CHARACTERISTICS OF ADULT RESPONDENTS

| Gender: | Male | | 36% |
|----------|----------------------------------|----|------|
| | Female | | 64% |
| | Neutral | | 0% |
| Age: | 21 - 24 | | 4% |
| | 25 - 34 | | 32% |
| | 35 - 44 | | 26% |
| | 45 - 54 | | 19% |
| | 55 - 64 | | 17% |
| | 65 & Over | | 2% |
| Survey | | | |
| Method | Face to Face | 76 | 84% |
| | Telephone | 14 | 16% |
| | | 90 | 100% |
| Services | Mental Health | | 69% |
| | Drug & Alcohol | | 26% |
| | Mental Health and Drug & Alcohol | | 5% |

CHARACTERISTICS OF PARENT/FAMILY RESPONDENTS

| Gender: | Male | | 0% |
|----------|------------------|----|------|
| | Female | | 100% |
| | Did Not Identify | | 0% |
| M. Age: | 5 or under | | 8% |
| | 6 - 8 | | 32% |
| | 9 - 13 | | 56% |
| | 14 & Over | | 4% |
| Survey | | | |
| Method | Face to Face | 12 | 48% |
| | Telephone | 13 | 52% |
| | | 25 | 100% |
| | | | |
| Services | Mental Health | | 100% |
| | MH & D&A | | 0% |
| | | | 100% |

CHARACTERISTICS OF YOUTH RESPONDENTS

| Gender: | Male | | 19% |
|----------|----------------------------------|----|------|
| | Female | | 81% |
| | Neutral | | 0% |
| Age: | | | |
| | 14 - 15 | | 62% |
| | 16-17 | | 13% |
| | 18-20 | | 25% |
| | 20 & Over | | 0% |
| Survey | | | |
| Method | Face to Face | 7 | 44% |
| | Telephone | 9 | 56% |
| | | 16 | 100% |
| Services | Mental Health | | 100% |
| | Drug & Alcohol | | 0% |
| | Mental Health and Drug & Alcohol | | 0% |

Contact Information

Somerset-Bedford HealthChoices 245 West Race Street Somerset, Pennsylvania 15501 814.443.8182. Ext 4927 www.bhssbc.us

Survey Administration and Evaluation Services provided by:

The Center for Behavioral Health Data Research, Inc. 1216 Pleasant Valley Blvd, Suite 203, Altoona, PA. 16602 Lynna P. Polito Somerset-Bedford C/FST Program Director 1-888-474-5006 (Toll Free)

Bedford-Somerset HealthChoices

245 West Race Street
Somerset, Pennsylvania 15501

Bedford-Somerset Recipients Rate Their Behavioral Health Services

July—September 2024 Consumer and Family Satisfaction and Outcomes Survey Findings

October 2024

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 131 adults, adolescents and parent/family caregivers participated in the survey process during June–July 2024.

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=16

| 100% | Active in planning treatment that is a good fit for me. |
|------|---|
| 19% | Have you reviewed your benefits/treatment options? |
| 100% | Staff treats me with respect/as equal partner. |
| 100% | We meet at times that are convenient for me. |
| 100% | Am able to get help within a reasonable amount of time. |
| 81% | Provider helped me create a plan to deal with problems. |
| 93% | I feel comfortable asking questions about my treatment. |
| 94% | Aware you can file complaint/grievance, if needed? |
| 100% | I am included in meetings about my treatment. |
| 100% | Staff talks about community resources & supports. |
| 87% | I manage strong feelings better. |
| 100% | I make better choices dealing with day to day life. |
| 75% | Was able to get help I needed within past 12 months. |
| 100% | I believe treatment is working because I feel better. |
| 13% | 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=90 | | N=25 |
| Have you reviewed benefits /treatment options through CCBH? | 20% | I reviewed benefits /treatment options through CCBH? | 52% |
| Are you aware you can file a complaint/grievance if needed? | 62% | Are you aware you can file a complaint if needed? (Yes) | 68% |
| Were you satisfied with video or telephone services, if provided? | 100% | Were you satisfied with video or telephone services? | 93% |
| I was able to get help needed within a reasonable amount of time. | 96% | Service are available at times that are convenient. | 96% |
| I am active in developing a treatment plan that is a good fit for me. | 100% | Given clear information on who to contact if child in crisis. | 79% |
| Provider talked to me about community resources & supports. | 96% | Have enough provider time during most sessions. | 92% |
| Were you given a chance to make treatment decisions? | 92% | Feel comfortable asking questions about child's treatment | 100% |
| Services are available at times that are convenient. | 97% | Able to get child help needed within the past 12 months. | 76% |
| I feel comfortable asking questions about my treatment | 100% | Have you had any issues or problems with provider? | 20% |
| Staff treats me with respect and sees me as an equal partner. | 98% | Was given a choice of different treatment agencies. | 88% |
| I feel I have enough time with staff during most sessions. | 98% | Treatment has improved quality of my child's life. | 72% |
| Have you had any issues or problems with services from provider? | 2% | Staff talks to us about community resources & supports. | 70% |
| Provider helped me create a plan to deal with any problems I have. | 100% | Staff helped us create a plan to deal with problems. | 68% |
| Treatment has improved my overall quality of life. | 91% | Child obtained needed help within an acceptable time. | 88% |
| Were you put on a waiting list to be seen by (provider)? (Yes) | 18% | Active in planning treatment that is a good fit for us. | 91% |
| I deal better with daily problems. | 100% | We were given a chance to make treatment decisions. | 88% |
| I feel more hopeful about the future. | 100% | Child deals better with daily problems. | 83% |
| Made aware of availability of different providers and given a choice. | 78% | Our family has improved since child started treatment. | 87% |
| I feel treatment is working. | 99% | Child's behavioral health is improving. | 83% |
| In the past 12 months, I was able to get the help I needed. | 78% | Staff treats us with respect and as equal partners. | 92% |
| Been given information on who to contact if need immediate help. | 94% | Having any problems obtaining medications that work? | 13% |