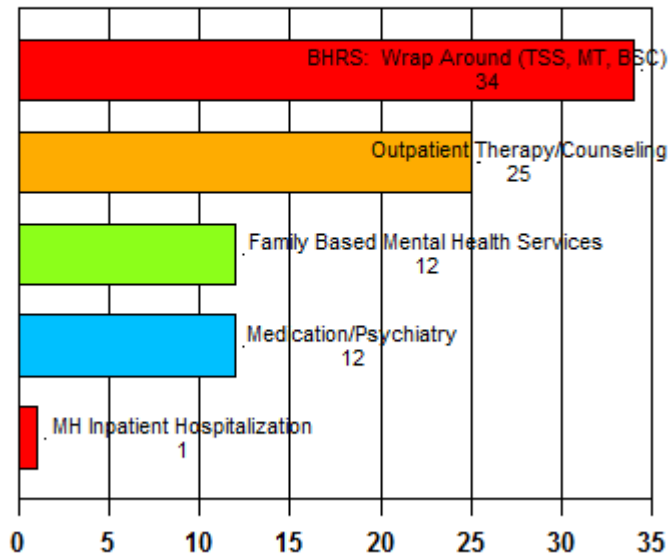
Treatment Agencies



Services Received

Family members identified the services in which their children participate. The results are illustrated in the following chart. As illustrated, the most frequently cited service was BHRS, followed by outpatient therapy.

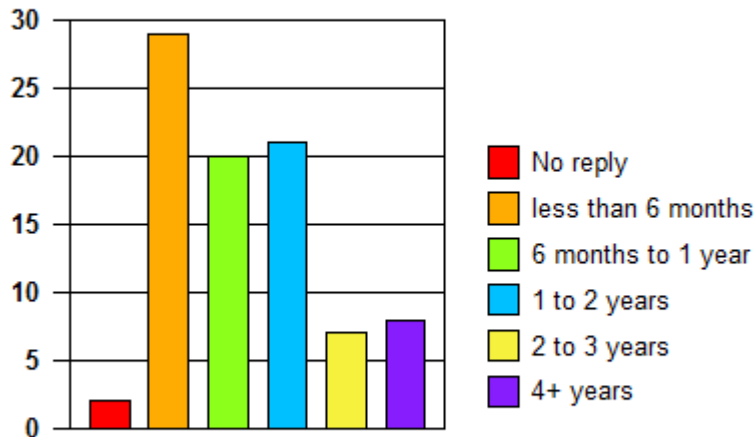
Treatment Agencies



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 less than six months. Last quarter the majority had been in services for six months to one year.

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. Seventy-five (91% of 82 individuals responding) said “yes” and seven said “no”. Comments included:

- *“Was in and out of hospitals, waiting for a residential treatment facility.”*
- *“Therapist was transferring.”*
- *“I wasn’t told anything.”*

Six family members (7% of 87 individuals responding) said they chose to be put on a waiting list rather than take an appointment with the provider first offered. When asked why, two people responded with:

- *“Center called when a bed was available, not CBHNP.”*
- *“Paperwork.”*

Family member satisfaction with access to services was high overall, with an average of 92% (up 3% from last quarter) agreement with positive indicators. Combined county responses ranged from 85% to 98% agreement. The lowest percentage (85%) was ten percent higher than last quarter. Examples of satisfaction in the area of access included:

- 98% said the staff treats their family with respect and courtesy (up 5% from last quarter).

- 97% said they had reliable transportation to get to appointments at the agency.
- 95% said the location was convenient.

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

	Oct – Dec 2008	Jan – Mar 2009	Apr – June 2009	July – Sep 2009
Convenience of service times.	96%	95%	92%	94%
Convenience of location.	97%	96%	93%	95%
Reliable transportation.	91%	92%	93%	97%

Authorizations for Service

	Oct – Dec 2008	Jan – Mar 2009	Apr – June 2009	July – Sep 2009
Sufficient amount of service authorized.	87%	86%	79%	91%
Authorizations processed on time.	91%	93%	90%	86%
Full amount of service delivered.	94%	88%	87%	90%

As illustrated by the following chart, most of those who disagreed that they were authorized for a sufficient amount of service for their child were receiving BHRS services or Family Based services, both of which are more intensive levels of care.

Absolute Analysis % Responses	Base	We have been authorized for a sufficient amount of service to meet my child's needs.					
		Strongly Agree	Agree	I'm Neutral	Disagree	Strongly Disagree	Not Applicable
Base	87	14 16.1%	65 74.7%	1 1.1%	5 5.7%	1 1.1%	1 1.1%
Missing							
No reply	3	-	3 100.0%	-	-	-	-
What services is your child receiving?							
BHRS: Wrap Around (TSS, MT, BSC)	34	4 11.8%	26 76.5%	-	2 5.9%	1 2.9%	1 2.9%
Family Based Mental Health Services	12	2 16.7%	7 58.3%	1 8.3%	2 16.7%	-	-
Medication/Psychiatry	12	1 8.3%	11 91.7%	-	-	-	-
MH Inpatient Hospitalization	1	-	1 100.0%	-	-	-	-
Outpatient Therapy/Counseling	25	7 28.0%	17 68.0%	-	1 4.0%	-	-

Environment

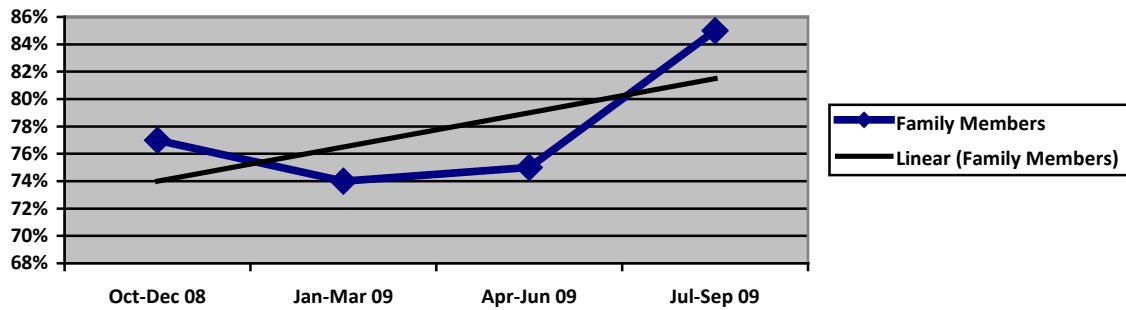
	Oct – Dec 2008	Jan – Mar 2009	Apr – June 2009	July – Sep 2009
Staff is respectful and courteous.	99%	99%	93%	98%
Service area clean and inviting.	96%	99%	94%	91%
Notice of privacy practices given.	95%	96%	93%	93%

Choice of Provider

This has typically been a concern in previous quarters. However, those agreeing they had been given a choice of providers rose from 75% last quarter to 85% this quarter.

	Oct – Dec 2008	Jan – Mar 2009	Apr – June 2009	July – Sep 2009
Choice of provider given.	77%	74%	75%	85%

The following graph shows satisfaction in this area is trending up.



Responses did vary significantly for this indicator by county this quarter, with Bedford members reporting 100% agreement and Somerset reporting 78% agreement.

To better understand this finding, responses were broken down by county and levels of care, illustrated in the following table. The percentage of families in each county receiving the same services are fairly equal except for outpatient therapy and family based services.

Combined percentage of responses of “agree” or “strongly agree: 85%	Bedford 100%	Somerset 78%
Number and Percentage of Surveyed Members Using the Service		
Level of Care	Bedford	Somerset
BHRS	11 (41%)	23 (38%)
Medical/Psychiatry	3 (11%)	9 (15%)
Outpatient/Counseling	11 (41%)	14 (23%)
Family Based	1 (4%)	11 (18%)
Inpatient Hospitalization	1 (4%)	
Other		3 (5%)

We then looked at levels of care to see if the majority of those disagreeing were receiving services that offer fewer choices of provider (psychiatric services for instance). However, analysis showed disagreement occurred for BHRS, psychiatric, and outpatient therapy services. All responses of “disagree” were from Somerset families. One reason for the differences in county responses to the indicator may actually be in the fact that the survey respondents consisted of twice as many Somerset families—60 as compared to 27 from Bedford.

When viewing the following chart, which shows the combined county responses to choice of provider by level of care, it will be noted that a total of 7 people disagreed with the indicator (only 8% of the 87 total family member respondents).

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
Base	87	10 11.5%	64 73.6%	6 6.9%	7 8.0%
Missing					
No reply	3	1 33.3%	2 66.7%	-	-
What services is your child receiving?					
BHRS: Wrap Around (TSS, MT, BSC)	34	2 5.9%	28 82.4%	1 2.9%	3 8.8%
Family Based Mental Health Services	12	2 16.7%	10 83.3%	-	-
Medication/Psychiatry	12	1 8.3%	8 66.7%	1 8.3%	2 16.7%
MH Inpatient Hospitalization	1	-	1 100.0%	-	-
Outpatient Therapy/Counseling	25	4 16.0%	15 60.0%	4 16.0%	2 8.0%

This next chart lists the responses for the combined county 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	I'm Neutral	Disagree
Base	87	10 11.5%	64 73.6%	6 6.9%	7 8.0%
Missing					
No reply	14	1 7.1%	12 85.7%	1 7.1%	- -
Now I have a few questions about your treatment agency. W...					
ACRP (Alternative Community Resource)	20	5 25.0%	11 55.0%	3 15.0%	1 5.0%
Bedford MHMR	11	- -	11 100.0%	- -	- -
Bradley Center	3	- -	3 100.0%	- -	- -
Children's Behavioral Health	7	1 14.3%	4 57.1%	1 14.3%	1 14.3%
Family Behavioral Resources	6	- -	6 100.0%	- -	- -
Nulton Diagnostic	3	- -	3 100.0%	- -	- -
Northwestern Human Services	3	- -	2 66.7%	- -	1 33.3%
Somerset MHMR	16	2 12.5%	9 56.3%	1 6.3%	4 25.0%
Youth Advocate Programs	4	1 25.0%	3 75.0%	- -	- -

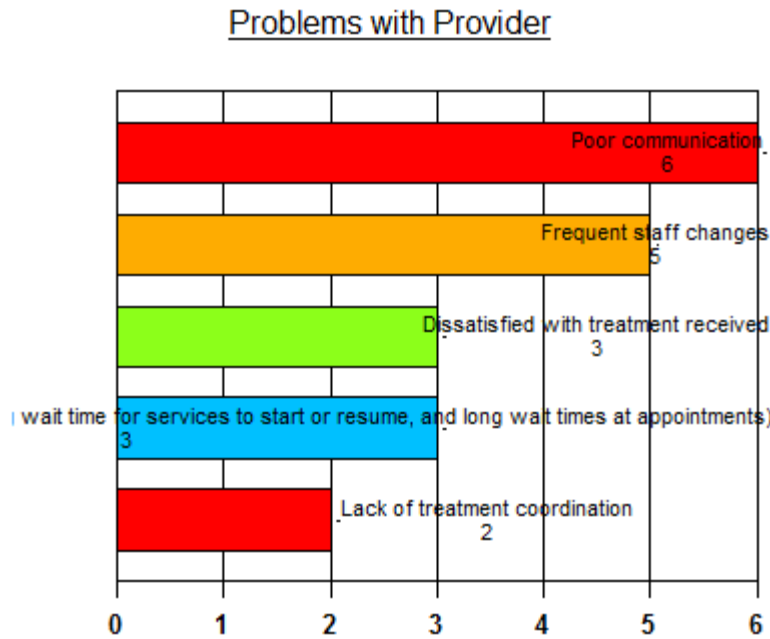
Comments About Access To Services:

- *"It's in Pittsburgh—takes two hours to get there."*
- *"My son needs more help, and I wasn't explained anything about services he could get."*
- *"I only had one provider suggested to me."*
- *"I would say authorizations are not processed on time. Waiting for a TSS."*

Issues or Problems with Provider

Nine of 87 respondents to the question (10%--up 3% from last quarter) said that they had experienced serious issues or problems with their child's treatment

provider's services. The categories of issues cited are illustrated in the following chart:

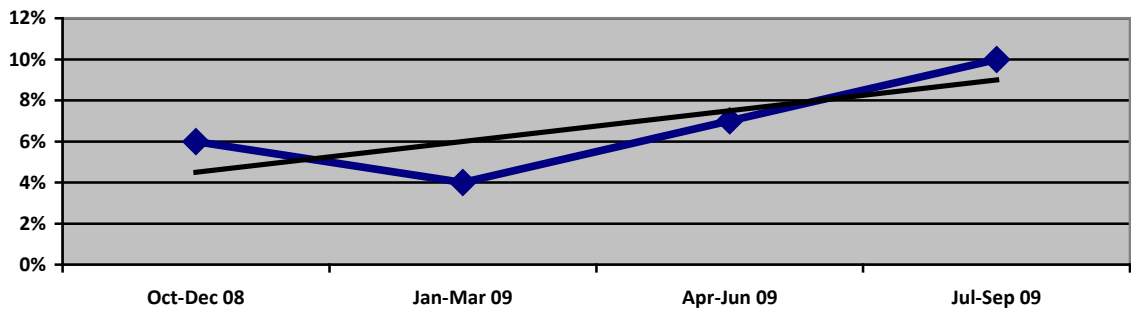


One comment offered was:

- *“Does not provide consistency for my child which is what he needs.”*

Three people said they had used the provider's formal process for addressing concerns and eight people said they had not. Two of the three said they were satisfied with the provider's process for handling the complaints, and one was not.

It appears there is an upward trend in percentage of family member reports of issues or problems with their provider, as shown in the following chart:



Treatment Experiences

Family members were fairly satisfied overall with their child's treatment experiences, with an average of 88% agreement to the statements in this section (down 2% from last quarter). Comments ranged from 86% to 99% except for indicators concerning individual service plan team meetings (range of 66% - 79%). There are three indicators in this section of the survey regarding these teams, and they do not apply to every level of care. Thus, they are confusing for many respondents (as well as potentially skewing the satisfaction data) and therefore are not listed in this summary report.

Examples of indicators of satisfaction include:

- 99% (up 3% from last quarter) said they feel comfortable asking questions about their child's treatment.
- 99% (up 5% from last quarter) said their family's input is valued and included in their child's treatment/recovery plan.
- 97% (up 5% from last quarter) said they feel free to complain about the services their child gets without fear of negative consequences.

Excluding the indicators regarding service plan team meetings, the lowest indicator of satisfaction in the area of treatment experiences was that 86% said they had been informed about treatment options and their benefits and disadvantages. Responses varied between counties on this indicator, with Bedford family members registering 96% agreement and Somerset family members at 82% agreement.

A cross-tabulation was conducted to see if dissatisfaction pertained primarily to one level of care. Results showed that dissatisfaction was spread across all but one level of care, as illustrated in the following chart:

BHSSBC Executive Summary
I/FST July - September 2009 Survey Results

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	Not Applicable
Base	87	10 11.5%	65 74.7%	4 4.6%	7 8.0%	1 1.1%
Missing						
No reply	3	-	3 100.0%	-	-	-
What services is your child receiving?						
BHRS: Wrap Around (TSS, MT, BSC)	34	4 11.8%	24 70.6%	3 8.8%	2 5.9%	1 2.9%
Family Based Mental Health Services	12	1 8.3%	10 83.3%	-	1 8.3%	-
Medication/Psychiatry	12	-	9 75.0%	1 8.3%	2 16.7%	-
MH Inpatient Hospitalization	1	-	1 100.0%	-	-	-
Outpatient Therapy/Counseling	25	5 20.0%	18 72.0%	-	2 8.0%	-

Therefore, another cross-tabulation was completed showing responses by service provider, as shown in the following chart:

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	Not Applicable
Base	87	10 11.5%	65 74.7%	4 4.6%	7 8.0%	1 1.1%
Missing						
No reply	14	4 28.6%	10 71.4%	-	-	-
Now I have a few questions about your treatment agency. W...						
ACRP (Alternative Community Resource)	20	3 15.0%	15 75.0%	-	2 10.0%	-
Bedford MHMR	11	-	10 90.9%	-	-	1 9.1%
Bradley Center	3	-	3 100.0%	-	-	-
Children's Behavioral Health	7	1 14.3%	5 71.4%	1 14.3%	-	-
Family Behavioral Resources	6	-	4 66.7%	1 16.7%	1 16.7%	-
Nulton Diagnostic	3	-	3 100.0%	-	-	-
Northwestern Human Services	3	-	1 33.3%	1 33.3%	1 33.3%	-
Somerset MHMR	16	1 6.3%	11 68.8%	1 6.3%	3 18.8%	-
Youth Advocate Programs	4	1 25.0%	3 75.0%	-	-	-

Comments about Treatment Experiences

- *“Not informed about treatment or rights.”*
- *“Doctor was changed. Never was called back for another appointment and it has been one month.”*
- *“My son needs more help and I wasn’t explained anything.”*

Recovery Orientation

Family member satisfaction was extremely high in the area of their treatment agency's recovery oriented practices, with an average of 96% agreement—the same as last quarter. Responses ranged from 92% to 99% agreement, as follows:

- 99% said staff treat their child with respect and dignity.
- 97% said staff treat their child as an individual.
- 95% said staff were sensitive to their cultural background.
- 92% said staff focus on their child's strengths, not limitations.

Comments About Recovery Orientation

Two comments were made in this area:

- *"They do not focus on our lifestyles or his strengths."*
- *"My child is only two!"*

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 81%. Responses to each indicator are listed in the following chart, showing data from four quarters.

Overall satisfaction (81%) with the indicators of positive outcomes of treatment fell 2% from last quarter. Averages for each of the two counties did not differ on any indicator by 10% or more.

Outcomes as a direct result of participation in treatment	Combined				Bedford			Somerset				
	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul – Sep 2009	Bed. Oct-Dec 08	Bed. Jan-Mar 09	Bed. Apr-Jun 09	Jul – Sep 2009	Som. Oct-Dec 08	Som. Jan-Mar 09	Som. Apr-Jun 09	Jul – Sep 2009
My child deals more effectively with daily problems.	82%	77%	76%	76%	85%	82%	72%	78%	78%	73%	88%	75%
My child’s social skills are improving.	82%	80%	79%	83%	86%	87%	89%	78%	76%	75%	72%	85%
I feel my child’s behavioral health is improving.	82%	74%	79%	74%	89%	84%	75%	74%	71%	67%	81%	73%
I would recommend this agency to a friend or family member.	88%	91%	92%	90%	91%	95%	93%	96%	84%	89%	91%	87%

Comments About Outcomes of Treatment

- *"He is on an emotional roller coaster."*
- *"My daughter needs more help."*

Comments about a child needing more help, whether a son, a daughter, or a grandchild, were cited verbatim six times, and implied several more. There is a sense of urgency and desperation in these comments. In response to the indicator, "My child deals more effectively with daily problems" one respondent said:

- *"No, because nobody is here to help."*

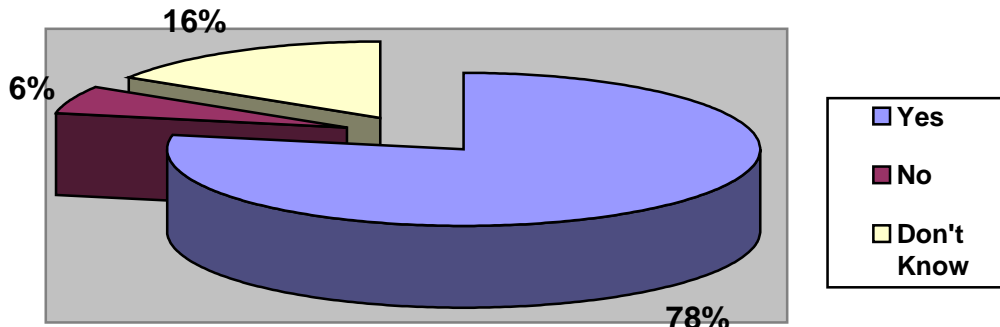
Additional Compliments or Concerns About Provider's Services

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

- *"Everything is going well."*
- *"Dr. is very good with my child, and takes his time and does a tremendous job."*
- *"My child is not as aggressive. They are doing a great job."*
- *"I am happy with their services."*

Coordination of Care

As shown in the chart below, the majority of family members who responded to this question 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 three family members this quarter (6% of those answering the question either “yes” or “no” and 3% of the total family member respondents) said they had experienced problems getting the behavioral health medications that are most effective for their child. One comment was offered:

- *“They don’t want to pay for all of my child’s 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:

Services denied	(cited 5 times)
Money Issues	(cited 4 times)
Didn’t know where to go	(cited 4 times)
Inconvenient times	(cited 2 times)
Transportation	(cited 1 time)
Child care issues	(cited 1 time)
Weather	(cited 0 time)

Comments included:

- *“Not explaining the different mental health services to me.”*
- *“[Agency] did not tell me that there were other agencies available.”*
- *“I am never informed ahead of time about meetings.”*

Services Still Needed

Services family members said that are still needed included:

TSS	(cited 6 times)
Help in School	(cited 3 times)
One on one counseling	(cited 1 time)
A Psychiatrist	(cited 1 time)
Consistency of behavioral health services	(cited 1 time)
Help for special needs/physical needs	(cited 1 time)
Occupational Therapy	(cited 1 time)

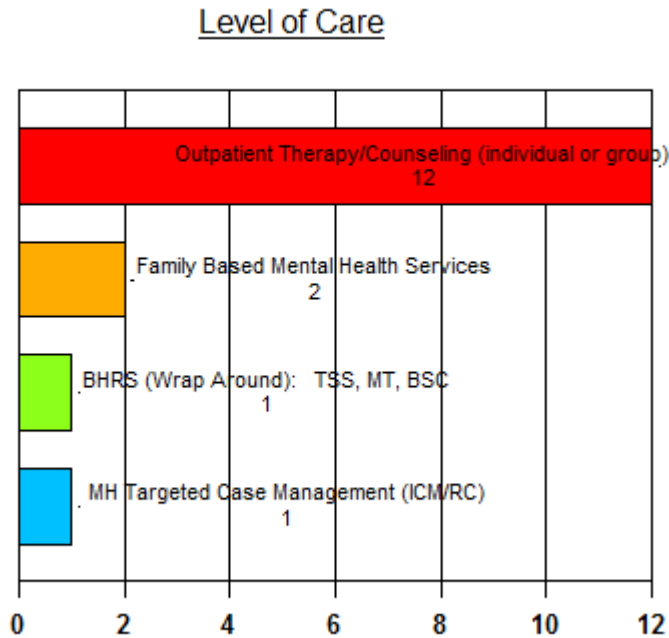
Additional Compliments and Concerns

- *"CBHNP doesn't show for treatment meetings."*
- *"Everything is going well."*
- *"Change of doctors; never called back and [I] was told not to call them."*
- *"CBHNP has to meet the needs of the children."*
- *"Happy with the services offered."*
- *"They do a really good job."*

Youth Survey Results

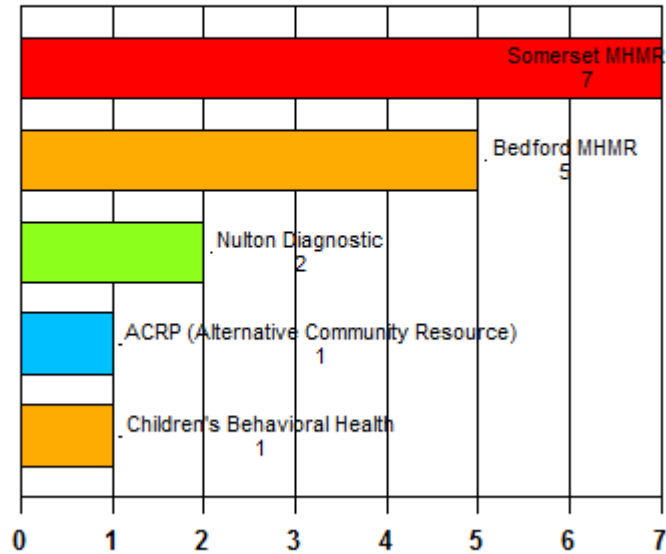
Sixteen youth were surveyed this quarter. All of the surveys were completed by phone. Nine of the youth were from Bedford, and seven from Somerset. Nine were male, and seven female. All but one was receiving services primarily for mental health.

Youth respondents identified the service they wished to focus on for the survey. Almost all focused on outpatient therapy/counseling. The results are illustrated in the following graph:



They received services from the following providers:

Providers



Access to Services

Youth respondents indicated high satisfaction for most indicators about access to services. The average agreement for this area was 89%. Responses ranged from 69% to 100%. Some examples of responses:

- 100% said they were treated with courtesy and respect.
- 100% said the places where they meet are clean and inviting.
- 94% said meeting times are convenient.

The lowest satisfaction was this:

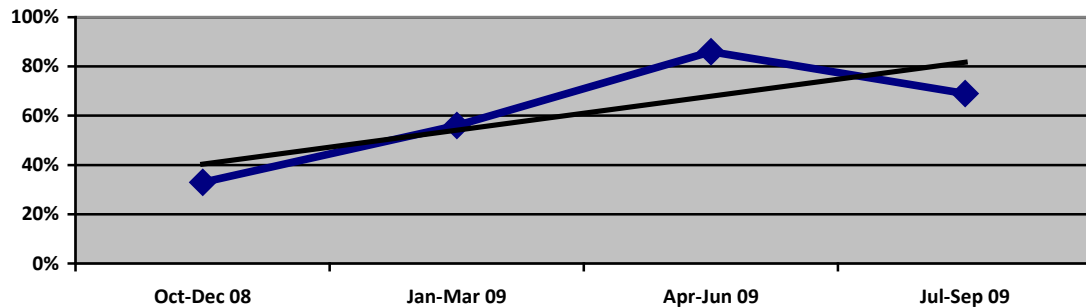
- 69% said they were given a choice of providers for the service they receive.

The following chart shows responses to this indicator by level of care. From the results it is clear that, while no one disagreed with the statement, many gave responses of “neutral” which resulted in a lower level of indicated satisfaction.

Absolute Analysis % Responses	Base	I have a choice of people I can see for this service.		
		Strongly Agree	Agree	I'm Neutral
Base	16	2 12.5%	9 56.3%	5 31.3%
What service would you like to focus on during this survey?				
HRS (Wrap Around): TSS, MT, BSC	1	-	-	1 100.0%
Family Based Mental Health Services	2	-	1 50.0%	1 50.0%
MH Targeted Case Management (ICM/RC)	1	-	1 100.0%	-
Outpatient Therapy/Counseling (individual or group)	12	2 16.7%	7 58.3%	3 25.0%

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

	Oct – Dec 2008	Jan – Mar 2009	Apr – June 2009	July – Sep 2009
Choice of provider given.	33%	56%	86%	69%



None of the youth reported having had problems with their providers that caused them to stop using that provider. Three offered comments:

- *“I overdosed on the pills they put me on.”*
- *“I haven’t stopped using her. She offers good support.”*
- *“Improved.”*

Difficulty Obtaining Behavioral Health Help

Youth were asked “If you weren’t able to get help in the last twelve months, what stopped you?” Their answers fell into three categories:

Didn’t like to ask for help: (cited six times)
Money Issues: (cited three times)
Inconvenient times (cited one time)

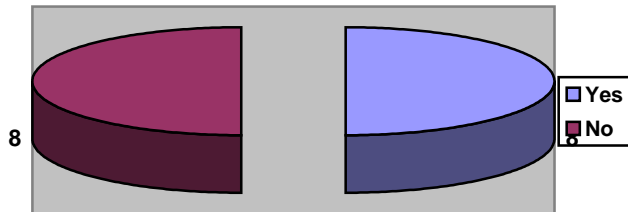
One other comment was offered about barriers to getting help:

- *“Trying to reduce treatment visits by each visit.”*

Services still needed

One youth said they needed OVR to help them get a GED.

Half of youth respondents take behavioral health medications, as illustrated:



Seven of the eight taking medications felt the medications helped them. One strongly disagreed with that.

One respondent experienced problems getting the behavioral health medications that worked, stating, “They don’t make my mood to where it should be.”

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 fairly high, at 87% average agreement for the indicators. Areas of high satisfaction included:

- 100% feel comfortable asking questions about their treatment.

- 94% felt they have a voice in their treatment.

The two lowest indicators of satisfaction were:

- 69% said they were included in all meetings about their treatment
- 81% said they feel they have enough time together during most sessions.

The following chart shows inclusion in meetings cross-tabulated by level of care. Disagreement was shown for family based services and outpatient counseling.

Inclusion in meetings about treatment:

Absolute Analysis % Responses	Base	I am included in all meetings about my treatment.			
		Strongly Agree	Agree	I'm Neutral	Disagree
Base	16	1 6.3%	10 62.5%	1 6.3%	4 25.0%
What service would you like to focus on during this survey?					
HRS (Wrap Around): TSS, MT, BSC	1	-	1 100.0%	-	-
Family Based Mental Health Services	2	-	-	-	2 100.0%
MH Targeted Case Management (ICM/RC)	1	-	1 100.0%	-	-
Outpatient Therapy/Counseling (individual or group)	12	1 8.3%	8 66.7%	1 8.3%	2 16.7%

The following chart shows satisfaction with time in sessions by level of care. Again, the two areas of disagreement were with family based and outpatient therapy services.

Absolute Analysis % Responses	Base	I feel we have enough time together during most sessions.		
		Agree	I'm Neutral	Disagree
Base	16	13 81.3%	1 6.3%	2 12.5%
What service would you like to focus on during this survey?				
HRS (Wrap Around): TSS, MT, BSC	1	1 100.0%	-	-
Family Based Mental Health Services	2	1 50.0%	-	1 50.0%
MH Targeted Case Management (ICM/RC)	1	1 100.0%	-	-
Outpatient Therapy/Counseling (individual or group)	12	10 83.3%	1 8.3%	1 8.3%

Comments About Treatment Experiences

- *"Any additional complaints they take strong offense to that."*
- *"Sometimes my mom goes [to the provider] and they send me out of the room."*
- *"I just want to get out. Parents help me out."*

Recovery Orientation

Youth respondents were extremely satisfied with the recovery orientation of agency staff, with an overall agreement of 94% (down 1% from last quarter). Responses ranged from 81% to 100% agreement with indicators of satisfaction. For instance:

- 100% said staff help them be responsible for meeting their goals.
- 100% said they are treated with respect.

The area of lowest satisfaction was:

- 81% said staff treat them as an individual, not just part of the group.

This indicator was cross-tabulated by level of care in the following chart. Disagreement was shown in family based and targeted case management services.

Absolute Analysis % Responses	Base	Staff treat me as an individual, not just part of a group.			
		Strongly Agree	Agree	Disagree	Not Applicable
Base	16	1 6.3%	12 75.0%	2 12.5%	1 6.3%
What service would you like to focus on during this survey?					
HRS (Wrap Around): TSS, MT, BSC	1	-	1 100.0%	-	-
Family Based Mental Health Services	2	-	1 50.0%	1 50.0%	-
MH Targeted Case Management (ICM/RC)	1	-	-	1 100.0%	-
Outpatient Therapy/Counseling (individual or group)	12	1 8.3%	10 83.3%	-	1 8.3%

Comments About Recovery Orientation:

- *“They analyze me but they don’t do it individually, but in group.”*

Outcomes of Treatment

Satisfaction in this area was down, at 74% average agreement with indicators (down 7% from last quarter and 15% from the quarter before that). The average agreement for this section was 81% (down 8% from last quarter). No areas achieved over 90% agreement. The highest were:

- 88% think good things are going to happen more often for them.
- 88% would recommend the agency to a friend or family member.

Lowest satisfaction was shown in two areas:

- 63% said they handle day to day problems better.
- 63% said they manage strong feelings, like anger, better.

The indicator regarding handling day to day problems was cross tabulated by level of care in the following chart. Highest satisfaction with this indicator was with BHRS and family based services, more intensive levels of care than the others.

Absolute Analysis % Responses	Base	I handle day to day problems better.				
		Strongly Agree	Agree	I'm Neutral	Disagree	Not Applicable
Base	16	2 12.5%	8 50.0%	4 25.0%	1 6.3%	1 6.3%
What service would you like to focus on during this survey?						
HRS (Wrap Around): TSS, MT, BSC	1	-	1 100.0%	-	-	-
Family Based Mental Health Services	2	-	2 100.0%	-	-	-
MH Targeted Case Management (ICM/RC)	1	-	-	1 100.0%	-	-
Outpatient Therapy/Counseling (individual or group)	12	2 16.7%	5 41.7%	3 25.0%	1 8.3%	1 8.3%

Comments About Outcomes of Treatment:

- *"I don't feel like they can change me."*
- *"I have people in my house yelling."*
- *"I have some up and down moods throughout the day."*

Additional Compliments and Concerns

- *"I called for wrap around services two weeks ago, and haven't heard anything yet."*
- *"I don't have any complaints. I just don't feel like going."*
- *"I think they help a lot. They actually keep me out of trouble."*
- *"I'm making improvements. I handle my anger better."*
- *"They got good people. They have a very clean place."*

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