

CHARACTERISTICS OF ADULT RESPONDENTS

Gender:	Male	31%
	Female	69%
Age:	21 - 24	8%
	25 - 34	31%
	35 - 44	13%
	45 - 54	31%
	55 - 64	15%
Race:	65 & Over	3%
	White/Caucasian	92%
	Black/African American	5%
Services	Other	3%
	Mental Health	92%
	Drug & Alcohol	0%
	Mental Health and Drug & Alcohol	8%

CHARACTERISTICS OF YOUTH RESPONDENTS

Gender:	Male	54%
	Female	46%
Age:	14 - 15	33%
	16-17	38%
	18-20	29%
	20 & Over	0%
	Race:	White/Caucasian
Services	Black/African American	0%
	Other	0%
	Mental Health	99%
	Drug & Alcohol	0%
	Mental Health and Drug & Alcohol	1%

CHARACTERISTICS OF PARENT/FAMILY RESPONDENTS

Gender:	Male	16%
	Female	84%
M. Age:	5 or under	0%
	6 - 8	32%
	9 - 13	56%
	14 & Over	12%
Race:	White/Caucasian	96%
	Black/African American	0%
	Hispanic/American	0%
	Asian/Pacific	
	Islander	4%
Services	Mental Health	100%

Contact Information

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Survey Administration and Evaluation Services
 provided by:

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Somerset Bedford
 HealthChoices



245 West Race Street
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Somerset-Bedford
 Recipients
 Rate Their
 Behavioral
 Health Services

**April-June 2014 Consumer and Family
 Satisfaction and Outcomes Survey Findings**

July 2014

BACKGROUND

The Office of Mental Health and Substance Abuse Services (OMHSAS) of the Pennsylvania Department of Welfare requires counties to assess member satisfaction with, and outcomes of, publicly funded behavioral health services provided through participating providers of PerformCare. A total of 88 adults, adolescents and parent/family caregivers participated in the survey process during April-June 2014.

RATING TREATMENT SUCCESS

Adolescents between 14 and 20 years of age were asked how they had improved as a direct result of the behavioral health services they received. Percentages below represent those respondents who “*strongly agreed*” or “*agreed*” with the following statements: They were also asked their opinion regarding the treatment they received from their provider. N=24

96%	I handle day to day problems better
58%	I do not get in trouble as often
83%	I manage my strong feelings, like anger, better
92%	I make better choices about dealing with day to day life.
100%	I believe treatment is working for me.
75%	Provider recommended I complete a WRAP.
100%	I have clear information on who to contact if in crisis.
88%	I feel comfortable asking questions.
79%	Staff encourages me to participate in consumer-run programs
92%	I get the right amount of help—not too much or too little
100%	My goals are included in my treatment plan.
96%	I am receiving all of the services that I need.
100%	The treatment area is clean welcoming.
96%	Staff are sensitive to my family background & lifestyle.
83%	I am happy to be in treatment.

RATING SATISFACTION WITH SERVICES

Adult and parent/family caregivers were asked to rate their overall satisfaction with the behavioral health services they received for themselves or their child. Percentages below represent those respondents who “*strongly agreed*” or “*agreed*” with the following statements. The questions covered the member’s perception of treatment, outcomes, treatment by the provider and staff of PerformCare. The parent/family caregivers interviewed responded on behalf of their child under 14 years of age. The table below shows survey findings, where percentages represent respondents who “*strongly agreed*” or “*agreed*” with each item, using a 5– point scale.

SATISFACTION WITH SERVICES	ADULT RESPONDENTS	PARENT/FAMILY RESPONDENTS
	N=39	N=25
When I call PerformCare, they are responsive to my needs	100%	100%
My provider talks to me (or discusses child’s follow-up care/treatment plan) about continuing care after discharge	54%	100%
The location of services was convenient	97%	n/a
Services are available at times that are convenient	95%	96%
These services meet my (or my child’s) needs	95%	92%
I am satisfied with amount of time I get with my provider	82%	92%
I (or my child) deal more effectively with daily problems.	85%	56%
I have been informed about treatment options	98%	100%
Staff treat me with respect regarding my cultural background.	100%	n/a
Provider recommended I do a WRAP (Wellness Recovery Action Plan)	54%	52%
My treatment is developed around my specific needs	100%	n/a
My provider recommended I do a Mental Health Directive.	33%	n/a
I was encouraged to use consumer-run programs (support groups, etc.)	90%	76%
I have a written crisis plan (clear information on handling child crisis)	54%	100%
I feel more hopeful about the future	85%	n/a
I believe I (or my child) is/am recovering/improving	85%	72%
I (my child) feel free to complain for fear of consequences .	92%	96%
I was given information about my rights & how to file a complaint	95%	100%
I have been given a choice of providers	74%	80%
I feel comfortable asking questions about my (child’s) treatment	100%	96%