

CHARACTERISTICS OF ADULT RESPONDENTS

Gender:	Male		23%
	Female		77%
	Neutral		0%
Age:	21 - 24		10%
	25 - 34		33%
	35 - 44		14%
	45 - 54		14%
	55 - 64		17%
	65 & Over		12%
Survey Method	Face to Face	49	45%
	Telephone	60	55%
		109	100%
Services	Mental Health		95%
	Drug & Alcohol		2%
	Mental Health and Drug & Alcohol		3%

CHARACTERISTICS OF YOUTH RESPONDENTS

Gender:	Male		25%
	Female		64%
	Neutral		11%
Age:	14 - 15		25%
	16-17		18%
	18-20		57%
	20 & Over		0%
Survey Method	Face to Face	7	25%
	Telephone	21	75%
		28	100%
Services	Mental Health		100%
	Drug & Alcohol		0%
	Mental Health and Drug & Alcohol		0%

Contact Information

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Survey Administration and Evaluation Services
 provided by:

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Bedford-Somerset
 HealthChoices

245 West Race Street
 Somerset, Pennsylvania 15501

Bedford-Somerset
 Recipients
 Rate Their
 Behavioral
 Health Services

October–December 2022 Consumer and Family
 Satisfaction and Outcomes Survey Findings

January 2023

CHARACTERISTICS OF PARENT/FAMILY RESPONDENTS

Gender:	Male		3%
	Female		97%
	Did Not Identify		0%
M. Age:	5 or under		6%
	6 - 8		31%
	9 - 13		54%
	14 & Over		9%
Survey Method	Face to Face	34	97%
	Telephone	1	3%
		35	100%
Services	Mental Health		100%
	MH & D&A		0%
			100%

BACKGROUND

The Office of Mental Health and Substance Abuse Services (OMHSAS) of the Pennsylvania Department of Human Services requires counties to assess member satisfaction with, and outcomes of, publicly funded behavioral health services provided through participating providers of Community Care. A total of 172 adults, adolescents and parent/family caregivers participated in the survey process during October- December 2022.

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=28

100%	(Treatment) interventions offered are a good fit for me.
32%	Have you reviewed your benefits/treatment options?
89%	Did you choose to go to this provider? (Yes) .
100%	We meet at times that are convenient for me.
100%	Am able to get help within a reasonable amount of time.
100%	Provider helped me create a plan to deal with problems.
100%	Am active participant in developing treatment plan.
54%	Are you aware you can file a complaint, if needed?
100%	I am included in meetings about my treatment.
79%	Staff talks to me about community supports & options.
100%	I manage strong feelings better.
100%	I make better choices dealing with day to day lie.
100%	I don't get into trouble as often.
100%	I believe treatment is working because I feel better.
7%	Have you had any issues/problems with provider?

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 Community Care. 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.

ADULT SATISFACTION WITH SERVICES	AGREE	PARENT/CAREGIVER SATISFACTION WITH SERVICES	AGREE
	N=109		N=35
Have you reviewed benefits /treatment options through CCBH?	39%	I reviewed benefits /treatment options through CCBH?	54%
Are you aware you can file a complaint if needed? (Yes)	75%	Are you aware you can file a complaint if needed? (Yes)	94%
Have any of your services been provided by video or telephone?	81%	Have any services been provided by video or telephone?	51%
I was able to get help needed within a reasonable amount of time.	97%	Service are available at times that are convenient.	100%
I am an active participant in developing my treatment plan.	100%	Given clear information on who to contact if child in crisis.	100%
Provider talked to me about community supports and other options.	93%	Have enough provider time during most sessions.	100%
I was offered a copy of my treatment plan/treatment summary.	93%	I feel comfortable asking questions.	100%
I was encouraged to use consumer-run programs.	80%	Child’s treatment plan was shared & reviewed with me.	100%
Staff treats me with respect and see me as an equal partner...	96%	Have you had any issues or problems with provider?	6%
My treatment is developed around my specific needs.	99%	Was given a choice of different treatment agencies.	100%
Were you put on a waiting list to see this provider? (Yes)	21%	Treatment has improved quality of my child’s life.	97%
Have you had any issues or problems with services from provider?	6%	Staff talks to you about community support options.	94%
Provider helped me create a plan to deal with any problems I have.	100%	Staff helped us create a plan to deal with problems.	97%
Treatment has improved my overall quality of life.	91%	Child obtained needed help within an acceptable time.	97%
Provider asked me what my goals were to achieve a happy life.	95%	Treatment interventions are a good fit for child/family.	100%
I deal more effectively with daily problems.	99%	We were given a chance to make treatment decisions.	97%
I feel more hopeful about the future.	98%	Child deal more effectively with daily problems.	97%
I believe I can get better.	99%	Our family has improved since child started treatment.	100%
I feel treatment is working.	100%	Child’s behavioral health is improving.	100%
In the past 12 months, I was able to get the help I needed.	95%	I am actively involved in developing child’s treatment plan.	97%
Been given information on who to contact if need immediate help.	97%	Having any problems obtaining medications that work?	8%