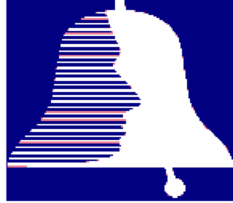

INDIVIDUAL/FAMILY
SATISFACTION TEAM

# ANNUAL REPORT

*January 1, 2010 – December 31, 2010*

To

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

*February, 2011*

Mental Health Association

478 Grant Street

Chambersburg, PA  17201

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# 2010 Annual Report Highlights

## *I/FST Surveys of CBHNP Member Satisfaction with Behavioral Health Services*

This report outlines the results of surveys conducted January 1 – December 31, 2010, of Community Behavioral Healthcare Network of Pennsylvania (CBHNP) members regarding their satisfaction with behavioral health services. Highlights from this year's survey are reported below:

- Average percentage of face to face surveys increased by 7% over last year. Face-to-face interviews done at provider sites facilitated the increase in members who are willing to participate in face to face interviews. Face-to-face interviews also facilitate inclusion of members who have difficulty communicating via telephone.

- More youth were surveyed than in previous years. As a result, the proportional distribution of survey respondents by types more closely represents the corresponding distribution of CBHNP members included in this year's contact list.

- Grandparents raising grandchildren comprise 14% of family members surveyed.

- Perception of provider choice has improved by more than 10% over the past 10 quarters, reaching a high of 75%.

- Satisfaction with providers' recovery oriented practices was highest of the four key areas for all three respondent groups.

- 15% of family members and 5% of adult respondents reported filing a grievance with CBHNP regarding denial of services.

- Of the three respondent groups, adults were most likely to get the help they needed, and youth the least.

- Of the three respondent groups, adults had the highest percentage (8%) of respondents reporting serious issues with their provider.

## *Survey Method*

### *I/FST Background*

The Individual/Family Satisfaction Team (I/FST) is a program of the Mental Health Association (MHA). Behavioral Health Services of Somerset and Bedford Counties (BHSSBC) contracts with the MHA '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 working in Pennsylvania. 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 through analysis of survey data to ensure that problems with service access, delivery and outcome are identified and resolved. An important goal of this process is to ensure that the service system provides care in a manner consistent with the principles of recovery in adults, resilience in children, and in alignment with the core principles of the Community Support Program, 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 youth and family members include having children who are using or have used the publicly-funded behavioral healthcare system. 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 who participate in behavioral health services and agency staff. The I/FST Advisory Committees in both Bedford and Somerset Counties review this survey and contribute 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 instrument. Questions regarding new system-wide changes in service practice also must be incorporated in updated versions of the survey instrument. Consistency between and among instruments is requisite for comparison of survey results over time. This survey instrument represents a revision of the prior one used July 2008 – December 2009, and was first implemented January 2010. In addition, during the second quarter (April – June, 2010) an Ad Hoc survey was conducted with 19 family members to assess their satisfaction with the process of reintegrating children back into the school and community after partial hospitalization services.

### ***Participant Recruitment***

Survey participants were recruited using three methods: (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 and supported living residences.

The primary method was the contact list. BHSSBC provides I/FST contact information for CBHNP members who participate in behavioral health services so that these members may be contacted and offered the opportunity to participate in the confidential survey process. Per confidentiality guidelines, this list does not include names of people receiving substance abuse treatment services. 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.

Each time new contact lists are received from BHSSBC, the I/FST Program Coordinator removes the names of potential respondents who have completed surveys in the past six months or who have requested not to be contacted for

surveys. I/FST surveyors are given a contact list containing only member types whom they are qualified to survey.

Each surveyor contacts the individuals on his/her contact list by phone. Surveyors do not share lists. Surveyors focus on scheduling a face to face interview with the participant. These interviews may be conducted at the participant's local treatment provider's office, 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 questions they may have about the survey process. The Informed Consent Form outlines the participant's right to

- Participate voluntarily.
- Skip any questions he/she does 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 participant must sign the consent form or provide verbal consent over the phone. Each consent form is signed and dated by the surveyor as a witness.

Surveyors also recruit participants and conduct face to face interviews on-site at mental health treatment provider offices. Once per week a surveyor stationed him/herself at the Somerset Cornerstone Clinical Services Unit. In addition, every six months surveyors visit local personal care homes and conduct satisfaction surveys with CBHNP member residents receiving behavioral health services.

Pursuant to federal confidentiality guidelines, persons receiving substance abuse treatment require a different approach. MHA meets with the Substance Abuse Treatment Provider to discuss implementation of survey procedures that comply with confidentiality guidelines and laws. The two agencies sign a Memorandum of Understanding (MOU). To date, four substance abuse treatment agencies have participated in this process. Two different survey procedures have been used to date.

<u>Method One</u>: The provider gives the member a Drug & Alcohol Consent to Contact Form, which the member voluntarily signs if he or she so chooses. Signed D&A Consent Forms are given to the qualified I/FST surveyors. The surveyor telephones these members individually to schedule an interview at the member's convenience.

Method Two: This is the most frequently used method. The provider informs potential participants of the opportunity to participate in the survey and confirms that the individual receives services through CBHNP. The I/FST surveyor schedules a time to go to the provider's office where he/she waits in a room that provides confidential space. As informed members arrive, the surveyor completes a face to face survey interview with each one separately and anonymously. The I/FST surveyor reads to the informed consent to the individual, who provides verbal consent but does not sign the form. The surveyor witnesses the form and proceeds with the survey. The results are reported in the aggregate.

### *Member Problem Identification and Resolution Process*

At the end of each survey interview, the member is asked if he/she desires immediate attention on any specific managed care concern or provider issue raised during the interview. If so, the member must give verbal consent to a release of contact information as well as a brief description of the issue. With the member's consent, the surveyor completes a Member Problem Report, which is given the I/FST 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 issue is not critical, the information is given to BHSSBC weekly. Upon receipt of the completed Member Problem Report, BHSSBC's Clinical/Quality Assurance Manager contacts the member by telephone. Together they decide on the best course of action for resolving the concern. The Manager serves as the liaison between the member and service providers to ensure that the issue is resolved. If the member wishes to remain anonymous, the general concerns are still passed on to BHSSBC, but the member's contact information is not.

Resolutions to members' problems are shared with the I/FST Program Coordinator as they are received, and then passed on to the I/FST surveyors at monthly staff trainings. A copy of the resolution report is retained in I/FST's files.

### *Data Management and Analysis*

The I/FST surveyor records the respondent's answers on a paper survey that does *not* contain the member's name, member number, or contact information. Surveyors give completed paper surveys and informed consent forms to the I/FST Program Coordinator who confirms that the number and type of informed consent forms received corresponds with the number and type of surveys completed. The signed Informed Consent Forms are separated from the surveys, batched and stored in a locked file cabinet in the I/FST office. Completed surveys

are batched by type and month surveyed and stored in a locked file cabinet in the I/FST office.

Anonymous individual responses are entered into a data analysis software program, SNAP 9.0. Computers for this purpose are password protected. Data from all surveys completed during the quarter are aggregated. All data analysis and reports are derived from aggregate data. Individual answers cannot be traced back to the person who made them.

Data is analyzed once per quarter. A report of findings is issued quarterly to BHSSBC. An annual report is provided to BHSSBC as well. 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
- As percentages of individuals who responded “agree” or “strongly agree” to positive indicators of satisfaction and comparing the results.
- As overall satisfaction scores for each of four key areas of the survey: access to services; treatment experiences; recovery orientation; and outcomes of treatment.
- Respondent comments in the aggregate as well as separated by provider are all included in each quarterly report.

Copies of Quarterly and Annual reports are made available to any individuals who are interested in the results and findings from the surveys.

# Annual Findings and Results

This Executive Summary describes the major findings gathered from this information collected January 1- December 31, 2010.

## Member Problem Reports

There were 78 member problem reports documented during 2010. This is 30 fewer than the 108 documented in 2009.

Content of the reports included:

| | |
|---|---|
| Dissatisfaction with psychiatric services: | cited 19 times |
| Resource referrals: | cited 17 times |
| Lack of TSS time: | cited 11 times |
| Dissatisfaction with case management services: | cited 10 times |
| Dissatisfaction with amount of service authorized: | cited 3 times |
| Long wait time for services to begin: | cited 3 times |
| Problems getting medications authorized: | cited 4 times |
| Requests for additional services: | cited 3 times |
| Dissatisfaction with treatment received: | cited 5 times |
| Confidentiality violation | cited 1 time |
| Child safety concern | cited 1 time |
| Services lost due to staff departure | cited 1 time |
| Service denial complaint | cited 1 time |
| CBHNP payment regulations | cited 1 time |
| No action needed on complaint | cited 1 time |

## Barriers to Implementation

Last year outreach to youth participants was cited as a barrier. This was successfully addressed in 2010. The number of surveys completed for youth matched the sampling target.

This year a barrier to meeting contract obligations was percentages of face to face surveys obtained.

The contracted goal for 2010 was to conduct 30% of the contracted number of surveys through face to face interviews. The percentage achieved was slightly under, at 27%. This is a 7% increase over last year's percentage of contracted surveys, but was still under the goal. Outreach to providers will be a joint effort between BHSSBC and I/FST in 2011 to better inform them of the survey process and encourage participation in face to face surveys, including those done at provider offices.

## Quality Improvement

Quality improvement is ongoing with the I/FST. In addition to conducting monthly staff meetings and individual training of surveyors 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 included in each quarterly report.

In 2010, of the 660 contracted surveys completed, quality audits were performed on 63 (9.5%). Results included the following:

- 19 (30%) of the respondents indicated that the survey was too long.
- 61 (97%) were satisfied with the survey process.
- 60 (95%) were comfortable with being contacted to do a survey.

Comments included:

Length of Survey:

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

Survey Process:

- *"He did a good job explaining things."*
- *"Very satisfied."*

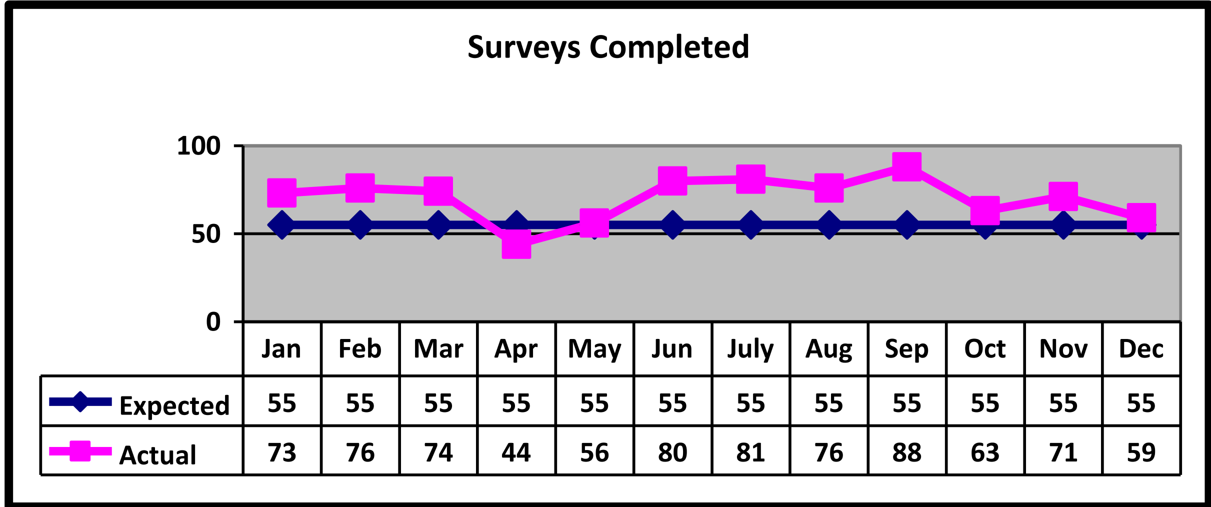
Comfort with Contact:

- *"It makes me feel like someone cares."*
- *"Glad someone cared."*
- *"I have done several surveys; don't mind at all."*

Other concerns included the time a survey would use on prepaid cell phone minutes, and the fact that the survey took longer than the informed consent stated. This comment resulted in the informed consent being changed to accurately reflect a longer expected time needed to complete the survey.

## Surveys Completed

The table below shows the number of surveys completed for the year. I/FST exceeded the target number of surveys to be completed in every month except one, the month of April.




The table below shows the number of surveys completed per quarter by respondent group.

- Contracted goal: 660
- Number of surveys completed: 860
    - +200 (130%) of the contracted number
    - 19 were Ad Hoc surveys completed with family members of children participating in partial hospitalization services.

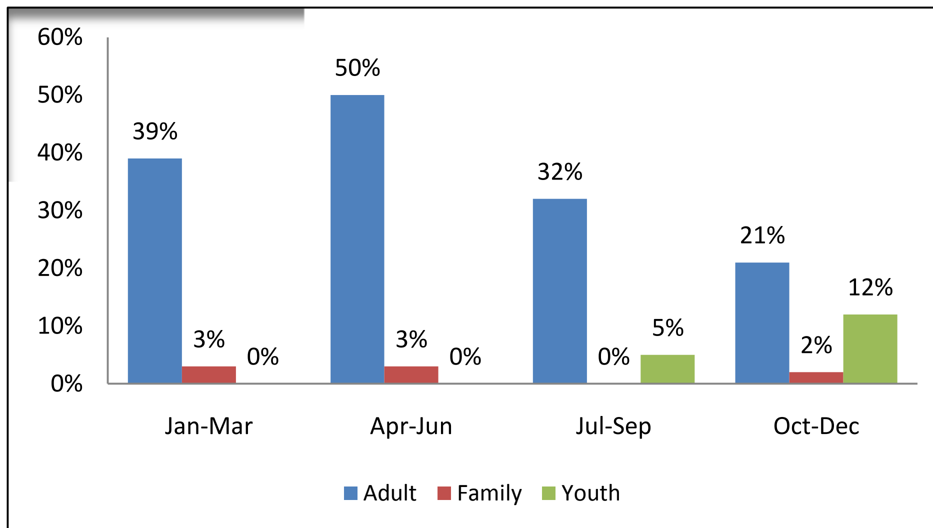
| | Jan-Mar | Apr-Jun | Jul-Sep | Oct-Dec | Annual Total |
|---|---|---|---|---|---|
| Adults | 100 | 135 | 147 | 102 | 484 |
| | | | | | |
| Family | 59 | 83 | 77 | 65 | 284 |
| | | (19 ad hoc) | | | |
| Youth | 21 | 24 | 21 | 26 | 92 |

## *Face to Face Surveys*

The target goal of 660 was less than that of last year, due to the increased percentage of contracted face to face surveys. This change in target goal acknowledges the increase in time necessary to perform surveys face to face versus by phone. The table below shows the percentages achieved for the year. As shown, the average percentage of face to face surveys was 27% of required surveys. This is an increase of 7% over last year's 20% of contracted surveys.

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| # Surveys Completed | 70 | 79 | 74 | 54 | 63 | 82 | 81 | 76 | 88 | 63 | 71 | 59 | 860 |
| # Face to Face | 23 | 13 | 18 | 7 | 20 | 25 | 13 | 18 | 17 | 9 | 9 | 7 | 179 |
| Percentage of Total | 33% | 16% | 24% | 13% | 32% | 30% | 16% | 24% | 19% | 14% | 13% | 12% | 21% |
| Contracted | 55 | 55 | 55 | 55 | 55 | 55 | 55 | 55 | 55 | 55 | 55 | 55 | 660 |
| Percentage of Contracted | 42% | 24% | 33% | 13% | 36% | 45% | 24% | 33% | 31% | 16% | 16% | 13% | 27% |

The chart below shows the percentages that face to face surveys represented for each of the respondent groups, by quarter (not including ad hoc surveys). As shown, it is mostly adults who complete face to face surveys. One factor that influences this is that most of the surveys of respondents participating in substance use treatment remain anonymous and are conducted face to face. On average three percent (3%) of family member surveys were completed through face to face interviews. The percentage of youth surveys rose significantly during the last two quarters. New staff were hired during the summer and were successful in encouraging face to face youth surveys.



***Sampling Percentages by County***

## Percentage Sample Standard

In May, 2010, BHSSBC provided I/FST with a list of 1,721 active CBHNP members. I/FST removed the names of members who had previously been surveyed November 2009 – April 2010. This left a total of 1,445 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** | **Bedford** | **Somerset** |
|---|---|---|
| Adults ages 19 and up: 730 (51% of the total) | 325 (45%) | 405 (55%) |
| Family Members of youth ages 0 - 14: 551 (38% of the total) | 208 (38%) | 343 (62%) |
| Youth ages 15 - 18: 164 (11% of the total) | 67 (41%) | 97 (59%) |
| TOTAL: 1,445 | 600 (42% overall) | 845 (58% overall) |

The chart below shows the actual number of surveys completed for the year by county and respondent group (not counting the Ad Hoc survey). As shown, 7% more adults were surveyed than the projected target, with a corresponding less 7% surveyed family members. Youth were exactly on target. In addition, although youth in Somerset were underrepresented in the sample, this year showed a 24% improvement over last year's 8% sampling of Somerset youth. Improvement in this area will continue as a focus for next year.

| RESPONDENT GROUP | BEDFORD | | SOMERSET | |
|---|---|---|---|---|
| **Completed Surveys (excluding Ad Hoc)** | **Projected** | **Actual** | **Projected** | **Actual** |
| **Adults: 484**<br>58% of total: +7% over target | 45% of adults | 191 (40%) | 55% of adults | 293 (60%) |
| | | | | |
| ***Family Members: 265**<br>31% of total: -7% under target | 38% family members | 107 (40%) | 62% family members | 157 (59%) |
| | | | | |
| **Youth: 92**<br>11% of total: exactly on target | 41% of youth | 63 (68%) | 59% of youth | 29 (32%) |
| | | | | |
| **TOTAL: 841** | 42% | 100 (52%) | 58% | 93 (48%) |

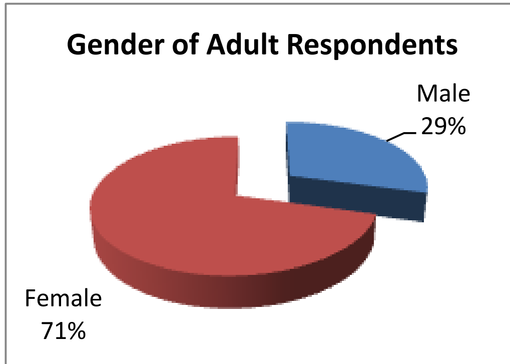
*The county of residence was not identified for one family member respondent.

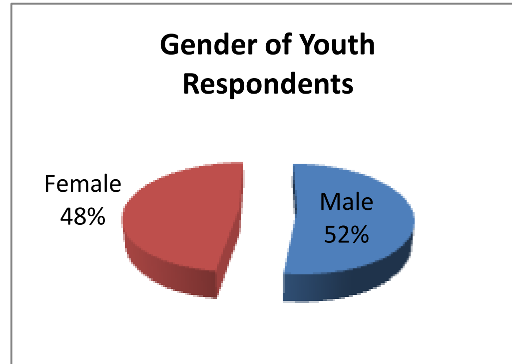
## Participant Information

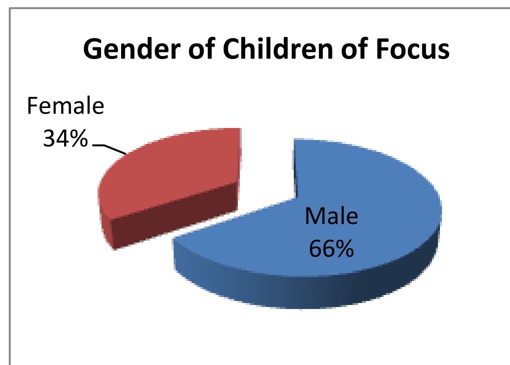
In some cases, the respondents' gender or ethnicity was not listed in the survey. These cases are not enumerated here, so totals reflect the numbers of people for whom the particular information was available.

### *Gender*

The charts below illustrate the gender of adult respondents, youth respondents, and the children of focus in family member surveys. As shown, males are represented nearly twice as often as children of focus, are about even with females for youth respondents, and are slightly over one fourth of adult respondents. There were no transgendered individuals represented this year.



## *Race*

The following chart shows the reported ethnicities of each respondent group. As illustrated, adults and children of focus had the same percentage of Caucasian respondents represented. The group of youth respondents was more diverse.

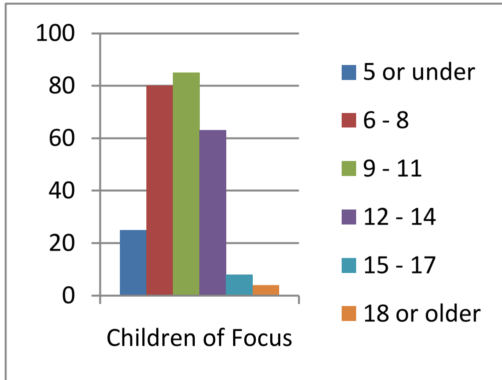
| Group | Caucasian | African American | Hispanic American | American Indian/Alaskan Native | Asian/Pacific Islander | Bi-racial | Other |
|---|---|---|---|---|---|---|---|
| Adults | 472 | 4 | 1 | 4 | 0 | 1 | 1 |
| 484 | 96% | 1% | <.5% | 1% | | <.5% | <.5% |
| Children of Focus | 255 | 5 | 2 | 0 | 1 | 1 | 0 |
| 265 | 96% | 2% | 1% | | <.5% | <.5% | |
| Youth | 83 | 4 | 0 | 1 | 0 | 2 | 2 |
| 92 | 90% | 4% | | 1% | | 2% | 2% |

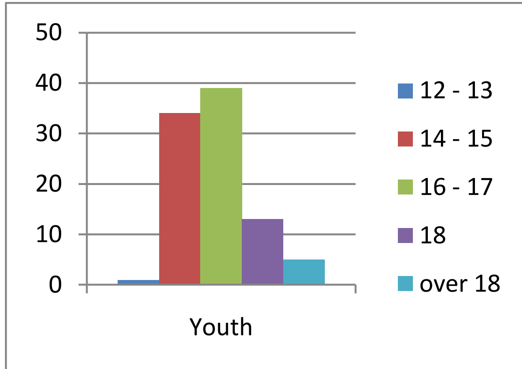
## *Age*

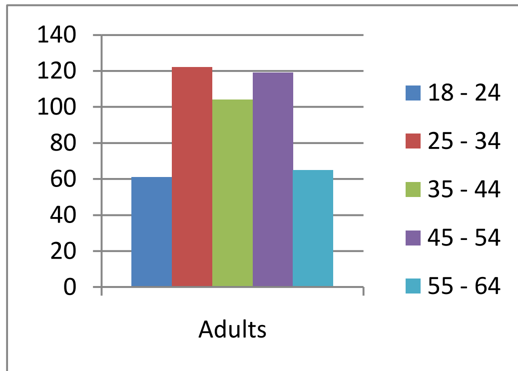
The ages of respondents (or children of focus in the case of family members) are shown below. All age categories of adults are represented, from 18 to over 65, with the lowest representation in the “65 and older” category.

Most of the children of focus were between the ages of 6 and 11. In some cases it was possible to interview a family member regarding the services an older child received if that youth was being surveyed and the family member wished to respond as well through a family member survey.

For youth respondents over the age of 18, it was possible to complete a youth survey or an adult survey, depending on the services the youth was receiving and the comfort level of the youth with the survey process. The youth survey is shorter. Youth may receive youth-focused services through the age of 21 in some cases.

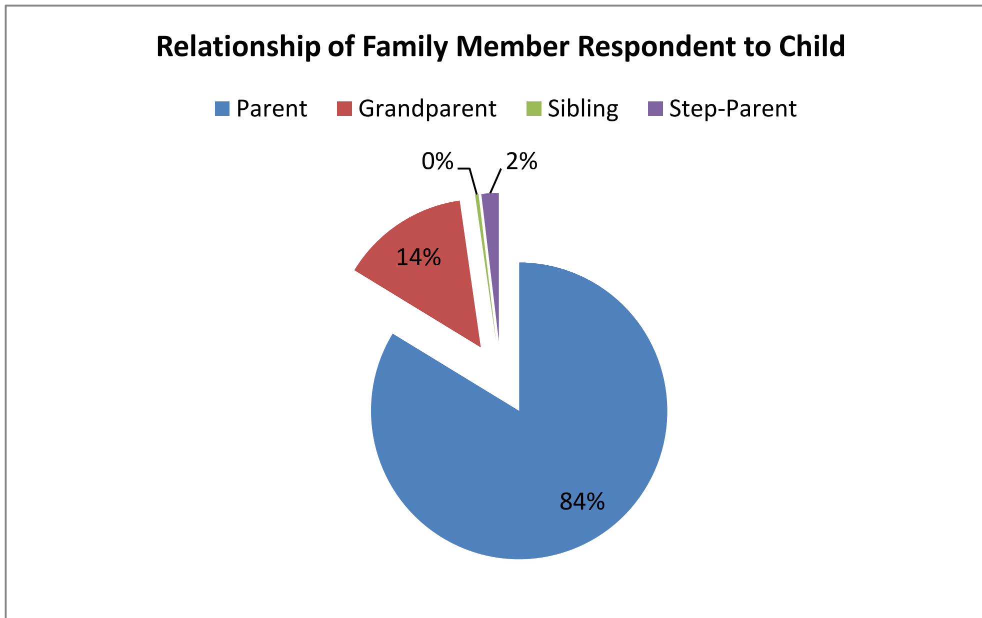

100
80
60
40
20
0
Children of Focus
5 or under
6 - 8
9 - 11
12 - 14
15 - 17
18 or older


50
40
30
20
10
0
Youth
12 - 13
14 - 15
16 - 17
18
over 18


140
120
100
80
60
40
20
0
Adults
18 - 24
25 - 34
35 - 44
45 - 54
55 - 64

## Family Relationships

Based on the finding that grandparents raising grandchildren represent a significant percentage of family member survey respondents, BHSSBC has made locating services to support them a priority. The following chart shows types of family member respondents to the survey this year. Grandparents represented 14% of the total caregiver population.




## Survey Results

There were several methods used this year to analyze the information provided by surveys. One method involved examining percentages of individuals who responded “agree” or “strongly agree” to positive indicators of satisfaction and comparing the results, particularly within the four key areas of the survey: access to services; treatment experiences; recovery orientation; and outcomes of treatment. Another was to calculate overall satisfaction scores in these areas. Finally, respondent comments are all included in each quarterly report, in the aggregate as well as separated by provider.

### *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) contain a series of statements on a 5-point Likert-type scale in these areas: access to services, treatment experiences, 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.

**Respondent Group Satisfaction Scores by Quarter**

The following tables show the satisfaction scores for each quarter in aggregate and separated by county. The average for the year is shown, as well as a comparison to the combined county average for last year.

Adult satisfaction scores:

| ADULTS | Jan-Mar | Apr-Jun | Jul-Sep | Oct-Dec | Ave. | Last Year's Ave. | Diff |
|---|---|---|---|---|---|---|---|
| ***Access to Services*** | | | | | | | |
| Combined | 4.08 | 3.96 | 4.07 | 4.12 | **4.06** | 4.00 | +.06 |
| Bedford | 4.03 | 3.95 | 4.02 | 4.16 | 4.04 | | |
| Somerset | 4.1 | 3.96 | 4.11 | 4.07 | 4.06 | | |
| | | | | | | | |
| ***Treatment Experiences*** | | | | | | | |
| Combined | 3.96 | 3.87 | 3.92 | 4.03 | **3.95** | 3.97 | -.02 |
| Bedford | 3.93 | 3.86 | 3.86 | 4.08 | 3.93 | | |
| Somerset | 3.98 | 3.88 | 3.97 | 3.99 | 3.96 | | |
| | | | | | | | |
| ***Recovery Practices*** | | | | | | | |
| Combined | 4.1 | 4.02 | 4.05 | 4.09 | **4.07** | 4.06 | +.01 |
| Bedford | 4.07 | 3.98 | 3.95 | 4.09 | 4.02 | | |
| Somerset | 4.12 | 4.04 | 4.13 | 4.1 | 4.10 | | |
| | | | | | | | |
| ***Direct Outcomes*** | | | | | | | |
| Combined | 4.06 | 4.09 | 3.98 | 3.96 | **4.02** | 3.96 | +.06 |
| Bedford | 3.96 | 4.03 | 3.86 | 3.87 | 3.93 | | |
| Somerset | 4.11 | 4.12 | 4.07 | 4.04 | 4.09 | | |

Family member satisfaction scores:

| FAMILY | Jan-Mar | Apr-Jun | Jul-Sep | Oct-Dec | Ave. | Last Year's Ave. | Diff. |
|---|---|---|---|---|---|---|---|
| ***Access to Services*** | | | | | | | |
| Combined | 4.18 | 4.13 | 4.2 | 4.13 | **4.16** | 4.04 | +.12 |
| Bedford | 4.17 | 4.03 | 4.1 | 4.18 | 4.12 | | |
| Somerset | 4.18 | 4.20 | 4.2 | 4.09 | 4.17 | | |
| | | | | | | | |
| ***Treatment Experiences*** | | | | | | | |
| Combined | 4.15 | 4.12 | 4.21 | 4.10 | **4.15** | 4.03 | +.12 |
| Bedford | 4.19 | 4.10 | 4.2 | 4.14 | 4.17 | | |
| Somerset | 4.12 | 4.14 | 4.20 | 4.07 | 4.13 | | |
| | | | | | | | |
| ***Recovery Practices*** | | | | | | | |
| Combined | 4.23 | 4.27 | 4.28 | 4.22 | **4.25** | 4.10 | +.15 |
| Bedford | 4.31 | 4.26 | 4.31 | 4.30 | 4.30 | | |
| Somerset | 4.18 | 4.29 | 4.26 | 4.17 | 4.23 | | |
| | | | | | | | |
| ***Direct Outcomes*** | | | | | | | |
| Combined | 3.96 | 4.11 | 4.1 | 3.98 | **4.04** | 3.87 | +.17 |
| Bedford | 3.97 | 4.06 | 4.1 | 4.03 | 4.04 | | |
| Somerset | 3.94 | 4.15 | 4.1 | 3.94 | 4.04 | | |

Youth satisfaction scores:

| YOUTH | Jan-Mar | Apr-Jun | Jul-Sep | Oct-Dec | Ave. | Last Year's Ave. | Diff |
|---|---|---|---|---|---|---|---|
| ***Access to Services*** | | | | | | | |
| Combined | 4.28 | 3.90 | 3.86 | 4.14 | **4.05** | 4.27 | -.09 |
| Bedford | 4.36 | 3.88 | 3.86 | n/a | 4.03 | | |
| Somerset | 4.16 | 3.96 | 3.86 | n/a | 3.99 | | |
| | | | | | | | |
| ***Treatment Experiences*** | | | | | | | |
| Combined | 4.19 | 3.93 | 3.87 | 4.06 | **4.01** | 4.25 | -.24 |
| Bedford | 4.23 | 3.92 | 3.88 | n/a | 4.01 | | |
| Somerset | 4.15 | 3.95 | 3.85 | n/a | 3.98 | | |
| | | | | | | | |
| ***Recovery Practices*** | | | | | | | |
| Combined | 4.26 | 3.93 | 4.05 | 4.23 | **4.12** | 4.32 | -.20 |
| Bedford | 4.36 | 3.91 | 4.13 | n/a | 4.13 | | |
| Somerset | 4.13 | 3.98 | 3.96 | n/a | 4.02 | | |
| | | | | | | | |
| ***Direct Outcomes*** | | | | | | | |
| Combined | 4.02 | 3.78 | 3.88 | 4.03 | **3.93** | 4.13 | -.20 |
| Bedford | 4.1 | 3.83 | 3.96 | n/a | 3.96 | | |
| Somerset | 3.9 | 3.69 | 3.78 | n/a | 3.79 | | |

## Satisfaction Scores by Level of Care

The tables below show satisfaction scores broken out by those levels of care with at least ten respondents. As shown, adults participating in mental health partial hospitalization had the highest average satisfaction. Family members with children receiving BHRS services showed the highest satisfaction, and youth receiving psychiatric services had the highest satisfaction.

### Adults

| | Access | Treatment | Recovery | Outcomes | Average |
|---|---|---|---|---|---|
| **Blended Case Management** | 4.04 | 3.96 | 4.13 | 4.17 | 4.08 |
| **Med/Psych** | 4.08 | 3.92 | 4.03 | 4.00 | 4.00 |
| **MH Outpatient** | 4.12 | 4.00 | 4.10 | 3.97 | 4.05 |
| **SA Inpatient** | 3.89 | 3.84 | 4.07 | 4.21 | 4.00 |
| **SA Outpatient** | 3.86 | 3.86 | 3.98 | 4.03 | 3.93 |
| **MH Partial Hospitalization** | 4.24 | 4.14 | 4.32 | 4.24 | 4.24 |

### Family Members

| | Access | Treatment | Recovery | Outcomes | Average |
|---|---|---|---|---|---|
| **BHRS** | 4.22 | 4.23 | 4.31 | 4.05 | 4.20 |
| **Family Based** | 4.19 | 4.18 | 4.26 | 4.13 | 4.19 |
| **Med/Psych** | 4.07 | 4.05 | 4.17 | 3.95 | 4.06 |
| **MH Outpatient** | 4.13 | 4.10 | 4.23 | 4.06 | 4.13 |

### Youth

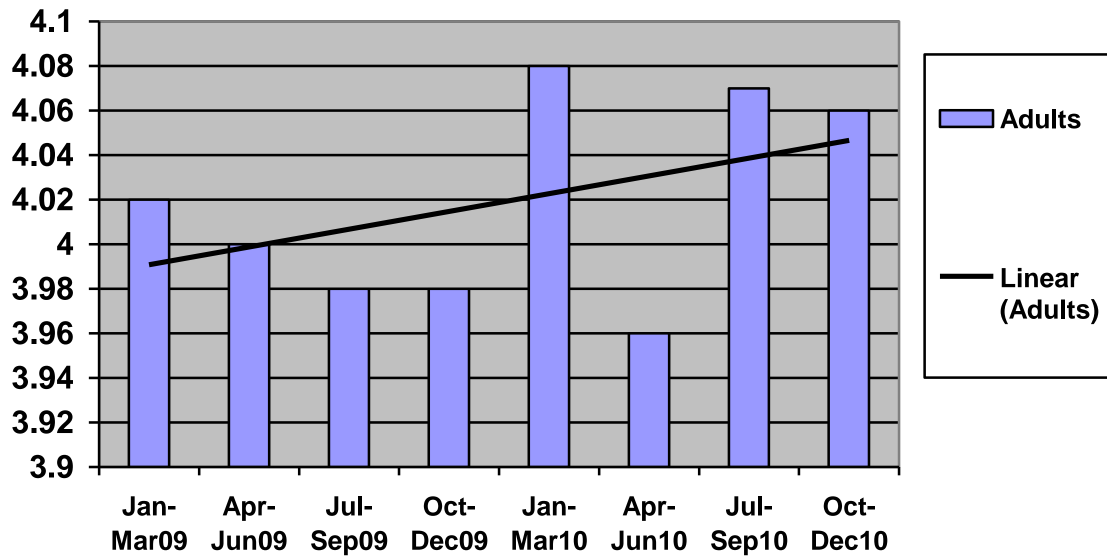
| | Access | Treatment | Recovery | Outcomes | Average |
|---|---|---|---|---|---|
| **Med/Psych** | 4.07 | 3.97 | 4.06 | 4.04 | 4.04 |
| **MH Outpatient** | 3.99 | 3.96 | 4.07 | 3.88 | 3.98 |

## Trends in Satisfaction Scores

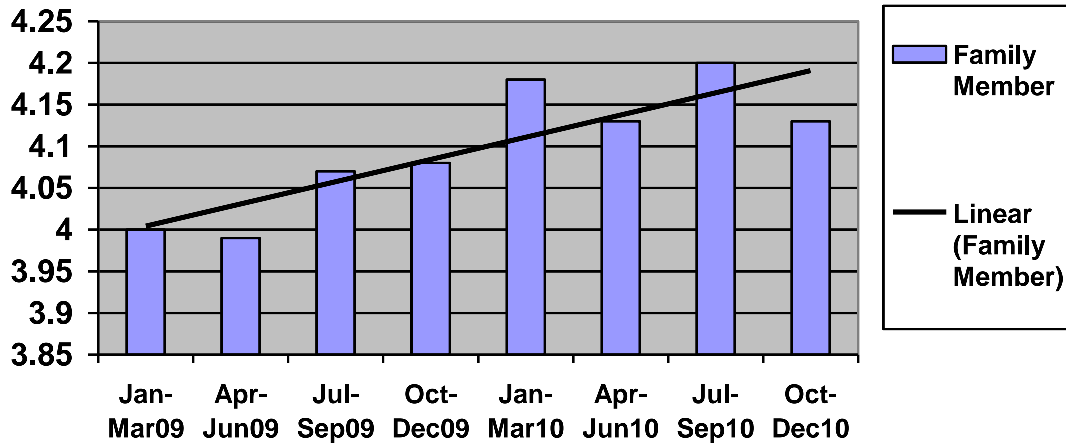
The following charts show the trends in satisfaction scores for each respondent group in each of the four key areas over the course of two years: January 2009 – December 2010.

In the area of Access to Services, adult and family member satisfaction is trending up, and youth satisfaction is trending down slightly.

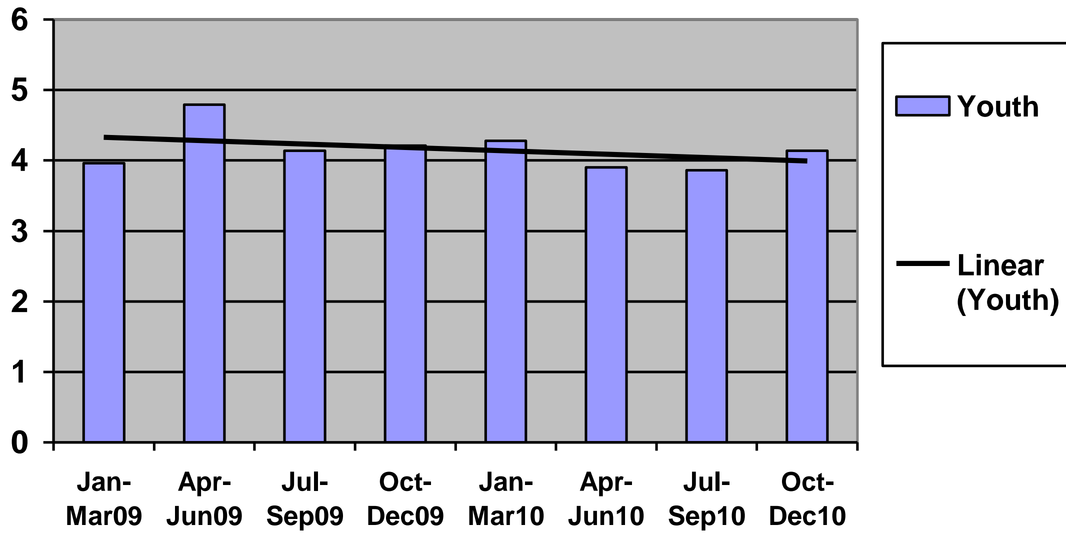
### Access to Services



## Family Member Satisfaction with Access to Services

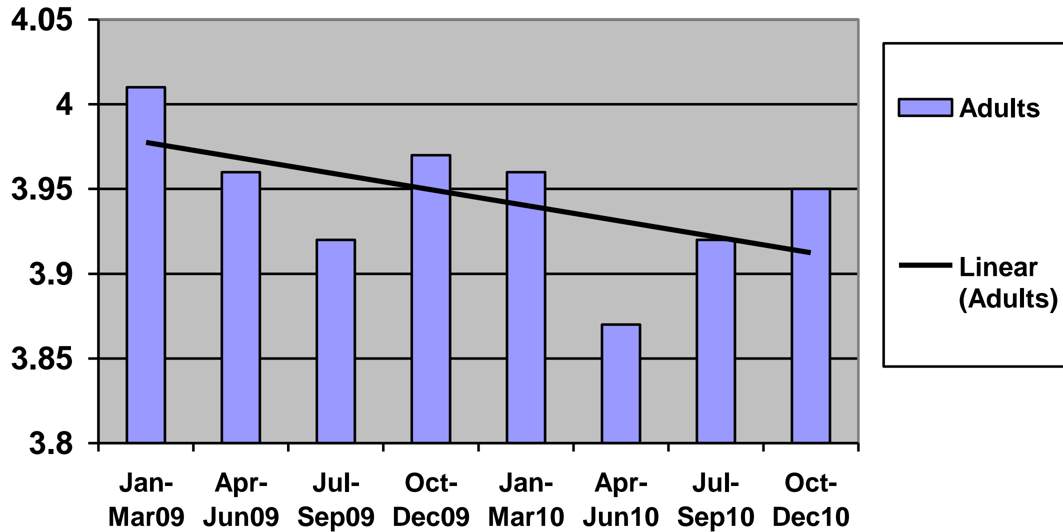


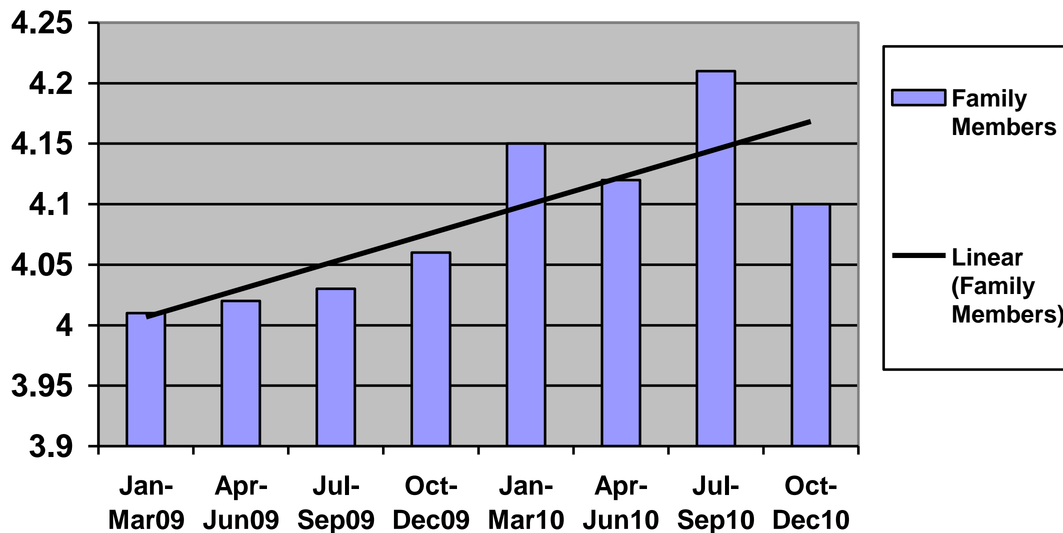

## Youth Satisfaction with Access to Services



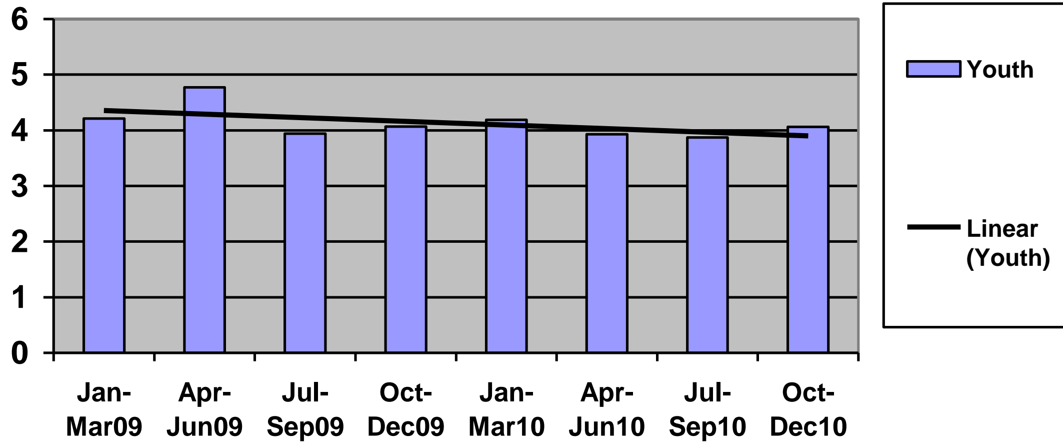
**Treatment Experiences**

In the area of treatment experiences, adult satisfaction is trending downward, family member satisfaction is trending up, and youth satisfaction shows a slight downward trend over the course of two years.



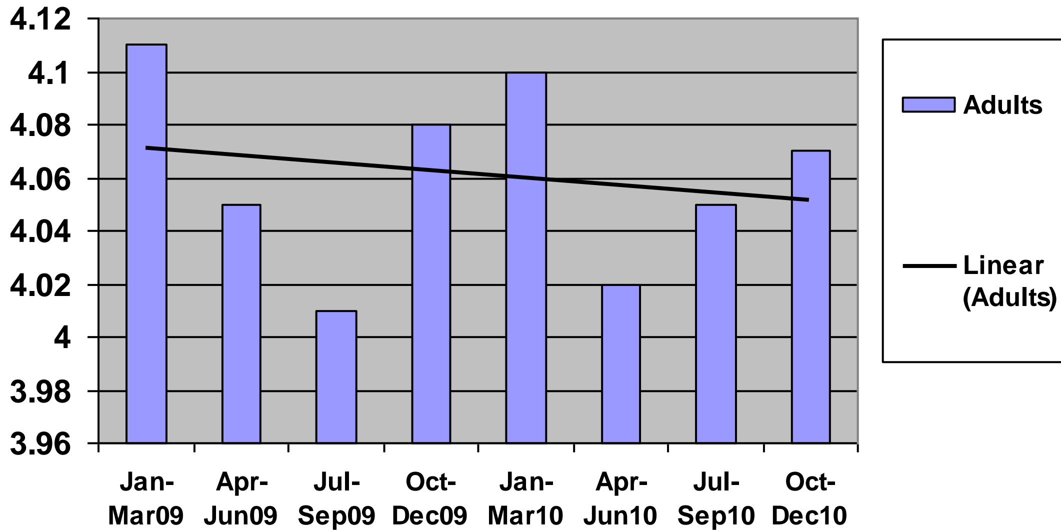



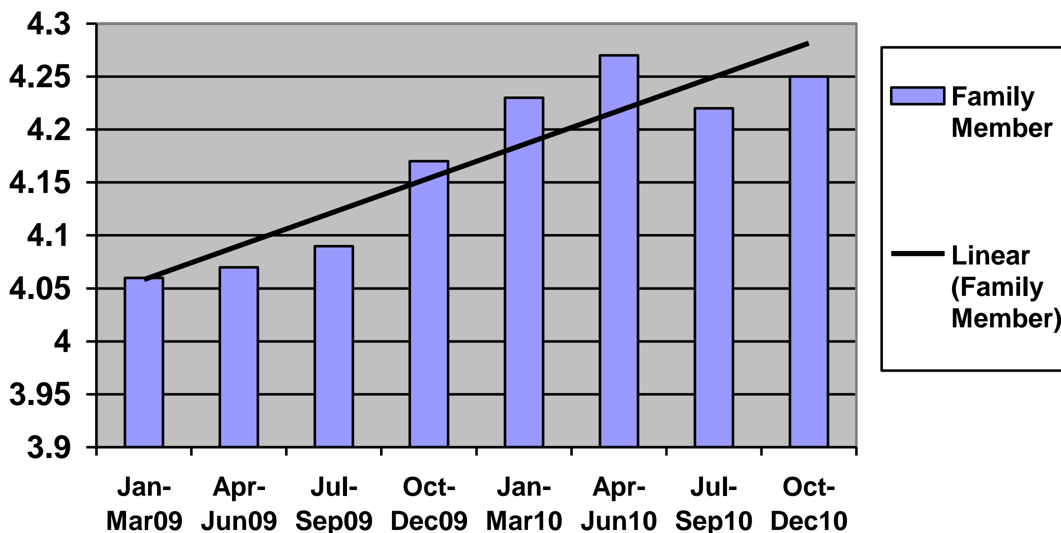
## Youth Satisfaction with Treatment Experiences



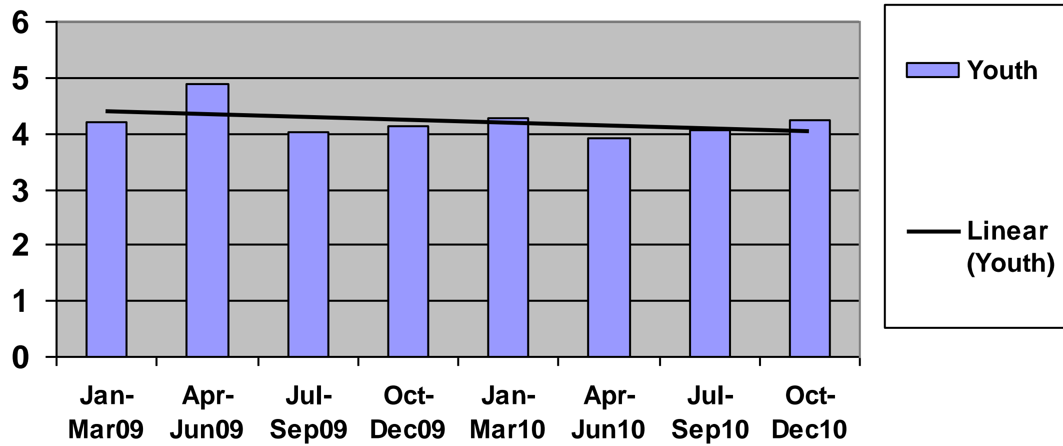
**Recovery Orientation**

In the area of providers' Recovery Orientation, adult and youth satisfaction shows a slight downward trend, while family member satisfaction is trending up.



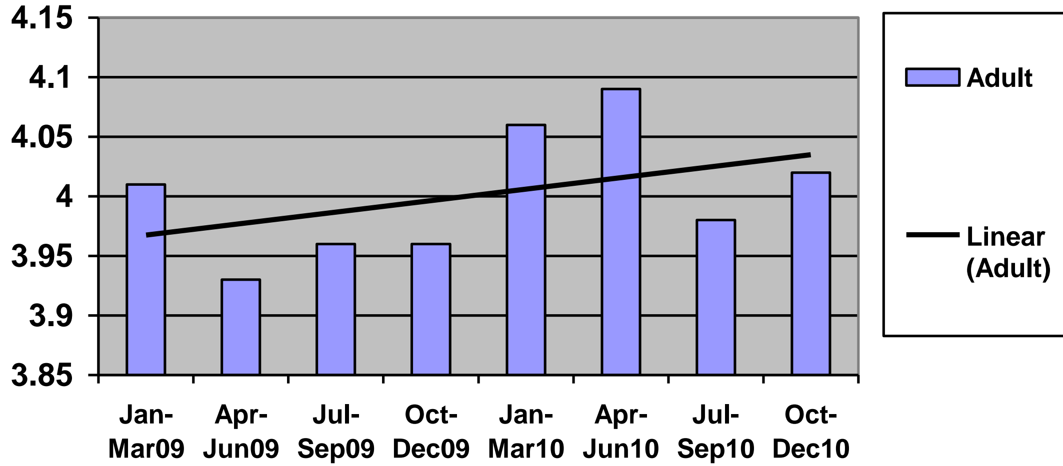
**Youth Satisfaction with Recovery Orientation**



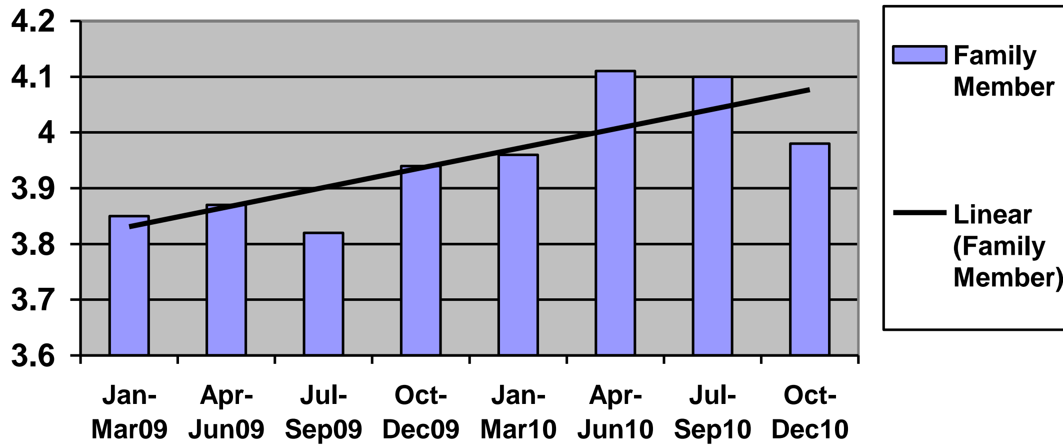

## Outcomes of Treatment

Adult and family member satisfaction with outcomes as a direct result of treatment is trending upward over the course of two years. Youth satisfaction shows a very slight downward trend.

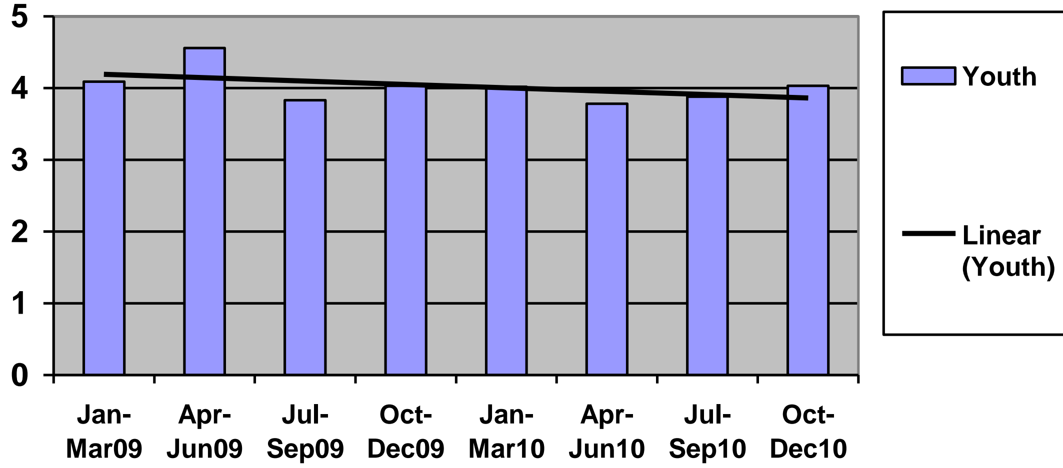
**Adult Satisfaction with Outcomes**




**Family Member Satisfaction with Outcomes**

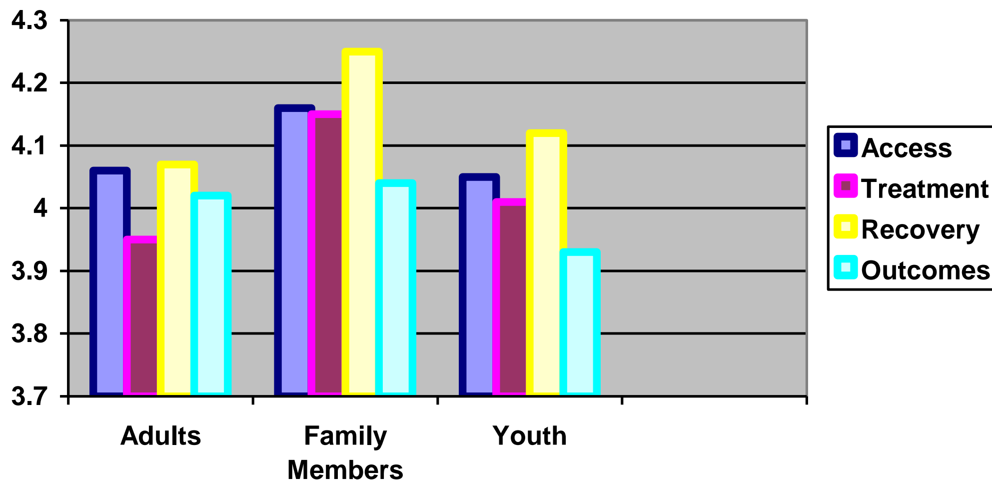


## Youth Satisfaction with Outcomes



## Comparison of Average Annual Satisfaction Scores by Group

The annual average satisfaction scores for each respondent group, in each of the key areas, were compared. Several things can be noted from the following chart. For instance, for adults, lowest satisfaction was with treatment experiences. For family members and youth, lowest satisfaction was with outcomes as a direct participation in services. Highest satisfaction for each group was with providers' recovery oriented practices. In each of the four key areas, family members registered the highest satisfaction scores as compared with adult and youth respondents.




The following chart shows average percentages of respondents in each group who responded with "agree" or "strongly agree" to indicators of satisfaction in each key area. Averages are shown for both 2009 and 2010.

| Group | Access 2009 | Access 2010 | Treatment 2009 | Treatment 2010 | Recovery Orientation 2009 | Recovery Orientation 2010 | Outcomes 2009 | Outcomes 2010 |
|---|---|---|---|---|---|---|---|---|
| Adults | 88% | 90% | 87% | 85% | 90% | 89% | 84% | 85% |
| | | +2% | | -2% | | -1% | | +1% |
| Family | 91% | 94% | 89% | 93% | 95% | 97% | 82% | 85% |
| | | +3% | | +4% | | +2% | | +3% |
| Youth | 91% | 91% | 91% | 87% | 93% | 93% | 82% | 84% |
| | | same | | -4% | | same | | +2% |

### *Satisfaction with CBHNP*

Aggregate responses from survey respondents to indicators of satisfaction with CBHNP are presented for 2010.

Contact with CBHNP:

- 7% of adults (35) and 27% of family members (71) reported having contacted CBHNP.
- Of those who called CBHNP, a strong majority (89% of adults and 97% of family members) said they were treated respectfully.
- 70% of family members and 44% of adults recalled receiving a copy of the CBHNP Member Handbook in the mail.
- 45% of youth said they were aware that CBHNP works with their treatment providers to determine services.

Complaints and Grievances:

- Most respondents (86% of family members and 80% of adults) stated they were aware of their right to file a complaint or grievance about CBHNP's decisions or service.
- 2% of adults (12) and 10% of family members (27) had filed a complaint with CBHNP regarding dissatisfaction with a provider's services.
- Of those, 28% (3 adults and 8 family members) were not satisfied with how they were treated by CBHNP during the complaint process. Most often, the reasons for dissatisfaction were due to not achieving the desired outcome.
- Thirty-eight (15%) of family members had a service for their child denied by CBHNP and subsequently filed a grievance. Of those, 74% said they were satisfied with how they were treated during the grievance process, and an additional 11% said they were somewhat satisfied with how they were treated.
- Five (1%) of adults indicated they had been denied a service and filed a grievance with CBHNP. Of those, four (80%) were satisfied with how they were treated during the process and one was not, because he/she disagreed with the outcome.
- Forty-eight (53%) of youth were aware that if they had a problem with their treatment provider they could make a complaint to CBHNP.
- Less than half of youth respondents (44, 48%) knew who to go to if they disagreed with the level of service they were authorized.

## *Responses to Required DPW Questions*

The Department of Public Welfare (DPW) requires the following questions to be asked in every survey.

### Access

Of the three groups, Adults were most likely to get the help they needed, and youth, the least.

Adults

| **In the last 12 months, were you able to get the help you needed?** | Yes | Sometimes | No |
|---|---|---|---|
| 2009 n = 538 | 85% | 6% | 9% |
| 2010 n = 480 | 437 (91%) | 33 (7%) | 10 (2%) |
| Difference | +6% | +1% | -7% |

Family Members

| **In the last 12 months, did you or your child have problems getting the help he or she needed?** | Yes | Sometimes | No |
|---|---|---|---|
| 2009 n = 305 | 10% | 10% | 80% |
| 2010 n = 263 | 29 (11%) | 19 (7%) | 215 (82%) |
| Difference | +1% | -3% | +2% |

Youth

| **In the last 12 months, did you have problems getting the help you needed?** | Yes | Sometimes | No |
|---|---|---|---|
| 2009 n = 59 | 3% | 5% | 92% |
| 2010 n = 92 | 21 (23%) | 6 (6%) | 65 (71%) |
| Difference | +20% | +1% | -21% |

## Treatment Experiences

Adults

| **Were you given the chance to make treatment decisions?** | Yes | Sometimes | No |
|---|---|---|---|
| 2009 n = 536 | 84% | 8% | 8% |
| 2010 n = 478 | 393 (82%) | 57 (12%) | 28 (6%) |
| Difference | -2% | +4% | -2% |

Family Members

| **Were you and your child given the chance to make treatment decisions?** | Yes | Sometimes | No |
|---|---|---|---|
| 2009 n = 301 | 87% | 8% | 5% |
| 2010 n = 263 | 244 (93%) | 15 (6%) | 4 (1%) |
| Difference | +6% | -2% | -4% |

Youth

| **Were you given the chance to make treatment decisions?** | Yes | Sometimes | No |
|---|---|---|---|
| 2009 n = 59 | 81% | 5% | 14% |
| 2010 n = 92 | 68 (74%) | 18 (20%) | 6 (6%) |
| Difference | -7% | +15% | -8% |

## Effects of Treatment

### Adults

| **What effect has the treatment you received had on the quality of your life?** | Much Better | A Little Better | About the Same | A Little Worse | Much Worse |
|---|---|---|---|---|---|
| 2009 n = 539 | 47% | 38% | 12% | 2% | 1% |
| 2010 n = 480 | 241 (50%) | 162 (34%) | 66 (14%) | 4 (1%) | 5 (1%) |
| Difference | +3% | -4% | +2% | -1% | same |

### Family Members

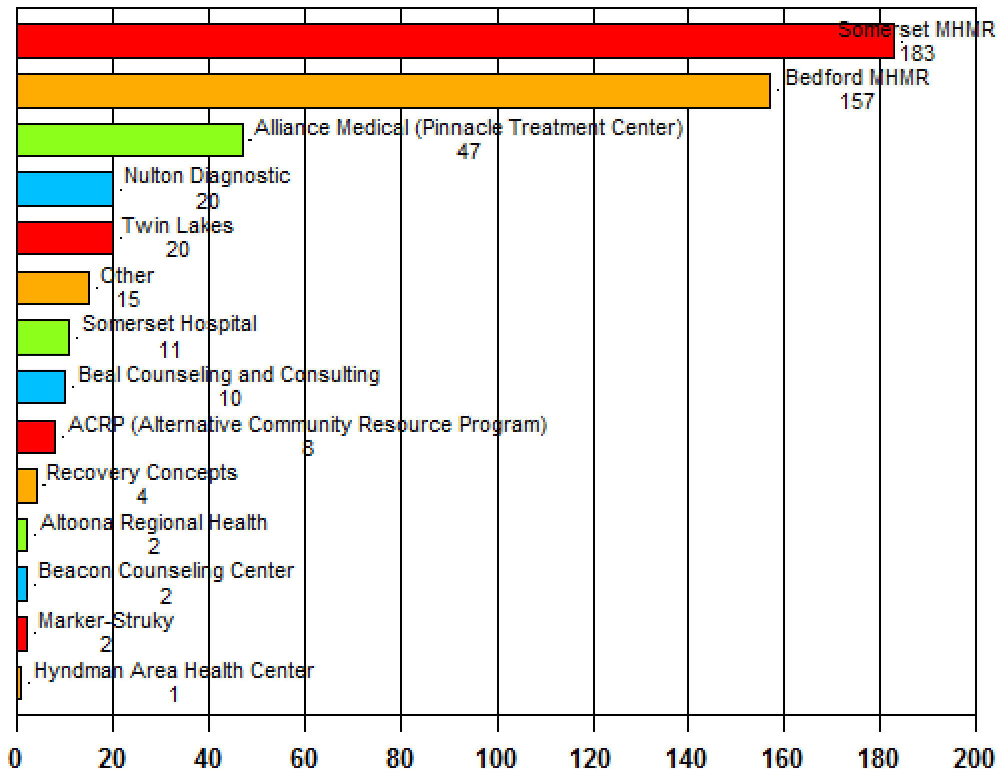
| **What effect has the treatment your child received had on the quality of your child's life?** | Much Better | A Little Better | About the Same | A Little Worse | Much Worse |
|---|---|---|---|---|---|
| 2009 n = 299 | 40% | 43% | 15% | 1% | 1% |
| 2010 n = 262 | 125 (48%) | 93 (35%) | 40 (15%) | 3 (1%) | 1 (1%) |
| Difference | +8% | -8% | Same | Same | Same |

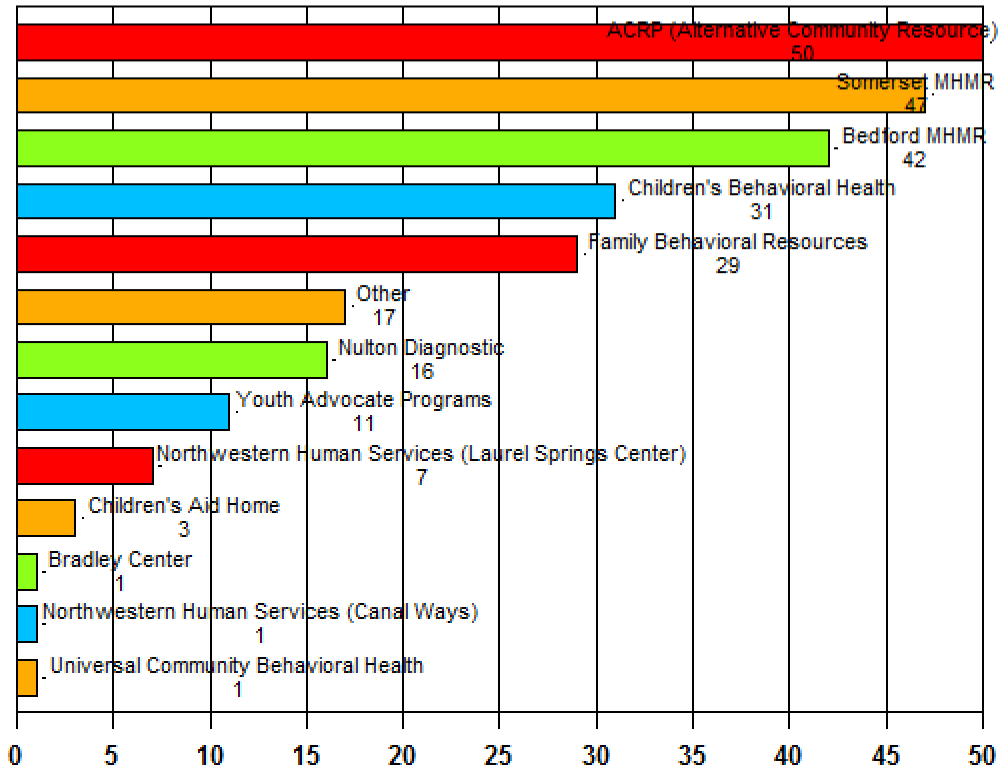
### Youth

| **What effect has the treatment you received had on the quality of your life?** | Much Better | A Little Better | About the Same | A Little Worse | Much Worse |
|---|---|---|---|---|---|
| 2009 n = 59 | 40% | 42% | 18% | 0 | 0 |
| 2010 n = 92 | 37 (40%) | 42 (46%) | 13 (14%) | 0 | 0 |
| Difference | Same | +4% | -4% | 0 | 0 |

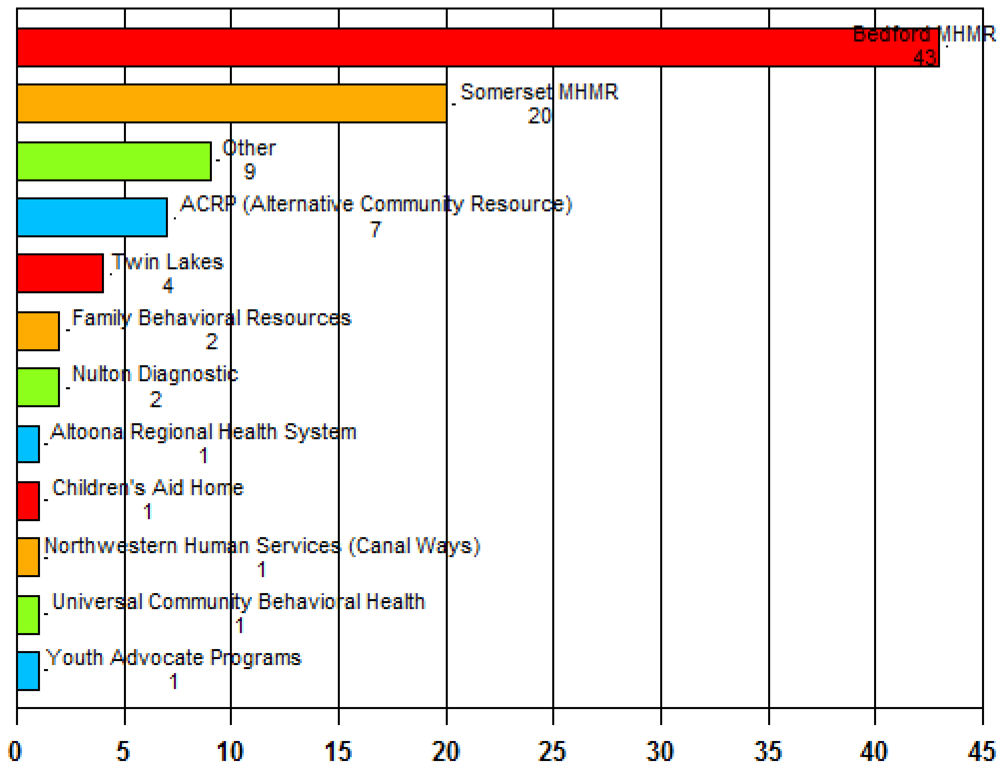
***Treatment Agencies Represented***

This year more treatment agencies were represented in the survey sample than in the prior year in every respondent group. Adults indicated 13 treatment agencies, family members 12, and youth 11. In addition, there was a miscellaneous category for each respondent group. The following charts show the agencies and the number of times people identified that agency as the provider of focus for the surveys completed.




Treatment Agencies Serving Children of Focus
ACRP (Alternative Community Resource)
50
Somerset MHMR
47
Bedford MHMR
42
Children's Behavioral Health
31
Family Behavioral Resources
29
Other
17
Nulton Diagnostic
16
Youth Advocate Programs
11
Northwestern Human Services (Laurel Springs Center)
7
Children's Aid Home
3
Bradley Center
1
Northwestern Human Services (Canal Ways)
1
Universal Community Behavioral Health
1
0
5
10
15
20
25
30
35
40
45
50

## Treatment Agencies Serving Youth Respondents



### *Selected Indicators*

Selected indicators were determined from the data collected for the first quarter (January – March, 2010). Indicators that were selected from the first quarter were those showing the lowest percentages of respondents who “agree” or “strongly agree” with the statement. These indicators are then tracked for the year.

| | Jan-Mar | Apr-Jun | Jul-Sep | Oct-Dec |
|---|---|---|---|---|
| **ADULT** | Respondents who "strongly agree" or "agree" | | | |
| *I have a written plan on how I'd like to be treated if I am in crisis.* | 58%<br>N =135 | 53%<br>N = 100 | 51%<br>N = 147 | 56%<br>N = 100 |
| *I have been given a choice of different providers I can use for this service.* | 62%<br>N = 135 | 52%<br>N = 100 | 71%<br>N = 147 | 75%<br>N = 102 |
| | | | | |
| | **Jan-Mar** | **Apr-Jun** | **Jul-Sep** | **Oct-Dec** |
| **FAMILY** | Respondents who "strongly agree" or "agree" | | | |
| *My child deals more effectively with daily problems.* | 67%<br>N = 64 | 94%<br>N = 59 | 53%<br>N = 78 | 66%<br>N = 65 |
| *My child is making progress in his or her treatment.* | 78%<br>N = 64 | 85%<br>N = 59 | 86%<br>N = 77 | 88%<br>N = 65 |
| | | | | |
| | **Jan-Mar** | **Apr-Jun** | **Jul-Sep** | **Oct-Dec** |
| **YOUTH** | Respondents who "strongly agree" or "agree" | | | |
| *I have a choice of people I can see for this service.* | 71%<br>N = 24 | 57%<br>N = 21 | 52%<br>N = 21 | 69%<br>N = 26 |
| *I feel good more often than before.* | 75%<br>N = 24 | 91%<br>N = 21 | 86%<br>N = 21 | 77%<br>N = 26 |

### Adults

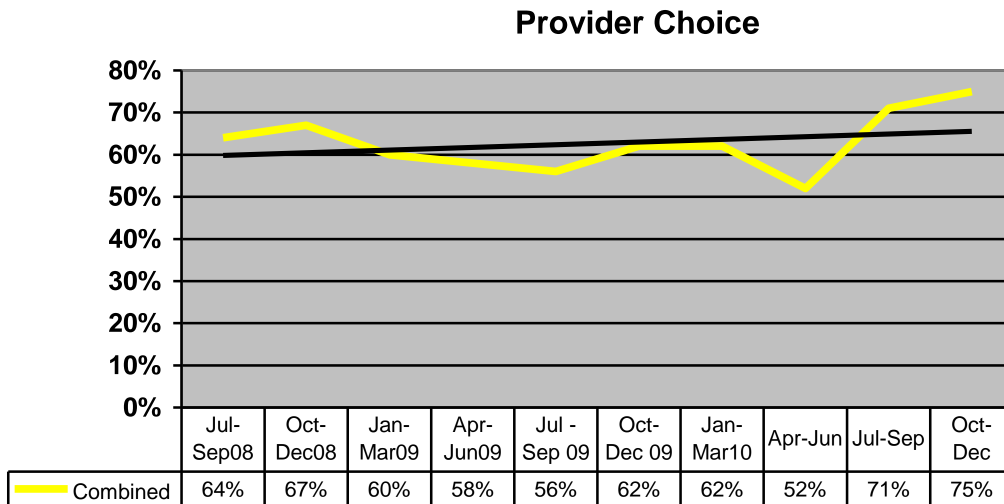
**Written crisis plan:** Over the year, an average of 56% of adult respondents indicated they had a written crisis plan on how they’d like to be treated if in crisis.

This is a factor reviewed in CBHNP provider audits, and will be carried over for monitoring next year.

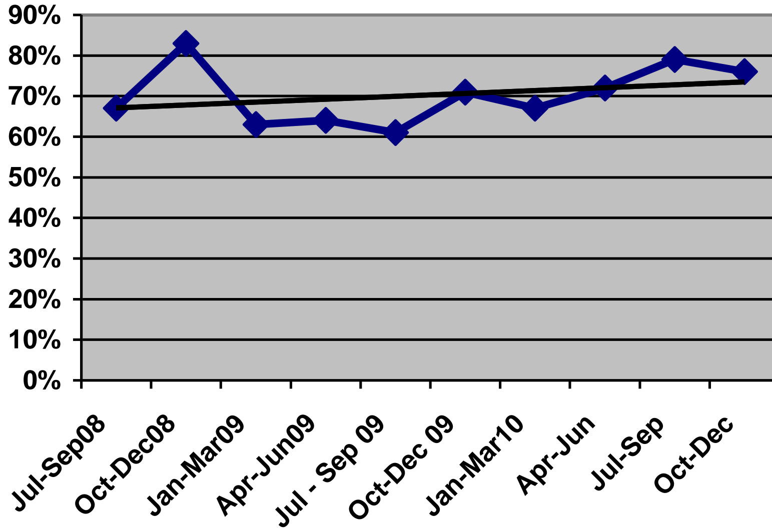
**Choice of provider:** For adults, satisfaction with having been given a choice of providers has been lower than many items for the past two years. Perception of choice of provider can be influenced by many factors, including provider failure to inform participants of other area service providers, few local providers available for a particular level of care, or respondents not remembering having received that information due to the volume of forms that need to be completed during intake. The data from this indicator do not allow for an interpretation of why participants chose the responses they did around choice of providers.

However, data from July 2008 to December 2010 shows there is a slight upward trend in adult satisfaction in this area. As seen in the following three graphs with trend lines, perception of provider choice has risen over the past 10 quarters.

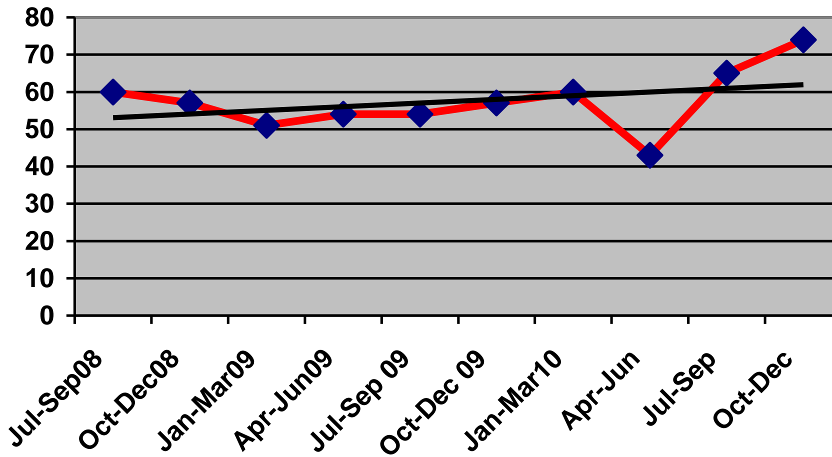
**Combined County:**



**Bedford County:**




**Somerset County:**



## Family Members

**Increase effectiveness with daily problems:** Family members were asked to respond to a statement of satisfaction about their child's increased ability to deal effectively with daily problems as a direct result of participation in treatment. The average percentage of those responding "agree" or "strongly agree" was 76% for the year. This is likely a fairly positive finding given that children work on individualized treatment goals and many immediate factors may influence a caregiver's response to this item.

**Progress in treatment:** Family members were asked to comment on their child's progress in treatment. An average of 84% agreed, or strongly agreed, that their child is making progress in treatment as a direct result of participating in services.

## Youth

**Choice of providers:** Over the course of the year, only an average of 63% of youth agreed, or strongly agreed, that they had a choice of providers they could use for the service they identified in the survey. The I/FST Advisory Committee discussed this, and concluded that the item is likely too vague to be useful without further clarification. For instance, perception may be influenced by whether or not the youth's treatment is mandated (or enforced by parents) or is voluntary, convenience of location, as well as whether the youth is aware of other area providers.

**Improved feeling of wellbeing:** Over the year, an average of 82% of youth agreed or strongly agreed that, as a direct outcome of participation in treatment services, they feel good more often than before. This is felt to be a positive finding.

### *Barriers to Services*

A key area to note regarding access to services is the barriers individuals experience in obtaining needed services. Respondents were asked, "If you weren't able to get behavioral health help in the last twelve months, what stopped you?" In 2010, adults, family members, and youth named the following barriers to accessing the services they needed:

| | |
|---|---|
| Transportation | cited 33 times |
| Money issues | cited 17 times |
| Didn't know where to get help | cited 15 times |
| Services denied | cited 12 times |
| Inconvenient times | cited 9 times |
| Long waiting list | cited 6 times |
| Childcare | cited 5 times |
| Language barriers | cited 1 times |
| Family emergency | cited 1 time |
| Incarceration | cited 1 time |
| Lack of insurance | cited 3 times |
| Mentally unable | cited 1 time |
| Provider doesn't return calls | cited 1 time |

Comments about barriers included:

- *"Have to restart services."*
- *"I can't find rides every day."*

### *Behavioral Health Medications*

This year, 48 adults (10%) indicated they had difficulty getting behavioral health prescriptions filled. Reasons included not having insurance, frequent changes in eligibility for insurance, inability to pay co-payments, and desired medication not on the insurance plan's formulary.

Ten family members (4%) indicated difficulty in getting the behavioral health medications most effective for their child. Reasons included difficulty finding the right medications, having to use samples due to refusal of insurance to cover the medication, denial of effective brand name medication due to insurance coverage, and difficulties adjusting to new medicine.

Seven youth (11% of those responding to the question) indicated they had difficulty obtaining effective behavioral health medications. Reasons included medication losing its effect, trial and error getting the right medication, ineffective medication, and disagreements with psychiatrist recommendations.

### *Outcomes of Treatment*

Since the point of participation in treatment is to facilitate recovery in adults and resiliency in children and youth, the following charts detail the results for each indicator of satisfaction over the year in the area of outcomes of treatment by respondent group. The key to highlight colors is: (a) Green: 90% and above agreement; (b) Yellow: 80 – 90% agreement, and (c) Red: under 80% agreement

**ADULTS**

| **Outcomes as a direct result of participation in treatment** | **2009** | **2010** | **Diff** |
|---|---|---|---|
| I deal more effectively with daily problems. | **82%** | **83%** | **+1%** |
| I feel more hopeful about the future. | **79%** | **84%** | **+5%** |
| I believe I can recover. | **80%** | **84%** | **+4%** |
| I feel my behavioral health is improving. | **Not included** | **79%** | **n/a** |
| I would recommend this agency to a friend or family member. | **91%** | **94%** | **+3%** |

**FAMILY MEMBERS**

| **Outcomes as a direct result of participation in treatment** | **2009** | **2010** | **Diff** |
|---|---|---|---|
| My child deals more effectively with daily problems. | **75%** | **76%** | **+1%** |
| My child is making progress in his or her treatment. | **Not included** | **84%** | **n/a** |
| My child's treatment is making a positive impact on how we relate as a family. | **Not included** | **85%** | **n/a** |
| I would recommend this agency to a friend or family member. | **92%** | **95%** | **+3%** |

**YOUTH**

| Outcomes as a direct result of participation in treatment | 2009 | 2010 | Diff |
|---|---|---|---|
| I handle day to day problems better. | **84%** | **80%** | **+4%** |
| I manage my strong feelings, like anger, better. | **75%** | **73%** | **-2%** |
| I feel good more often than before. | **Not included** | **82%** | **n/a** |
| I think good things are going to happen more often for me. | **86%** | **87%** | **+1%** |
| I would recommend this agency to a friend or family member. | **90%** | **95%** | **+5%** |

### *Issues or Problems with Provider*

Serious issues/problems with provider services can significantly interrupt the treatment process. The percentages of respondents indicating they had experienced a serious issue or problem with their provider over the year are listed in the chart below. As with last year, adults had the highest percentages of respondents overall reporting serious issues or problems with their provider. Percentages of adults and family members reporting issues with their provider decreased by 2% compared with 2009. Percentages of youth reporting problems with their provider increased 2% in 2010 as compared with 2009.

| | Jan – Mar 10 | Apr – Jun 10 | Jul – Sep 10 | Oct – Dec 10 | 2010 Average | 2009 Average |
|---|---|---|---|---|---|---|
| **ADULTS** | 8% | 9% | 7% | 9% | **8%** | **10%** |
| Difference | | | | | -2% | |
| **FAMILY MEMBERS** | 5% | 5% | 1% | 5% | **4%** | **6%** |
| Difference | | | | | -2% | |
| **YOUTH** | 4% | 10% | 0% | 4% | **5%** | **3%** |
| Difference | | | | | +2% | |

Respondents were asked to categorize the problems they had experienced with their treatment providers. Responses to this are compared for the past two years. The top three most frequently cited problems were quite similar in number for both years, as shown in the following table:

| January – December 2009 | January – December 2010 |
|---|---|
| • **Dissatisfaction with treatment received**<br>**-cited 30 times**<br>• **Poor communication**<br>**-cited 23 times**<br>• **Lack of treatment coordination**<br>**-cited 15 times**<br>• Frequent staff changes<br>-cited 9 times<br>• Services not provided in a timely fashion<br>-cited 7 times<br>• Long wait time for services to begin<br>-cited 6 times<br>• Services denied<br>-cited 0 times | • **Dissatisfaction with treatment received**<br>**-cited 32 times**<br>• **Poor communication**<br>**-cited 24 times**<br>• **Lack of treatment coordination**<br>**-cited 12 times**<br>• Long wait time for services to begin<br>-cited 11 times<br>• Services not provided in a timely fashion<br>-cited 6 times<br>• Services denied<br>-cited 6 times<br>• Frequent staff changes<br>-cited 3 times |

**Some of the comments in this area included:**

- *"Didn't receive services on time due to paperwork."*
- *"She didn't listen to a darn thing I said."*
- *"Rushed me through in five minutes with the doctor."*
- *"CBHNP makes too many changes."*
- *"I was so depressed about being with some of the others in the program."*

***Services Still Needed***

Respondents were asked in each survey if there were services they needed, but weren't getting. Their responses are tallied below:

**ADULTS**

When adults were asked to name services they still needed, but were not getting, the top three most frequently cited responses were the same for the last two years. Last year (January 1 – December 31, 2009), the top five services cited for adults were:

**2009**

- Counseling cited 35 times
- Physical health care cited 8 times
- More time with staff cited 4 times
- Transportation cited 3 times
- Help with depression cited 3 times

This year, the top five services adults reported still needing were:

**2010**

- Counseling cited 27 times
- Physical health care cited 5 times
- More time with staff cited 4 times
- Case management cited 3 times
- Psychiatrist cited 3 times

Other needs adults named this year (January 1 – December 31, 2010) were:

**2010**

- Insurance cited 2 times
- Help for children cited 2 times
- Medication cited 2 times
- Anger management cited 2 times
- Peer Support Services cited 1 time
- Coordination of doctor services cited 1 time
- Re-initiation of services cited 1 time
- Christian based services cited 1 time
- Art therapy cited 1 time
- Chiropractic services cited 1 time
- Housing cited 1 time
- Reimbursement for mileage cited 1 time
- Home nursing cited 1 time
- Substance use treatment cited 1 time
- "For the doctor to listen" cited 1 time
- Self esteem courses cited 1 time
- Pain relief cited 1 time
- Inpatient substance treatment cited 1 time
- Methadone recovery cited 1 time

- Family doctor cited 1 time
- Better life cited 1 time
- Child support cited 1 time
- Employment cited 1 time
- Help with DPW cited 1 time
- Inpatient treatment cited 1 time

**FAMILY MEMBERS**

When family members were asked to name services their children still needed, but were not getting, the most frequently cited service in both 2009 and 2010 was therapeutic staff support (TSS), cited 23 times in 2009 and 14 times in 2010.

Family members reported the following needed services and supports in 2010:

**2010**

- Therapeutic Staff Support (TSS) cited 14 times
- Counseling cited 10 times
- Speech therapy cited 3 times
- Medication cited 3 times
- Anger management cited 3 times
- Testing/diagnosis cited 2 times
- Help dealing with emotions cited 2 times
- After school programming cited 2 times
- Mobile therapy cited 2 times
- Skilled staff cited 1 time
- Camp cited 1 time
- Help with child's eating disorder cited 1 time
- Dietician cited 1 time
- Help in School cited 1 time
- Behavior skills help cited 1 time
- School advocate cited 1 time
- Neurologist cited 1 time
- Help with care of physical needs of child cited 1 time
- Help with homework cited 1 time
- Psychiatrist cited 1 time
- Behavior Specialist cited 1 time

**YOUTH**

In 2009, there were only three services that youth reported they needed but were not getting. None correlated with the responses youth provided this year, which follow:

**2010**

- A closer provider — cited 1 time
- Special education classes — cited 1 time
- Transportation to and from school — cited 1 time
- Anger management — cited 1 time
- Different provider — cited 1 time
- Restarting services — cited 1 time

## Summary

Reported satisfaction with behavioral health services this year was fairly high overall, particularly with family members. Satisfaction scores examined by level of care is a new addition to this report, and provided some interesting information about which types of services received the highest and lowest reports of satisfaction from each respondent group. For example, only two of eleven levels of care (adult substance abuse inpatient, and youth mental health outpatient) received less than an average 4.0 or better satisfaction score in the four key areas.

Suggested areas of focus for 2011 include:

- Continued monitoring of adult reports of having a written crisis plan (currently at 56%).

- Clarification of youth response to statements regarding provider choice. It may be necessary to develop clearer survey items (i.e. whether youth are participating in services voluntarily, whether they have a choice of staff within a particular provider agency, etc.).

- Monitoring the extent to which respondents report provider encouragement to participate in recovery focused activities (i.e. peer support, Wellness Recovery Action Plans, and Psychiatric Advance Directives).

**For A Copy of This Report:**

This annual report is offered as a brief picture of individual and family member satisfaction with publicly funded behavioral health services in Bedford and Somerset Counties January 1 – December 31 2010. Copies can be obtained by contacting Behavioral Health Services of Somerset and Bedford Counties 814-443-4891 x 4157.