

Cambria County C/FST Quarterly Report

Reporting Period: Q2 – 2025–2026 (October 1, 2025 – December 31, 2025)

Prepared by: Melissa Joseph, Director

I. Executive Summary

During Q2 2025–2026, the Cambria County C/FST surveyed individuals receiving Adult Mental Health, Family/Child, and Drug & Alcohol (D&A) services. A total of 102 program surveys were completed across service lines. Feedback continued to reflect strong satisfaction with provider respect, communication, shared decision-making, and service effectiveness. Adult State Questions indicators met or exceeded the 86% threshold, with particularly strong results across D&A services. Opportunities were identified related to family quality-of-life outcomes (SQ3) and transportation.

II. C/FST Overview

The Cambria County C/FST is a peer-run program dedicated to collecting and reporting real-time feedback from individuals and families accessing Behavioral Health services. The program supports continuous quality improvement across the provider network.

- Mission: Elevate consumer and family voice in Behavioral Health services
- Method: Phone, in-person, and provider-facilitated surveys
- Programs: Outpatient, Crisis, Medication Management, IBHS, CPS, BCM, D&A, etc.

III. Survey Collection Summary

Survey counts by service line for **Q2** are summarized below:

- Adult Mental Health: **58**
- Family/Child: **29**
- Drug & Alcohol: **15**

Total Surveys Completed: **102**

IV. Adult Demographics, MCO Awareness, and State Questions Summary

A total of 30 Adult respondents completed surveys during Q2. Participation reflected strong outpatient engagement with high awareness of Behavioral Health rights and supports.

- Modality: Phone/Provider: Phone 25; In-person 5
- Locations: CFST (5), Providers (25)
- Age: 24–44 (20), 45–64 (10)
- Food Banks: 16 Yes
- MedVan: 13 Yes (69% satisfied)
- Family Doctor: 26 Yes

Adult Demographic	30 individuals				
1. How was this survey conducted? 1= in person 2= phone 3= via phone	Via phone - 11	In person - 5	phone- 14		
2. What is the location where survey was completed?	CFST - 5	DIC - 10	ACRP - 3	Nulton- 12	
3. How old are you? age 1 = under 17 2= 18-24 3= 24-44 4=45-64					65 and
5 = 65 and older	under 17 - 0	18-24 - 0	24-44 - 20	45-64 - 10	older - 0
4. Zip code	15901 - 6	15907 - 3	15902 - 9	15905 - 4	15906 - 3
5. Are you homeless or at risk of homelessness? 1= yes 2= no			Yes, but receiving help - 4		
3= homeless but getting help	Yes - 0	No - 26			
6. Do you use the food banks?	Yes - 16	No - 14			
7. Do you use the MedVan	Yes - 13	No - 17			
8. Are you satisfied with MedVan? 1= yes 2= no 3= N/A	Yes - 9	No - 4	N/A - 14		
9. Do you have a Family Doctor?	Yes - 26	No - 4			
Has your provider offered you information on Tobacco Recovery?					
1= yes 2= no 3= NA	Yes - 6	No - 9	N/A - 15		
During your initial intake did your provider offer you information on Advance Directives 1= yes 2= no 3= can't remember	Yes - 12	No - 6	Can't remember - 12		
Would you like to participate in HealthChoices meetings or as a complaint and grievance panel member?	Yes - 2	No - 28			
Have you utilized the Favor Recovery Center	Yes - 9	No - 21			
Have you utilized the PEN Drop In Center?	Yes - 16	No - 14			
Has treatment your received helped you obtain or maintain employment? 1= yes 2= no 3= N/A	Yes - 7	No - 1	N/A - 22		
Are there any barriers preventing you from attending your	Yes - 2	No - 27			
Did your provider offer you a Peer Support Specialist?	Yes - 19	No - 11			
Did your provider offer you a Recovery Support Specialist?	Yes - 7	No - 23			

MCO Awareness:

- Choice of Provider: 100%
- Know How to Contact Magellan: 97%
- Aware of 24/7 Call Center: 97%
- Complaint Process Knowledge: 97%
- Grievance Process Knowledge: 90%

MCO	30 individuals				
Q1 Did you know that you can choose where you get your treatment?	Yes - 30	No - 0			
Q2 If you have questions about your benefits or treatment options do you know how to contact Magellan?	Yes - 29	No - 1			
Q3 Before completing this survey, did you know you can call all the Magellan member call center 24/7?	Yes - 29	No - 1			
Q4 Have you called the Magellan member call center?	Yes - 6	No - 24			
Q4a. If yes, were you satisfied with outcome 1= yes 2= no 3=	Yes - 4	No - 2	N/A - 24		
Q5 Are you aware of how to file a complaint?	Yes - 29	No - 1			
Q6 Have you ever filed complaint?	Yes - 1	No - 29			
Q6a. If yes, were you satisfied? 1= yes 2= no 3= NA	Yes - 1	No - 0	N/A - 29		
Q7 Are you aware of how to file a grievance?	Yes - 27	No - 3			
Q8 Have you ever filed a grievance?	Yes - 0	No - 30			
Q8a If yes, were you satisfied? 1= yes 2= no 3= NA	Yes - 0	No - 0	N/A - 30		

Adult SQ Results:

- SQ1 – Access to needed help: 100%
- SQ2 – Treatment decision participation: 90%
- SQ3 – Improved quality of life: 93%

SQ					
SQ1. In the last 12 months was your child able to get the help that they needed? 1= yes 2= sometimes 3= never	Yes - 30	Sometimes - 0	Never - 0		
SQ2 Were you and your child given the chance to make treatment decisions? 1= yes 2= sometimes 3= never	Yes - 27	Sometimes - 3	Never - 0		
SQ3 What effects has the treatment you received had on the quality of your child's life? 1= much better 2= a little better 3= about the same 4= a little worse 5= much worse	Much Better - 24	A Little Better - 4	About the Same - 2	A Little Worse - 0	Much Worse - 0

V. Adult Mental Health Services

A total of 58 Adult Mental Health surveys were completed across service lines and reflected high satisfaction with care delivery and communication.

Survey Distribution and summary:

- **Med Management (22)** Participants reported strong satisfaction with access to prescribers, clear medication explanations, and respectful provider interactions, with most receiving appointments within expected timeframes.
- **Therapy (18)** Therapy respondents indicated positive engagement with providers, feeling listened to and supported in treatment decisions, with high satisfaction and consistent access to appointments.
- **Walk-In Crisis (5)** Walk-In Crisis visitors reported respectful staff, supportive environments, and timely follow-up resources, with all participants indicating satisfaction with their crisis experience.
- **CPS (9)** Certified Peer Specialist services were viewed positively, with participants noting empowerment, respect, and adequate meeting frequency that supported recovery and community integration.
- **BCM (4)** Blended Case Management respondents reported helpful coordination of care, sensitivity to individual needs, and support accessing community resources, with satisfaction across service elements.

MED MANAGEMENT	22				
Q1 Provider					
Q2 How are you receiving your services? 1= in person 2= telehealth 3= both	In person - 19	Telehealth - 0	Both - 3		
Q3 Were you offered an appointment with your prescriber within 90 days?	Yes - 22	No - 0			
Q4 Are the services provided sensitive to your race, religion, and ethnic background?	Yes - 21	No - 1			
Q5 Do you feel that you can talk openly/ freely to the provider?	Yes - 22	No - 0			
Q6 Do you feel that the provider instills hope regarding your future?	Yes - 21	No - 1			
Q7 Do you feel that the provider listens to you?	Yes - 22	No - 0			
Q8 Are staff respectful and friendly?	Yes - 22	No - 0			
Q9 Are you given the chance to ask treatment questions?	Yes - 22	No - 0			
Q10 Are the medications and their possible side effects explained clearly to you?	Yes - 21	No - 2			
Q11 Would you feel comfortable filing a complaint if you have a problem with the provider?	Yes - 22	No - 0			
Q12 Do you feel that you are getting the help that you need?	Yes - 20	No - 3			
Q13 Are you satisfied with provider?	Yes - 22	No - 0			

THERAPY	18			
Q1 Provider				
Q2 How are you receiving your services? 1= in person 2= telehealth 3= both	In person - 15	Telehealth - 0	Both - 3	
Q3 Were you offered an appointment with your prescriber within 90	Yes - 18	No - 0		
Q4 Are the services provided sensitive to your race, religion, and ethnic background?	Yes - 17	No - 1		
Q5 Do you feel that you can talk openly/ freely to the provider?	Yes - 18	No - 0		
Q6 Do you feel that the provider instills hope regarding your future?	Yes - 18	No - 0		
Q7 Do you feel that the provider listens to you?	Yes - 18	No - 0		
Q8 Are staff respectful and friendly?	Yes - 18	No - 0		
Q9 Are you given the chance to ask treatment questions?	Yes - 18	No - 0		
Q10 Would you feel comfortable filing a complaint if you had a problem with the provider?	Yes - 18	No - 0		
Q11 Do you feel that you are getting the help that you need?	Yes - 18	No - 0		
Q12 Are you satisfied with provider?	Yes - 18	No - 0		

CPS	9			
Q1 Provider				
Q2 How are you receiving your services? 1= in person 2= telehealth 3= both	In Person - 9	Telehealth - 0	Both - 0	
Q3 Are the services provided sensitive to your race, religion, and ethnic background?	Yes - 9	No - 0		
Q4 Do you feel that the provider listens to you?	Yes - 9	No - 0		
Q5 Are the staff respectful and friendly?	Yes - 9	No - 0		
Q6 Do you feel that the provider instills hope regarding your future?	Yes - 9	No - 0		
Q7 Do you participate in treatment planning goals?	Yes - 9	No - 0		
Q8 Do you meet the provider enough to meet your needs?	Yes - 9	No - 0		
Q9 Does the provider encourage you to make your own choices and be responsible for them?	Yes - 9	No - 0		
Q10 Does the provider encourage you to advocate for yourself?	Yes - 9	No - 0		
Q11 Do you feel that this provider is knowledgeable about resources and support in the community?	Yes - 9	No - 0		
Q12 After your intake, were you offered appt within 30 days?	Yes - 9	No - 0		
Q13 Does the provider meet you at a location that is most convenient for you?	Yes - 8	No - 0	Sometimes - 1	
Q14 How long have you had services? 1=1-11months 2= 1-3 years 3= over 3 years	1 - 11 months - 0	1-3 years - 8	over 3 years - 1	
Q15 Would you feel comfortable filing a complaint if you had a problem with the provider?	Yes - 9	No - 0		
Q16 Do you feel that this service is helping?	Yes - 9	No - 0		
Q17 Are you satisfied with the provider?	Yes - 9	No - 0		

BCM	4			
Q1 Provider			-3	
Q2 How are you receiving your services? 1= in person 2= telehealth 3= both	In Person - 1	Telehealth - 0	Both - 0	
Q3 After your intake, were you offered appt within 30 days?	Yes - 4	No - 0		
Q4 Are the services provided sensitive to your race, religion, and ethnic background?	Yes - 4	No - 0		
Q5 Do you feel that the provider listens to you?				
Q6 Are the staff respectful and friendly?	Yes - 4	No - 0	Sometimes - 1	
Q7 Do you feel that the provider instills hope regarding your future?	Yes - 4	No - 0		
Q8 Do you participate in treatment planning goals?	Yes - 4	No - 0		
Q9 Do you meet the provider enough to meet your needs?	Yes - 4	No - 0		
Q10 Does the provider encourage you to make your own choices and be responsible for them?	Yes - 4	No - 0		
Q11 Does the provider meet you in your home or another location that is most convenient to you?	Yes - 2	No - 2		
Q12 Does the provider encourage you to advocate for yourself?	Yes - 4	No - 0		
Q13 Do you feel that this provider is knowledgeable about resources and support in the community?	Yes - 4	No - 0		
Q14 How long had service 1=1-11months 2= 1-3 years 3= over 3 years	1 - 11 months - 4	1-3 years -	over 3 years -	
Q15 Would you feel comfortable filing a complaint if you had a problem with the provider?	Yes - 2	No - 2		
Q16 Do you feel that this service is helping?	Yes - 4	No - 0		
Q17 Are you satisfied with the provider?	Yes - 4	No - 0		

WALK IN CRISIS	5		
Q1 Provider	Nulton - 5		
Q2 Are the services provided sensitive to your race, religion, and ethnic background?	Yes - 5	No - 0	
Q3 Do you feel that the provider listens to you?	Yes - 5	No - 0	
Q4 Are the staff respectful and friendly?	Yes - 5	No - 0	
Q5 Did you meet with a peer?	Yes - 5	No - 0	
Q6 Do you feel that the provider instills hope regarding your future?	Yes - 5	No - 0	
Q7 Were you satisfied with your services?	Yes - 5	No - 0	
Q8 Did you receive community resources?	Yes - 5	No - 0	
Q9 Did you receive a follow up appointment for treatment?	Yes - 5	No - 0	
Q10 What most did you like about your experience?	1. "decor" 2. "staff" 3. "the chairs" 4. "the people" 5. "staff"		
Q11 What would you improve?	1. "front door" 2. "front door" 3. "nothing" 4. "snacks" 5. "front door, not welcoming"		
Q12 Would you feel comfortable filing a complaint if you had a	Yes - 5	No - 0	

VI. Family/Child Demographics and MCO Awareness Summary

Seven Family/Child surveys were completed during Q2, all involving children under age 17.

Demographics

- Modality: In-person (3), Phone (4)
- Locations: CFST (4), Providers (3)
- Family Doctor: 7 Yes
- Food Banks: 3 Yes
- MedVan: 3 Yes (67% satisfied)

Family Demographic	7 individuals			
1. How was this survey conducted? 1= in person 2= phone 3= via phone @ provider	in person - 3	phone - 4	at providers via phone -	
2. What is the location where survey was completed?	CFST - 4	PEN -	Providers - 3	
3. How old are you? age1 = under 17 2= 18-24 3= 24-44 4=45-64 5 = 65 and older	under 17 - 7			
4. Zip code (Top 3)	15904 - 2	15905 - 1	15906 - 1	
5. Are you homeless or at risk of homelessness? 1 = yes 2= no 3= homeless but getting help	Yes - 0	No - 7		
6. Do you use the food banks?	Yes - 3	No - 4		
7. Do you use the MedVan	Yes - 3	No - 9		
8. Are you satisfied with MedVan? 1= yes 2= no 3= N/A	1=Yes - 2	2=No - 1	3=N/A - 4	
9. Do you have a Family Doctor?	Yes -7	No -		
Has your provider offered you information on Tobacco Recovery? 1= yes 2= no 3= NA	1 =Yes - 0	2=No -1	3=N/A - 6	
During your initial intake did your provider offer you information on Advance Directives 1= yes 2= no 3= can't remember	1= Yes -0	2= No - 4	3= Can't remember - 3	
Would you like to participate in HealthChoices meetings or as a complaint and grievance panel member?	Yes - 1	No -6		

MCO Awareness:

- Choice of Provider: 100%
- Know How to Contact Magellan: 100%
- Aware of 24/7 Call Center: 100%
- Complaint Process Knowledge: 100%
- Grievance Process Knowledge: 86%

MCO					
Q1 Did you know that you can choose where you get your treatment?	Yes- 7	No - 0			
Q2 If you have questions about your benefits or treatment options do you know how to contact Magellan?	Yes- 7	No - 0			
Q3 Before completing this survey, did you know you can call all the Magellan member call center 24/7?	Yes- 7	No - 0			
Q4 Have you called the Magellan member call center?	Yes - 1	No - 6			
Q4a. If yes, were you satisfied with outcome 1= yes 2= no 3= N/A	Yes - 1	No - 0	N/A - 6		
Q5 Are you aware of how to file a complaint?	Yes - 7	No 0			
Q6 Have you ever filed complaint?	Yes - 7	No - 0			
Q6a. If yes, were you satisfied? 1= yes 2= no 3= NA	Yes - 0	No - 0	N/A - 12		
Q7 Are you aware of how to file a grievance?	Yes - 6	No - 1			
Q8 Have you ever filed a grievance?	Yes -	No - 7			
Q8a If yes, were you satisfied? 1= yes 2= no 3= NA	Yes - 0	No - 0	N/A - 7		

Family SQ Results:

- SQ1 – Access to needed help: 100%
- SQ2 – Treatment decision participation: ~86%
- SQ3 – Quality-of-life impact: ~71%

SQ					
SQ1. In the last 12 months was your child able to get the help that they needed? 1= yes 2= sometimes 3= never	Yes - 7	Sometimes - 0	Never - 0		
SQ2 Were you and your child given the chance to make treatment decisions? 1= yes 2= sometimes 3= never	Yes - 6	Sometimes - 1	Never - 0		
SQ3 What effects has the treatment you received had on the quality of your child's life? 1= much better 2= a little better 3= about the same 4= a little worse 5 = much worse	Much Better - 3	A Little Better - 2	About the Same - 2	A Little Worse - 0	Much Worse - 0

VII. Family/Child Services

A total of 29 Family/Child program surveys were completed across IBHS and related programs.

Survey Distribution:

- **Med Management (5):** Caregivers reported clear communication with prescribers and overall satisfaction with medication, support and access.
- **Therapy (3):** Families described supportive provider engagement and active participation in treatment planning with positive satisfaction.

- BCM (1):** Case Management facilitated care coordination and resource access with reported satisfaction across service elements.
- ASP (2):** After-School Program participants noted consistent provider communication and collaborative involvement in treatment updates.
- STAP (3):** Short-Term Acute Partial services were viewed as responsive and coordinated, with strong communication and satisfaction.
- BHT (6):** Behavioral Health Technicians were described as respectful and supportive, with meaningful family involvement in treatment goals.
- BC (6):** Behavioral Consultant services showed positive provider communication, cultural sensitivity, and satisfaction with treatment planning.
- Family-Based (3):** Family-Based services emphasized collaborative family participation, cultural sensitivity, and satisfaction with provider responsiveness.

MED MANAGEMENT 5			
Q1 Provider			
Q2 How are you receiving your services? 1= in person 2= telehealth 3= both	In person - 5	Telehealth - 0	Both - 0
Q3 Were you offered an appointment with your prescriber within 90 days?	Yes - 5	No - 0	
Q4 Are the services provided sensitive to your race, religion, and ethnic background?	Yes - 5	No - 0	
Q5 Do you feel that you can talk openly/ freely to the provider?	Yes - 5	No - 0	
Q6 Do you feel that the provider instills hope regarding your future?	Yes - 5	No - 0	
Q7 Do you feel that the provider listens to you?	Yes - 5	No - 0	
Q8 Are staff respectful and friendly?	Yes - 5	No - 0	
Q9 Are you given the chance to ask treatment questions?	Yes - 5	No - 0	
Q10 Are the medications and their possible side effects explained clearly to you?	Yes - 5	No - 0	
Q11 Would you feel comfortable filing a complaint if you have a problem with the provider?	Yes - 5	No - 0	
Q12 Do you feel that you are getting the help that you need?	Yes - 5	No - 0	
Q13 Are you satisfied with provider?	Yes - 5	No - 0	

THERAPY 3			
Q1 Provider			1
Q2 How are you receiving your services? 1= in person 2= telehealth 3= both	In person - 3	Telehealth - 0	Both - 0
Q3 Were you offered an appointment with your prescriber within 90 days?	Yes - 3	No - 0	
Q4 Are the services provided sensitive to your race, religion, and ethnic background?	Yes - 2	No - 1	
Q5 Do you feel that you can talk openly/ freely to the provider?	Yes - 3	No - 0	
Q6 Do you feel that the provider instills hope regarding your future?	Yes - 3	No - 0	
Q7 Do you feel that the provider listens to you?	Yes - 2	No - 1	
Q8 Are staff respectful and friendly?	Yes - 3	No - 0	
Q9 Are you given the chance to ask treatment questions?	Yes - 3	No - 0	
Q10 Would you feel comfortable filing a complaint if you had a problem with the provider?	Yes - 3	No - 0	
Q11 Do you feel that you are getting the help that you need?	Yes - 2	No - 1	
Q12 Are you satisfied with provider?	Yes - 1	No - 2	

BCM 1				
Q1 Provider				
Q2 How are you receiving your services? 1= in person 2= telehealth 3= both	1= In Person - 1	2= Telehealth - 0	3= Both - 0	
Q3 Are the services provided sensitive to your race, religion, and ethnic background?	Yes - 1	No - 0		
Q4 After your intake, were you offered appt within 30 days?	Yes - 1	No - 0		
Q5 Does the provider meet you at a location that is most convenient for you?	Yes - 1	No - 0		
Q6 Do you feel that the provider listens to you?	Yes - 1	No - 0		
Q7 Are the staff respectful and friendly?	Yes - 1	No - 0		
Q8 Do you feel that the provider instills hope regarding your future?	Yes - 1	No - 0		
Q9 Do you participate in treatment planning goals?	Yes - 1	No - 0		
Q10 Do you meet the provider enough to meet your needs?	Yes - 1	No - 0		
Q11 Does the provider encourage you to make your own choices and be responsible for them?	Yes - 1	No - 0		
Q12 Does the provider encourage you to advocate for yourself?	Yes - 1	No - 0		
Q13 Do you feel that this provider is knowledgeable about resources and support in the community?	Yes - 1	No - 0		
Q14 How long had service 1=1-11months 2= 1-3 years 3= over 3 years	1= 1 - 11 months - 2= 1-3 years - 1	3= over 3 years - 0		
Q15 Would you feel comfortable filing a complaint if you had a problem with the provider?	Yes - 1	No - 0		
Q16 Do you feel that this service is helping?	Yes - 1	No - 0		
Q17 Are you satisfied with the provider?	Yes - 1	No - 0		

ASP 2		
Q1 Provider		
Q2 Does the provider return your calls promptly?	Yes - 2	No - 0
Q3 Are the staff respectful and friendly?	Yes - 2	No - 0
Q4 Do you feel that the provider instills hope regarding your future?	Yes - 2	No - 0
Q5 Are the services provided sensitive to your race, religion, and ethnic background?	Yes - 2	No - 0
Q6 Do you feel that the provider listens to you?	Yes - 2	No - 0
Q7 Do you feel that this provider is knowledgeable about resources and support in the community?	Yes - 2	No - 0
Q8 Do you meet the provider enough to meet your needs?	Yes - 2	No - 0
Q9 Do you and your child participate in treatment planning goals?	Yes - 2	No - 0
Q10 Does the provider keep you updated with progress and concerns?	Yes - 2	No - 0
Q11 Has your provider discussed discharge & transition plan?	Yes - 2	No - 0
Q12 Were you satisfied with ISPT meeting?	Yes - 2	No - 0
Q13 Do you feel that your child is getting the help they need?	Yes - 2	No - 0
Q14 Would you feel comfortable filing a complaint if you had a problem with the provider?	Yes - 2	No - 0
Q15 Are you satisfied with the provider?	Yes - 2	No - 0

STAP 3		
Q1 Provider		
Q2 Does the provider return your calls promptly?	Yes - 3	No - 0
Q3 Are the staff respectful and friendly?	Yes - 3	No - 0
Q4 Do you feel that the provider instills hope regarding your future?	Yes - 3	No - 0
Q5 Are the services provided sensitive to your race, religion, and ethnic background?	Yes - 3	No - 0
Q6 Do you feel that the provider listens to you?	Yes - 3	No - 0
Q7 Do you feel that this provider is knowledgeable about resources and support in the community?	Yes - 3	No - 0
Q8 Do you meet the provider enough to meet your needs?	Yes - 3	No - 0
Q9 Do you and your child participate in treatment planning goals?	Yes - 3	No - 0
Q10 Does the provider keep you updated with progress and concerns?	Yes - 3	No - 0
Q11 Has your provider discussed discharge & transition plan?	Yes - 3	No - 0
Q12 Were you satisfied with ISPT meeting?	Yes - 3	No - 0
Q13 Do you feel that your child is getting the help they need?	Yes - 3	No - 0
Q14 Would you feel comfortable filing a complaint if you had a problem with the provider?	Yes - 3	No - 0
Q15 Are you satisfied with the provider?	Yes - 3	No - 0

BHT 6			
Q1 Provider			
Q2 Does the provider returns your calls promptly?	Yes - 6	No - 0	
Q3 How are you receiving your services? 1= in person 2= telehealth 3= both	1= In person - 5	2= Telehealth - 0	3= Both - 1
Q4 Are the staff respectful and friendly?	Yes - 6	No - 0	
Q5 Do you feel that the provider instills hope regarding your future?	Yes - 6	No - 0	
Q6 Are the services provided sensitive to your race, religion, and ethnic background?	Yes - 6	No - 0	
Q7 Do you feel that the provider listens to you?	Yes - 6	No - 0	
Q8 Do you feel that this provider is knowledgeable about resources and supports in the community?	Yes - 6	No - 0	
Q9 Do you meet the provider enough to meet your needs?	Yes - 6	No - 0	
Q10 Do you and your child participate in treatment planning goals?	Yes - 6	No - 0	
Q11 Does the provider keep you updated with progress and concerns?	Yes - 6	No - 0	
Q12 Has your provider discussed discharge and transition plan?	Yes - 6	No - 0	
Q13 Were you satisfied with ISPT meeting?	Yes - 6	No - 0	
Q14 Do you feel that your child is getting the help they need?	Yes - 6	No - 0	
Q15 Would you feel comfortable filing a complaint if you have a problem with the provider?	Yes - 6	No - 0	
Q16 Are you satisfied with the provider?	Yes - 6	No - 0	
Q17 How long have you had services? 1=1-11months 2= 1-3 years 3= over 3 years	1= 1 -11 months - 5	2= 1- 3 Years - 1	3= Over 3 years - 0

BC 6			
Q1 Provider			
Q2 Does the provider returns your calls promptly?	Yes - 6	No - 0	
Q3 How are you receiving your services? 1= in person 2= telehealth 3= both	1= In person - 6	2= Telehealth - 0	3= Both - 0
Q4 Are the staff respectful and friendly?	Yes - 6	No - 0	
Q5 Do you feel that the provider instills hope regarding your future?	Yes - 6	No - 0	
Q6 Are the services provided sensitive to your race, religion, and ethnic background?	Yes - 6	No - 0	
Q7 Do you feel that the provider listens to you?	Yes - 6	No - 0	
Q8 Do you feel that this provider is knowledgeable about resources and supports in the community?	Yes - 6	No - 0	
Q9 Do you meet the provider enough to meet your needs?	Yes - 6	No - 0	
Q10 Do you and your child participate in treatment planning goals?	Yes - 6	No - 0	
Q11 Does the provider keep you updated with progress and concerns?	Yes - 6	No - 0	
Q12 Has your provider discussed discharge and transition plan?	Yes - 6	No - 0	
Q13 Were you satisfied with ISPT meeting?	Yes - 6	No - 0	
Q14 Do you feel that your child is getting the help they need?	Yes - 6	No - 0	
Q15 Would you feel comfortable filing a complaint if you have a problem with the provider?	Yes - 6	No - 0	
Q16 Are you satisfied with the provider?	Yes - 6	No - 0	
Q17 How long have you had services 1=1-11months 2= 1-3 years 3= over 3 years	1= 1-11 months - 5	2= 1- 3 Years - 1	3= Over 3 years - 0

FAMILY BASED 3			
Q1 Provider			
Q2 Does the provider returns your calls promptly?	Yes - 3	No - 0	
Q3 How are you receiving your services? 1= in person 2= telehealth 3= both	1= In person - 3	Telehealth - 0	3= Both - 0
Q4 Are the staff respectful and friendly?	Yes - 3	No - 0	
Q5 Do you feel that the provider instills hope regarding your future?	Yes - 3	No - 0	
Q6 Are the services provided sensitive to your race, religion, and ethnic background?	Yes - 3	No - 0	
Q7 Do you feel that the provider listens to you?	Yes - 3	No - 0	
Q8 Do you feel that this provider is knowledgeable about resources and supports in the community?	Yes - 3	No - 0	
Q9 Do you meet the provider enough to meet your needs?	Yes - 3	No - 0	
Q10 Do you and your child participate in treatment planning goals?	Yes - 3	No - 0	
Q11 Does the provider keep you updated with progress and concerns?	Yes - 3	No - 0	
Q12 Has your provider discussed discharge & transition plan?	Yes - 3	No - 0	
Q13 Were you satisfied with ISPT meeting?	Yes - 3	No - 0	
Q14 Do you feel that your child is getting the help they need?	Yes - 3	No - 0	
Q15 Would you feel comfortable filing a complaint if you have a problem with the provider?	Yes - 3	No - 0	
Q16 Are you satisfied with the provider?	Yes - 3	No - 0	

VIII. Adult Drug & Alcohol Services

A total of 15 D&A surveys were completed across three program types. Respondents reported 100% satisfaction across core domains including respect, safety, hope, and overall help received.

Survey Distribution:

•**Rehab (5):** Residential rehabilitation participants reported respectful treatment environments, effective communication, and strong satisfaction with recovery support.

•**Outpatient (7):** Outpatient D&A respondents indicated clear provider communication, supportive engagement, and overall satisfaction with treatment services and medication discussions.

•**Methadone (3):** Methadone program participants reported respectful staff interactions, helpful medication support, and strong satisfaction with treatment experiences.

D&A REHAB	5			
Q1 Provider				
Q2 Are the services provided sensitive to your race, religion, and ethnic background?	Yes - 5	No - 0		
Q3 Do you feel that the provider listens to you?	Yes - 5	No - 0		
Q4 Are staff respectful and friendly?	Yes - 5	No - 0		
Q5 Do you feel that the provider instills hope regarding your future?	Yes - 5	No - 0		
Q6 Are you given the chance to ask treatment questions?	Yes - 5	No - 0		
clearly to you?	Yes - 5	No - 0		
Q8 Are you learning coping skills that help you manage your	Yes - 5	No - 0		
Q9 Do you feel that this is a safe place to express yourself?	Yes - 5	No - 0		
Q10 Are group session offered?	Yes - 5	No - 0		
Q11 Would you feel comfortable filing a complaint if you had a problem with the provider?	Yes - 5	No - 0		
Q12 Do you feel that this service helped you?	Yes - 5	No - 0		
Q13 Are satisfied with provider?	Yes - 5	No - 0		

D&A OUTPT	7					
Q1 Provider						
Q2 Are the services provided sensitive to your race, religion, and ethnic background?	Yes - 7	No - 0				
Q3 Do you feel that the provider listens to you?	Yes - 7	No - 0				
Q4 Are staff respectful and friendly?	Yes - 7	No - 0				
Q5 Do you feel that the provider instills hope regarding your future?	Yes - 7	No - 0				
Q6 Are you given the chance to ask treatment questions?	Yes - 7	No - 0				
Q7 Does the provider talk to y you about how medications are working for you?	Yes - 7	No - 0				
Q8 Are the medications and their possible side effect explained to you?	Yes - 7	No - 0				
Q9 How often do you participate in therapy?1=Once a week 2= Twice or more a week 3= Once a month 4= Never 5= N/A	Once a week - 2	Twice or more a week - 0	Once a month - 1	Never - 2	N/A - 4	
Q10 How long have you had this service?	1-11 months - 5	1-3 years - 2	Over 3 years - 0			
Q11 Would you feel comfortable filing a complaint if you had a problem with the provider?	Yes - 7	No - 0				
Q13 Are satisfied with provider?	Yes - 7	No - 0				

METHADONE	3					
Q1 Provider						
Q2 Are the services provided sensitive to your race, religion, and ethnic background?	Yes - 3	No - 0				
Q3 Do you feel that the provider listens to you?	Yes - 3	No - 0				
Q4 Are staff respectful and friendly?	Yes - 3	No - 0				
Q5 Do you feel that the provider instills hope regarding your future?	Yes - 3	No - 0				
Q6 Are you given the chance to ask treatment questions?	Yes - 3	No - 0				
Q7 Does the provider talk to you about how medications are working for you?	Yes - 3	No - 0				
Q8 Are the medications and their possible side effect explained to you?	Yes - 3	No - 0				
Q9 How often do you participate in therapy? 1=Once a week 2= Twice or more a week 3= Once a month 4= Never 5= N/A	Once a week - 0	Twice or more a week - 0	Once a month - 1	Never - 0	N/A - 2	
Q10 How long have you had this service?	1-11 months - 2	1-3 years - 0	Over 3 years - 1			
Q11 Would you feel comfortable filing a complaint if you had a problem with the provider?	Yes - 3	No - 0				
Q13 Are satisfied with provider?	Yes - 3	No - 0				

VIII. Closing Summary and System-Wide Trends

Across all surveyed programs in Quarter 2, overall satisfaction remained high across Adult Mental Health, Adult Drug & Alcohol, and Family/Child services. Adult Mental Health and Family/Child programs reported exceptionally strong satisfaction with service delivery, staff respect, and treatment engagement. Respondents consistently referenced respectful communication, accessible supports, and positive treatment environments that supported individual and family needs.

Strengths included provider respect and cultural sensitivity, strong communication, collaborative treatment planning, and high perceived treatment benefit. Areas to monitor included transportation barriers among some Adult respondents and opportunities to increase in-person survey engagement through enhanced outreach. Positive trends included increased peer support engagement, expanded use of community resources, and continued satisfaction with medication management and therapy services.

Adult Mental Health participants demonstrated strong satisfaction across multiple service lines, emphasizing respectful provider interactions, empowerment in treatment decisions, and integration of community-based peer and recovery supports such as the PEN Drop-In Center and Peer Support Specialists. Minimal appointment barriers and high primary care connection contributed to holistic wellness, with several respondents' reporting treatment-related employment support.

Adult Drug & Alcohol participants reported strong satisfaction across Rehab, Outpatient, and Methadone programs. Medication-assisted services demonstrated high satisfaction and understanding of treatment goals, while residential rehabilitation feedback highlighted opportunities related to staff consistency and follow-up. Overall, D&A results reflect confident engagement with recovery supports and trust in provider responsiveness.

Family and Child participants reported universal satisfaction across all surveyed service lines, including Med Management, Therapy, ECM/BCM, ASP, STAP, BHT, BC, and Family-Based programs. Caregivers described providers as respectful, culturally sensitive, and collaborative throughout treatment decision-making. While transportation and food access presented challenges for some families, trust in providers and satisfaction with treatment environments remained exceptionally high, reinforcing system strengths in family-centered care.