

Annual Individual/Family Satisfaction Report

January 2022 to December 2022

To

Tuscarora Managed Care Alliance



Individual/Family Satisfaction Team
Mental Health Association of Franklin & Fulton Counties
144 South 8th St. Suite 111, Chambersburg, PA 17201

2022 Annual Report

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Methodology

I/FST Background

The Individual/Family Satisfaction Team (I/FST) is a program of the Mental Health Association of Franklin and Fulton Counties. Originally called the Consumer/Family Satisfaction Team (C/FST), the name was changed to reflect MHA's ongoing commitment to 'person-first' language. This was done to avoid the tendency to classify people by the services they use. They are people, first. People who complete I/FST surveys are individuals participating in behavioral health services or family members whose children participate in behavioral health services.

Tuscarora Managed Care Alliance (TMCA) contracts with the Mental Health Association's I/FST to survey individuals who receive behavioral health services through HealthChoices. TMCA oversees the implementation of HealthChoices and subcontracts with PerformCare.

The State of Pennsylvania Department of Human Services outlines goals for Individual/Family Satisfaction Teams (Guidelines for Consumer Satisfaction Teams and Member Surveys, Appendix L, State of Pennsylvania, Department of Human Services, Commonwealth of Pennsylvania, 2021). These goals include helping to ensure that through analysis of survey data, problems with service access, delivery and outcomes are identified and resolved. The focus is to warrant that the service system is consistent with the principles of recovery in adults, resilience in children, and aligns with the core principles of the Community Support Program (CSP), the Child and Adolescent Service System Program (CASSP), and the Department of Drug and Alcohol Programs (DDAP).

I/FST surveyors receive extensive training, meeting all requirements of Appendix L (e.g. specific training in confidentiality, cultural competency, and the behavioral health care system for mental health, substance abuse treatment, and mandated reporting). Surveyors participate in monthly staff meetings, and receive individualized training as needed.

In addition, surveyors must have personal or family experience with the behavioral health system, in accordance with Appendix L. This personal experience enriches the survey interview process as surveyors will have a compassionate understanding of the issues surrounding access, treatment experience, and recovery.

Survey Procedure

The participant contact list is provided by Tuscarora Managed Care Alliance, and includes individuals' names, providers, and phone numbers. This quarter community-based surveys were an issue due to staffing abilities in which warranted phone interviewing process to be our primary survey procedure. As The Mental Health Association mends staffing concerns going forward which increases the ability for face to face interviews, the following quarter is projected to have an increase in face to face interviews, while still conducting phone interviews for those who wish to continue with this method. The Mental Health Association is compliant with OSHA (Occupational Safety and Health Administrations) regulations for self-distancing in the workplace and the provision of in-person services.

As normal conditions have resumed, surveyors will request permission to conduct face-to-face interviews with the participants or a phone survey if that is preferred. These face-to-face interviews are offered at community locations or the participants' homes.

Prior to beginning each survey, I/FST surveyors review an 'informed consent' form with the participants, and answer any questions they may have about the survey. Participants sign the consent form (or provide their verbal consent over the phone). The form outlines the participants' rights to:

- Participate voluntarily.

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- Skip any questions they do 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 by a provider.

Each consent form is signed and dated by a surveyor as a witness. Surveys are completed electronically and can be traced back to the respondent if needed (for example, if a respondent completes a survey but later revokes their consent). An example of the informed consent, survey, and introduction are available upon request.

In an effort to survey individuals participating in substance use treatment services, the I/FST schedules times to be at a provider's location and survey recipients of services either prior to their scheduled appointment or directly following their scheduled appointment. Each provider designates a confidential space in their office for I/FST surveyors and encourages PerformCare members to participate in the survey. Going forward, substance use treatment service surveys will be conducted via phone or inperson if a survey participant indicates a desire to share their experiences after being given the option to do so.

Surveys have more than 60 questions; the youth survey has fewer questions. Most survey questions use a forced-choice response formatted in a Likert-type scale. Choices are: strongly agree, agree, neutral, disagree, or strongly disagree. The surveys also employ open-ended questions, such as "Are there any services you need but are not getting?"

Adult, family, and youth surveys are available upon request, along with the raw data results. All data is entered into survey analysis software (SNAP c11.0). Most surveys are completed on a web-enabled tablet and uploaded to a SNAP WebHost account where data is stored in perpetuity. Paper surveys may be used when respondents request to complete via mail, or when technical difficulties prevent the use of tablets. Descriptive statistics were calculated, and applicable cross-tabulations were completed. Results are analyzed using a Chi-Square test (when necessary) and statistical significance calculated through the survey software. Statistical significance is when a result is not likely to occur randomly and is likely to be attributed to a specific cause. Statistical significance can be high or low. Significance at a 1% level means that there is a 99% confidence level that it can be repeated with a different population and 5% level means that there is a 95% confidence level that it can be repeated with a different population. When one * appears after a number, that means that there is a .05 level of significance or a 95% confidence level meaning that there is only a 5% chance that the findings are because of chance. When two ** appear after a number, that means that there is a .01 level of significance or a 99% confidence level meaning that there is only a 1% chance that the findings are due to chance.

In an effort to increase participation and for difficult-to-reach populations, mail-in surveys are also available. Individuals retain the option to call in to do a phone survey if they prefer. A cover letter describing options to call in or complete the survey face-to-face is included. The letter also contains information on how to contact the Mental Health Association Program Manager, TMCA, and PerformCare directly.

Survey Population

Contact information is provided to the I/FST on a quarterly basis. From this original sample, the names of individuals who participated in the survey within the last year are removed, as well as those who have requested not to be contacted again. After data cleansing, contact information was provided for a final sample of 2,562 individuals. Individuals who have been previously contacted by the I/FST and were not able to communicate with the surveyor due to a language barrier have been placed on a separate list. Reaching the Spanish speaking community is a priority and initiatives are being taken to resolve the communication barrier. Table 1 shows specific contact categories that must be removed prior to utilizing the call lists provided by TMCA. MHAFF will continue to track populations that cannot be reached and develop specific outreach

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plans as necessary. Other areas where concerns have been noted include: Intellectual/Development Disability group homes, Residential Treatment Providers, and Spanish Speaking individuals.

Table 2 shows an annual sample of individuals. This is the total number of contacts available after data cleansing. In 2022, 692 surveys were completed, compared to 813 in 2021. See table below for a comparison of contact statistics from 2022.

Table 2: 2022 Annual Adult, Family, and Youth Contact Statistics

	January to December 2022 Sample	January to December 2022 Completed Surveys
Adult	6934	437
Family	3228	198
Youth	2117	57
Total	12,279	692

Completed Surveys

In 2022 I/FST completed 692 surveys, representing 5.64 % of the total sample (N=12,279). Adult surveys represented 61.6%, family surveys represented 27.8% and youth surveys represented 10.5% of completed surveys.

Table 3 shows the number of surveys for each category and the county in which respondents resided. There were 660 completed surveys for Franklin County, in which 7 participants did not indicate their county of residence.

Table 3: Total Number of Surveys Completed

	January – December 2022 Franklin	January – December 2022 Fulton	January – December 2022 Total
Adult	406	25	437
Family	184	13	198
Youth	51	6	57
Total:	641	44	692

Demographics

Gender by Category

Table 4 depicts the gender of individuals surveyed in 2022 that responded to this question. Nine participants did not provide their gender.

Table 4: Gender of Respondents

	Male	Female	Transgendered	Non-Binary
	January- December 2022	January- December 2022	January- December 2022	January- December 2022
Adult	137	285	0	2
Family (Gender of Child)	125	71	0	0
Youth	27	35	0	2
Total:	289	391	0	3

Age

The chart below shows the age and number of members served and surveyed by age range in Franklin and Fulton Counties for the period dating January – December 2022. Note that the “Members Served” column may include duplicated respondents. Twenty-two survey respondents did not provide their age in 2022.

Table 5: Age of Members Served vs. Members Surveyed

	January-December 2022 Members Served	January-December 2022 Members Surveyed
Ages 0-5 years:	6,758 (15.93%)	18 (2.64%)
Ages 6-12 years:	7,297 (17.20%)	144 (21.11%)
Ages 13-17 years:	5,106 (12.03%)	80 (11.73%)
Ages 18-20 years:	2,961(6.98%)	15 (2.20%)
Ages 21-44 years:	14,297 (33.69%)	278 (40.76%)
Ages 45-64 years:	7,145 (16.84%)	134 (19.65%)
Ages 65+:	2,243 (5.29%)	13 (1.91%)
Total:	42,432 (100%)	682 (100%)

Race/Ethnicity

Table 6 is a representation of the race/ethnicity of respondents vs. PerformCare members served from January 1, 2022 to December 31, 2022. The totals were derived by adding up all of the individuals who responded to the survey; this included the race of the children of family member respondents. **Members are able to choose more than one race, or decline to answer, and numbers therefore do not equal the total number of surveys completed.** There were 18 respondents who chose to not respond to the survey question. Table 6 shows the majority of respondents were white.

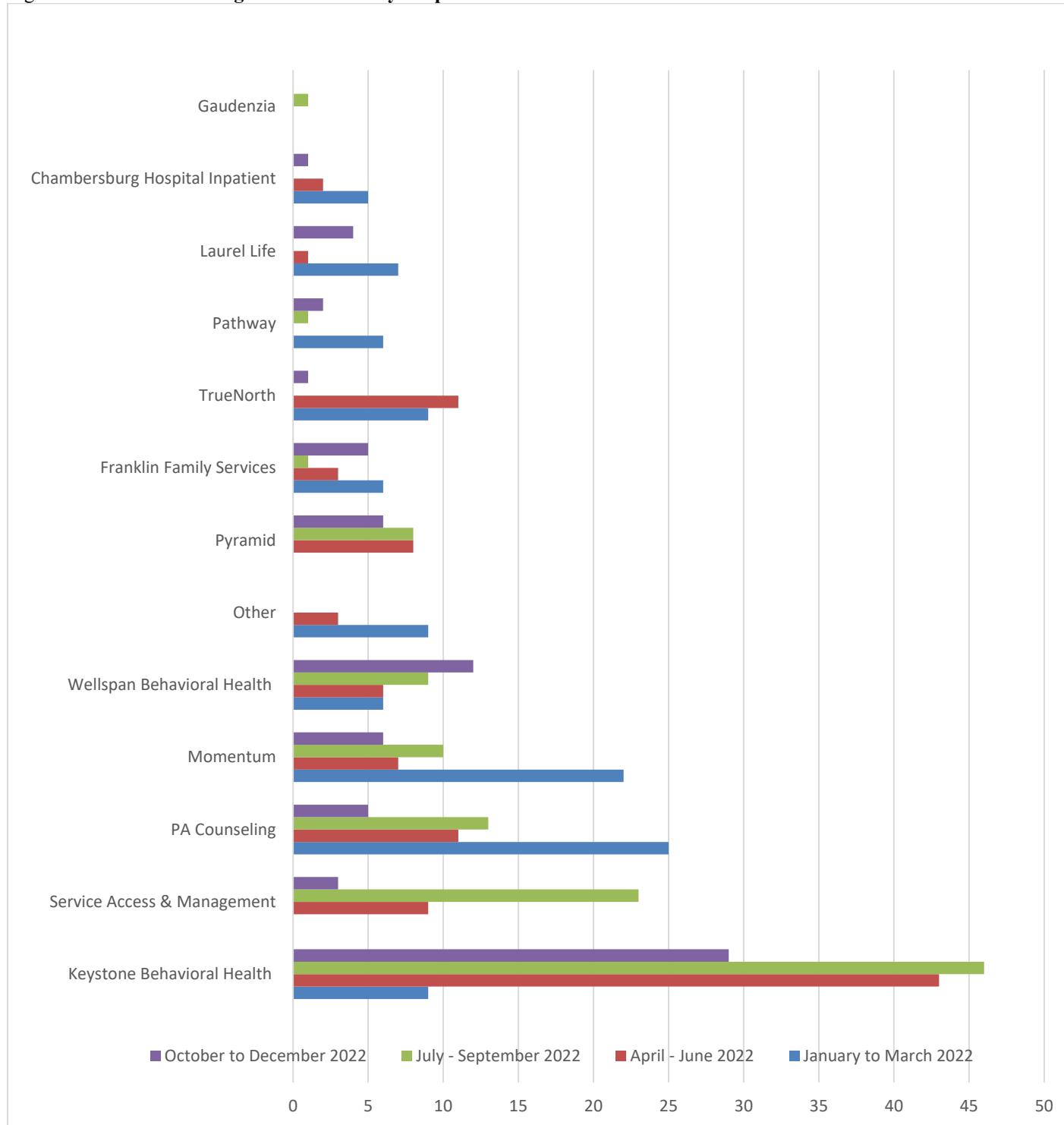
Table 6: Race/Ethnicity of Members Served vs. Members Surveyed

Race/ Ethnicity	Total	Ethnicity of ADULT Respondents	Ethnicity of child of FAMILY member respondents	Ethnicity of YOUTH Respondents	Ethnicity of Members Served
	January - December 2022	January -December 2022	January -December 2022	January -December 2022	October -December 2022
White	542	330 (77.83%)	159 (74.55%)	43 (73.53%)	31,103 (73.30%)
American Indian/ Alaskan Native	8	8 (1.89%)	0 (0%)	0 (0%)	150 (.35%)
Black	42	34 (8.02%)	6 (3.64%)	2 (2.94%)	3,501 (8.25%)
Asian American/Pa cific Islander	2	2 (0.47%)	0 (0%)	0 (0%)	592 (1.40%)
Other	98	50 (11.79%)	30 (21.82%)	10 (23.53%)	7,086 (16.70%)
Total	692	424 (100%)	195 (100%)	55 (100%)	42,432 (100%)

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Providers Selected

Figure 1 show which providers survey respondents chose to be surveyed about this quarter. In 2022 Adults completed surveys about 13 providers.

Figure 1: **Adult Provider Agencies Selected by Respondents**



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Figure 2 show which providers survey respondents chose to be surveyed about this quarter. In 2022 family respondents completed surveys about 13 providers.

Figure 2: Family Provider Agencies Selected by Respondents

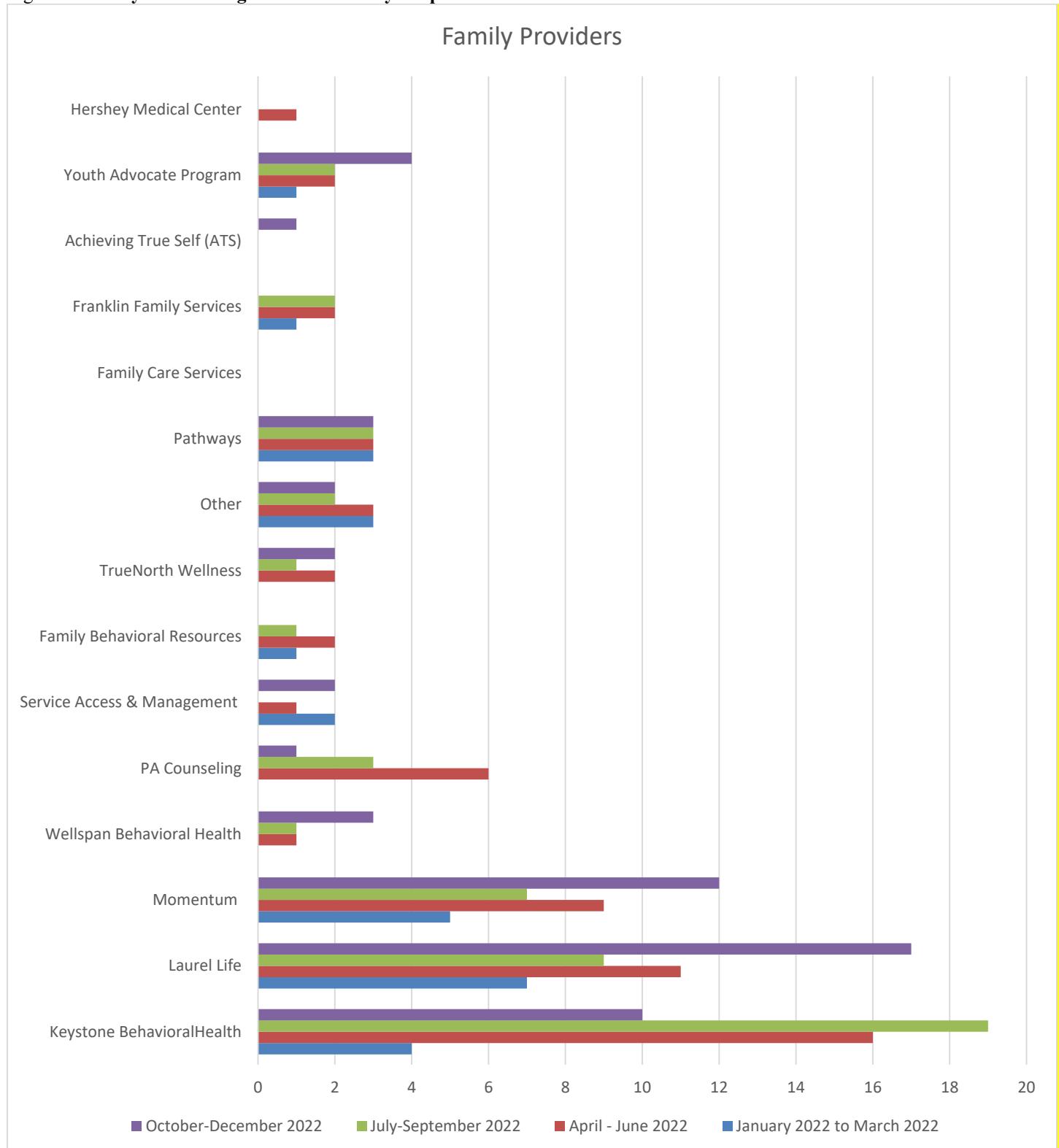
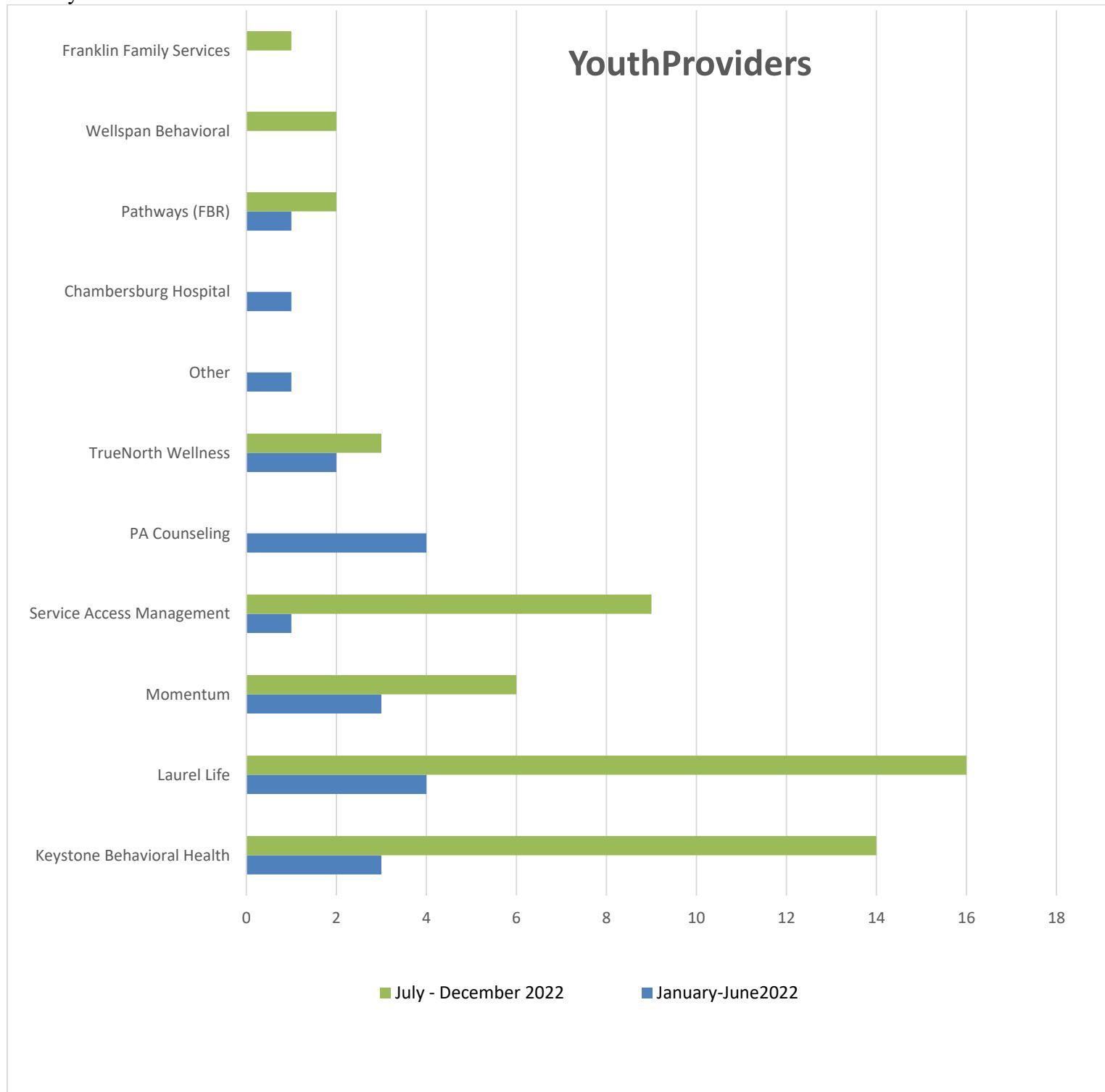


Figure 3 show which providers survey respondents chose to be surveyed about this quarter. In 2022 youth respondents completed surveys about 11 providers

Figure 3: Youth Provider Agencies Selected by Respondents

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Level of Care Received

Table 7 shows the 2022 calendar year's targeted goal for each level of care and the progress towards those

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goals from January-December 2022. This table shows the number of completed surveys for the last year broken down by survey type (adult – “A”, family – “F”, and youth – “Y”). Note that some surveys are ended before a level of care is identified or participants can elect to not answer. The increased levels of care goals for 2022 are shown below. *Note: On average, each quarter, at least 177 total surveys need to be completed to achieve a total of 709 surveys for the year. Level of care goals are monitored regularly to determine if a concentrated focus on a specific level of care will be needed to meet level of care targets by the end of the year.*

Table 7: Level of Care

Levels of Care	2022 Fiscal Year Target Survey Goals	January – March 2022			April – June 2022			July-September 2022			October-December 2022			Total Complete
		A	F	Y	A	F	Y	A	F	Y	A	F	Y	
Inpatient Psychiatric	25	3	3	0	2	0	1	0	0	0	1	0	0	12
Psychiatric Outpatient Services/Med Psychiatry	450	131	11	0	73	37	14	79	41	13	54	28	27	508
IBHS	--- TBD	0	0	0	0	10	0	0	4	0	1	22	3	40
Residential Treatment Facility	--- TBD	0	1	0	0	1	0	0	0	0	0	0	0	2
Outpatient D&A	72	0	0	0	4	0	0	5	0	0	4	0	0	13
Family Based Services	14	0	9	0	0	4	3	0	3	0	0	3	0	22
Blended Case Management	55	0	2	0	9	1	1	23	0	4	3	2	5	50
Crisis Intervention	50	6	7	0	16	3	1	5	1	0	2	2	1	44
Total	702	140	33	0	104	56	20	112	49	17	65	57	36	692

2022

Adult Survey Highlights

N=437

Overall Satisfaction

The core of the survey is divided into three categories that are thought to significantly impact an individual's recovery experience. These categories are: access to services; treatment experiences/recovery practices; and direct outcomes of services received. To obtain an average satisfaction score, survey indicators in each group were assigned a numerical value on a five-point Likert scale, with five representing the greatest satisfaction and one the least.

Table 8 shows adult satisfaction for both counties combined. The overall satisfaction in 2022 compared to 2021 has decreased slightly. Statistical significance can be seen in the core area of treatment experiences/recovery practices and in the overall satisfaction score.

Table 8: Adult Satisfaction in Both Counties by Quarter

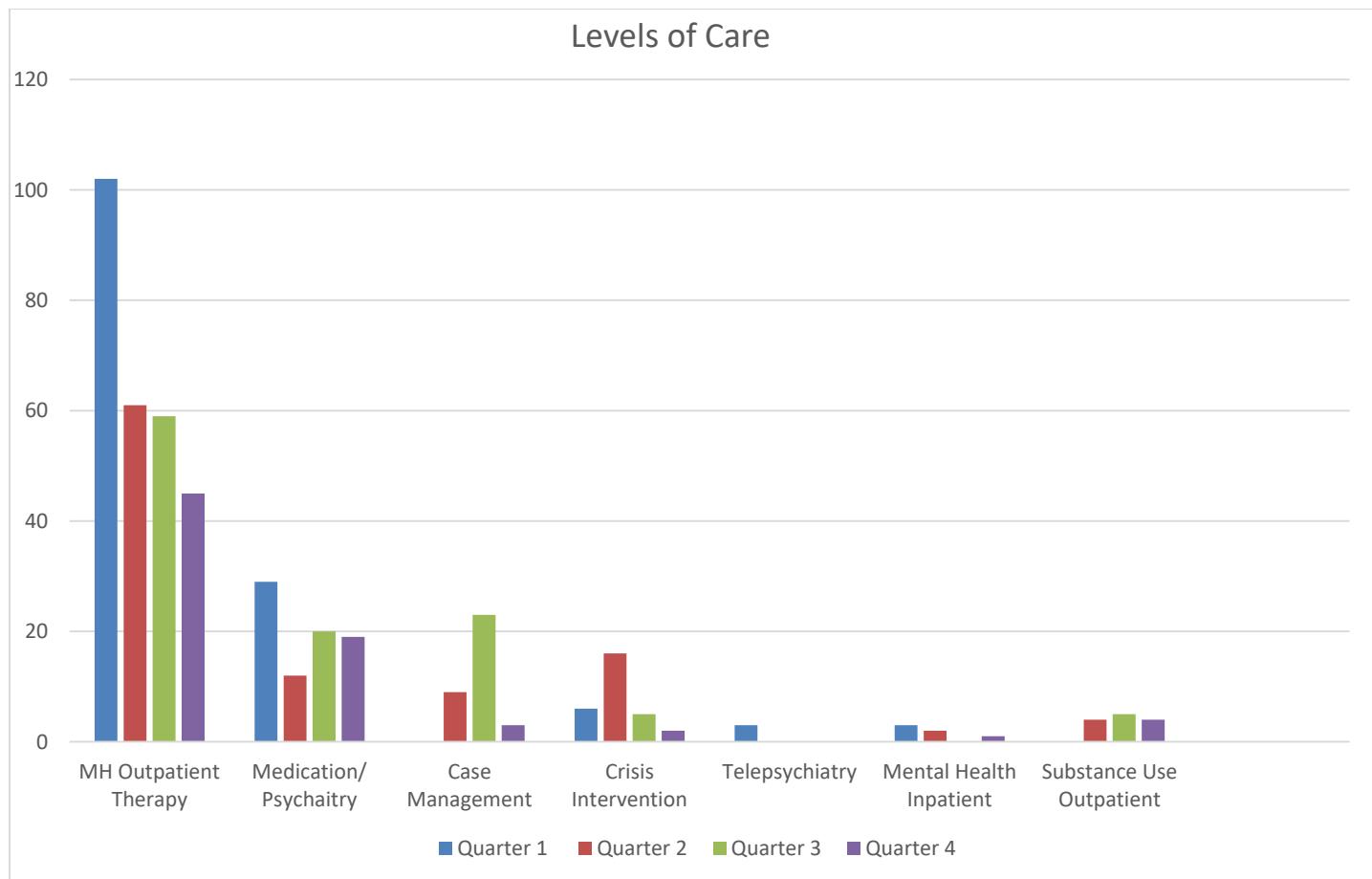
<i>Combined Counties</i>	July 2018- June 2019 N=205	July 2019- June 2020 N=374	January - December 2021 N=441	January- December 2022 N=437
Access to Services	4.20	4.25	4.35*	4.28
Treatment Experiences/ Recovery Practices	4.18**	4.20	4.32*	4.27*
Direct Outcomes	4.08**	4.11	4.23*	4.12
Overall:	4.16**	4.19	4.30**	4.24*

*Indicates significant difference in means between statements, significant at the .05 level

**Indicates significant difference in means between statements, significant at the .01 level

Levels of Care

Figure 4 demonstrates the services utilized (levels of care) by adult survey respondents in 2022. The level of care most frequently selected was mental health outpatient therapy (N=268). Survey respondents may decline to answer questions at any time. Therefore, the number of responses may not always equal the number of surveys completed.



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Figure 4: Levels of Care Utilized by Adults

Table 8 shows the satisfaction scores for Medication/Psychiatry for Quarters 1-4 and the overall satisfaction in 2022. Quarter 4 shows an increase in satisfaction for the overall satisfaction score compared to quarter 3. There was statistical significance in treatment experiences/ recovery practices as well as in 2022 overall.

Table 18: Adult Medication/Psychiatry

Medication/ Psychiatry	January – March 2022 N=29	April – June 2022 N=12	July- September 2022 N=20	October- December 2022 N=19	Annual Satisfaction 2022 January- December N=80	Annual Satisfaction 2022 January- December without Medication/ Psychiatry N=357
Access to Services	4.28	4.24	4.40	4.31	4.31	4.27*
Treatment Experiences/ Recovery Practices	4.28*	4.21	4.27	4.35	4.28*	4.27*
Direct Outcomes	4.23	4.11	4.03	4.32	4.18	4.17*
Overall	4.27	4.20	4.25	4.33	4.27*	4.25**

*Indicates significant difference in means between statements, significant at the .05 level

**Indicates significant difference in means between statements, significant at the .01 level

Table 9 shows the satisfaction results for mental health outpatient therapy for Quarters 1-4 in 2022. As seen in the table below, quarter 4 saw decrease in all three core areas and in the overall satisfaction score. Statistical significance can be seen in the core areas of access to services, treatment experiences/recovery practices and in the overall score for 2022 annual satisfaction.

Table 9: Adult Mental Health Outpatient Therapy

Medication/ Psychiatry	January – March 2022 N=102	April – June 2022 N=61	July- September 2022 N=59	October- December 2022 N=45	Annual Satisfaction 2022 January- December N=268	Annual Satisfaction 2022 January- December without Outpatient Therapy N=169
Access to Services	4.28	4.38	4.33	4.32	4.32*	4.21*
Treatment Experiences/ Recovery Practices	4.24*	4.32*	4.37*	4.30*	4.30*	4.23*
Direct Outcomes	4.23	4.13	4.21	4.14	4.19	4.16*
Overall	4.25	4.29*	4.33*	4.27*	4.28*	4.21*

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Table 10 shows the satisfaction results for substance use outpatient therapy for Quarters 1-4 in 2022. Statistical significance can be seen in the core areas of access to services, treatment experiences/recovery practices, direct outcomes and in the overall score for 2022 annual satisfaction without substance use outpatient.

Table 10: Substance Use Outpatient Therapy

Substance Use Outpatient Therapy	Annual Satisfaction 2022 January-December N=12	Annual Satisfaction 2022 January-December without S/U Outpatient N=425
Access to Services	4.08	4.28*
Treatment Experiences/ Recovery Practices	4.25	4.27*
Direct Outcomes	4.25	4.17*
Overall	4.22	4.25**

Table 11 shows the satisfaction results for Adult Crisis for Quarters 1-4 in 2022. Statistical significance can be seen in the core areas of treatment experiences/recovery practices and in the overall score for 2022 annual satisfaction.

Table 11: Adult Crisis

Adult Crisis	Annual Satisfaction 2022 January-December N=29	Annual Satisfaction 2022 January-December without Medication/ Psychiatry N=408
Access to Services	4.306	4.29*
Treatment Experiences/ Recovery Practices	4.13*	4.28*
Direct Outcomes	4.17	4.18*
Overall	4.12*	4.26**

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Table 12 shows the satisfaction results for Adult Case Management for Quarters 1-4 in 2022. As seen in the table below, quarter 4 saw decrease in all three core areas and in the overall satisfaction score. Statistical significance can be seen in the core areas of access to services, treatment experiences/recovery practices and in the overall score for 2022 annual satisfaction.

Table 12: Adult Case Management

Adult Case Management	Annual Satisfaction 2022 January-December N=35	Annual Satisfaction 2022 January-December without Case Management N=402
Access to Services	4.18	4.29*
Treatment Experiences/ Recovery Practices	4.17*	4.28*
Direct Outcomes	4.05	4.19*
Overall	4.15*	4.26**

Access to Services

Table 13 shows the responses for the question “(Name of provider) discussed with me that I have a choice of providers I could use for my services?” Survey respondents may decline to answer, and numbers therefore may not always equal the number of surveys completed. Table 17 shows quarters 1-4 and the overall 2022 statistics.

Table 13: Choice of Provider

<i>(Name of Provider) discussed with me that I have a choice of providers I could use for my services?</i>	January – March 2022 N=125	April - June 2022 N=101	July- September 2022 N=111	October- December 2022 N=71	Annual January- December 2022 N=408
Yes	72.8%	67.3%	73.0%	63.4%	69.9%
No	11.2%	14.9%	15.3%	21.1%	15.0%
Don't Know	16.0%	17.8%	11.7%	15.5%	15.2%

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Table 14 shows responses to the question “(Name of provider) discussed with me that I have a choice of different staff at their agency I could use for my services?” Table 18 shows quarters 1-4 and the overall 2022 statistics.

Table 14: Choice of Staff

<i>(Name of Provider) discussed with me that I have a choice of different staff at their agency I could use for my services?</i>	January – March 2022 N=123	April – June 2022 N=99	July-September 2022 N=111	October-December 2022 N=73	Annual January-December 2022 N=406
Yes	69.9%	70.7%	68.5%	63.0%	68.5%
No	9.8%	12.1%	20.7%	24.7%	16.0%
Not Sure	20.3%	17.2%	10.8%	12.3%	15.5%

Department of Human Services Required Questions

Table 15 shows the responses to the three Department of Human Services questions.

Table 15: Adult DHS Required Questions

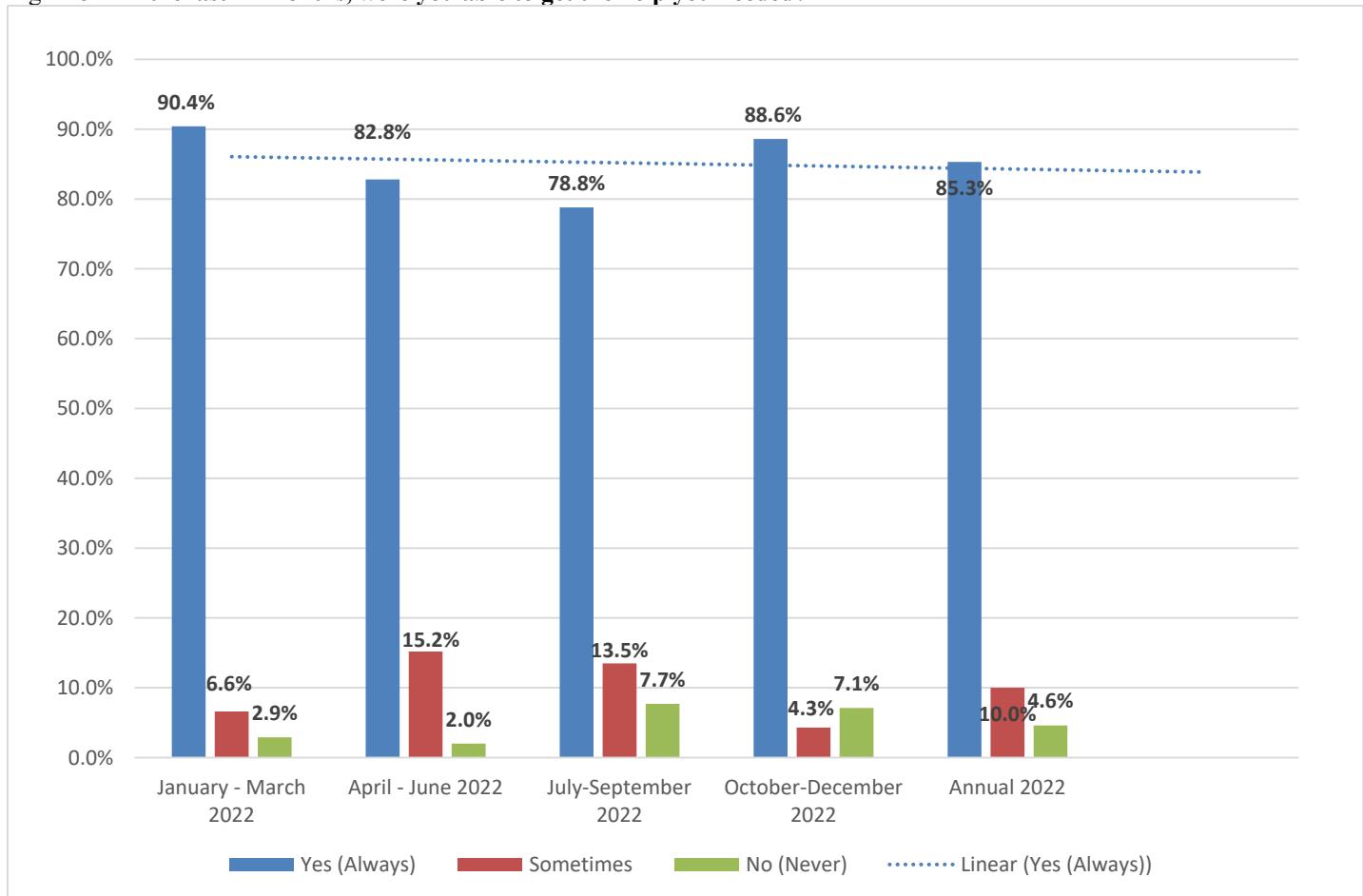
Adult	Franklin County	Fulton County	Total
<i>In the last 12 months, were you able to get the help you needed?</i>			
Yes (Always)	325 (85.08%)	19 (86.36%)	344 (85.15%)
Sometimes	38 (9.95%)	3 (13.64%)	41 (10.15%)
No (Never)	19 (4.97%)	0	19 (4.70%)
* Twenty-nine respondents declined to answer	Total	382	22
			404
<i>Were you given the chance to make treatment decisions?</i>			
Yes (Always)	296 (77.69%)	19 (86.36%)	315 (78.16%)
Sometimes	62 (16.27%)	3 (13.64%)	65 (16.13%)
No (Never)	23 (6.04%)	0	23 (5.71%)
*Thirty respondents declined to answer	Total	381	22
			403
<i>What effect has the treatment you received had on the quality of your life?</i>			
Much Better	180 (54.0%)	9 (20.0%)	189 (46.90%)

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A Little Better	150 (25.4%)	8 (40.0%)	158 (39.21%)
About the Same	45 (17.5%)	4 (40.0%)	49 (12.16%)
A Little Worse	3 (1.6%)	0 (0%)	3 (.74%)
Much Worse	4 (1.6%)	0 (0%)	4 (.99%)
<i>*Thirty respondents declined to answer</i>	Total	382	21
			403

Figure 5 shows the responses to the DHS question “In the last 12 months, were you able to get the help you needed?” An increase can be seen from Quarter 3 to Quarter 4 in the number of adults responding “Yes” to being able to get the help they needed.

Figure 5: “In the last 12 months, were you able to get the help you needed?”

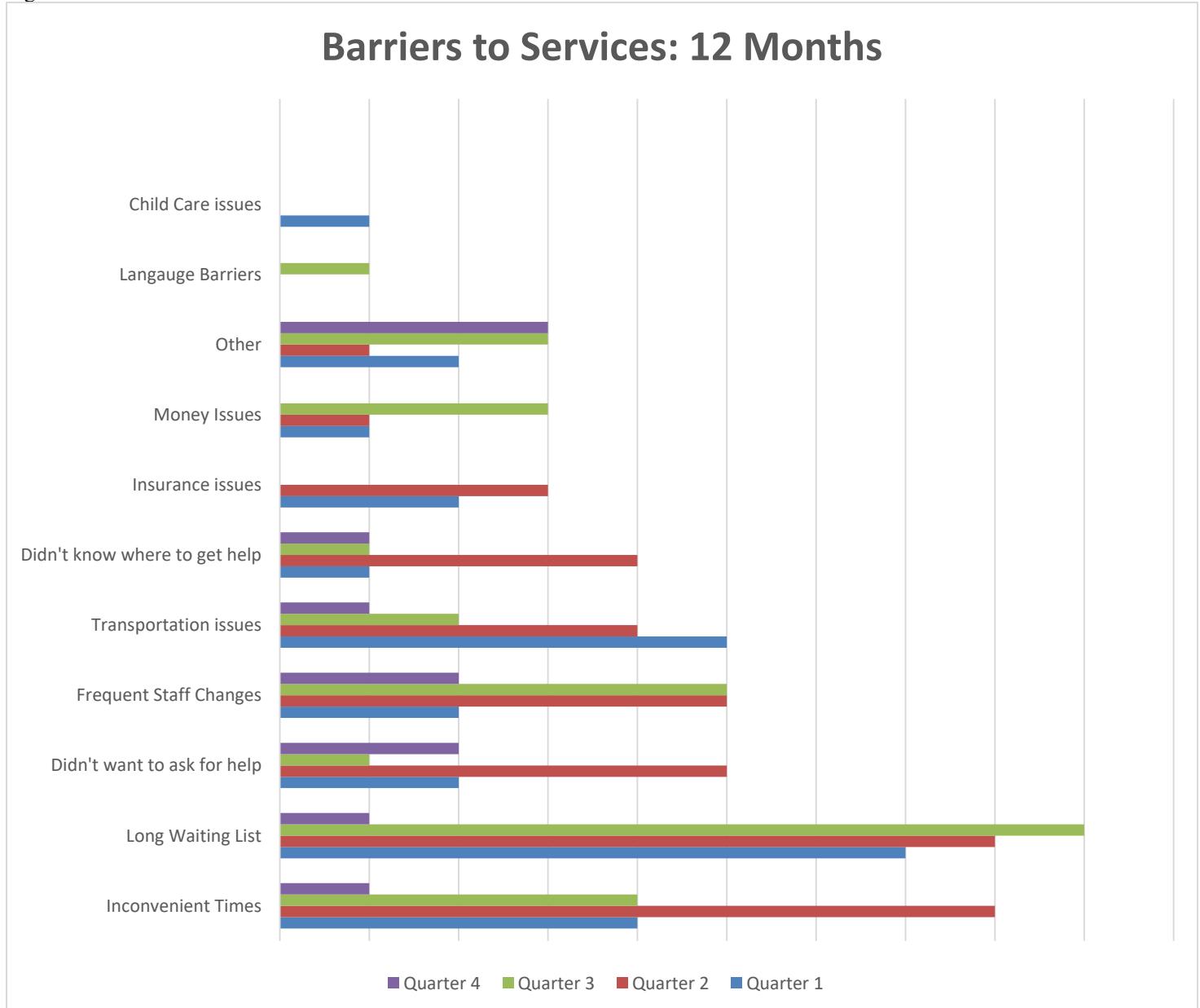


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Barriers to Service

Survey respondents were asked “In the last **12 months**, were you able to get the help you needed?” Individuals who responded “no-never” or “sometimes” are asked “What stopped you?” There was a total of 106 barriers reported in 2022.

Figure 6: **Barriers to Service in the Last 12 Months**



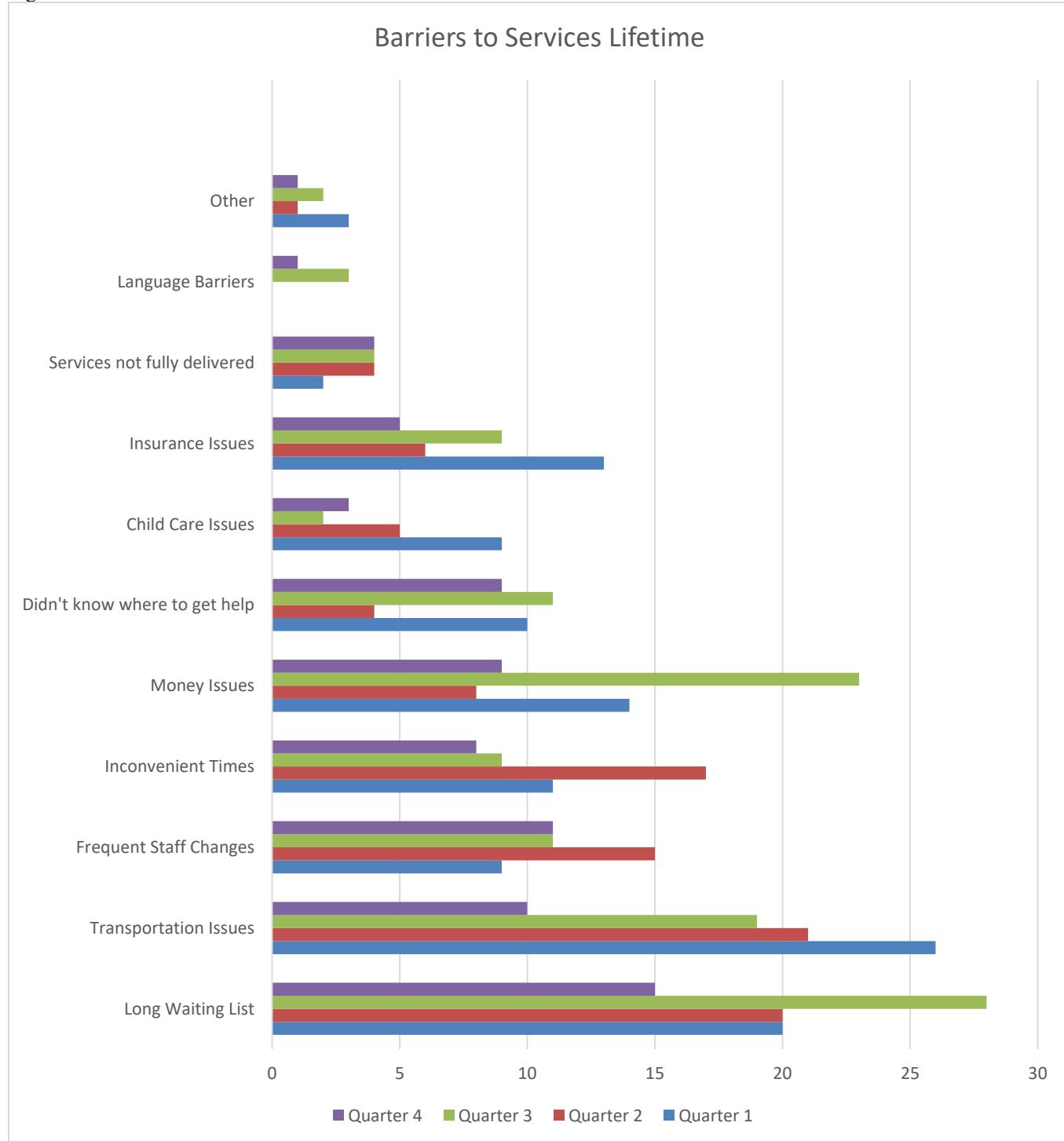
“Others” Listed:

- *“I liked my old doctor but not this new one.”*
- *“Don’t feel I learned anything on how to better manage”*
- *“I don’t want to go through that process again. The volume of forms I had to sign including services from organizations that have absolutely nothing to do with my mental health. When I signed on, among these stacks of forms, was detox programs and alcohol programs. I got a lot of calls from programs asking if I needed help and I do not do drugs. The waiting room was very small and crowded. It was very uncomfortable to be in there with other people. It got to a point I just didn’t want to go anymore.*
- *“Because I’ve had several hospitalizations in the last four months due to falls and illnesses.”*
- *“They discharged me”*
- *“Need more appointments and need doctor records”*
- *“Lack of motivation”*
- *“Transportation is an issue for everything I need to do. I have rabbit set up for medical appointments I absolutely need to get to, but everything else is an issue. I don’t have transportation to get anywhere else.”*
- *“My therapist refuses to change my medication”*

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All survey respondents, regardless of whether or not they indicated that they had problems getting the help they needed in the last 12 months were then read the list of barriers and asked to indicate if the barriers had ever prevented them from getting the help they needed. Survey respondents could select more than one barrier. In 2022 there was a total of 415 barriers reported.

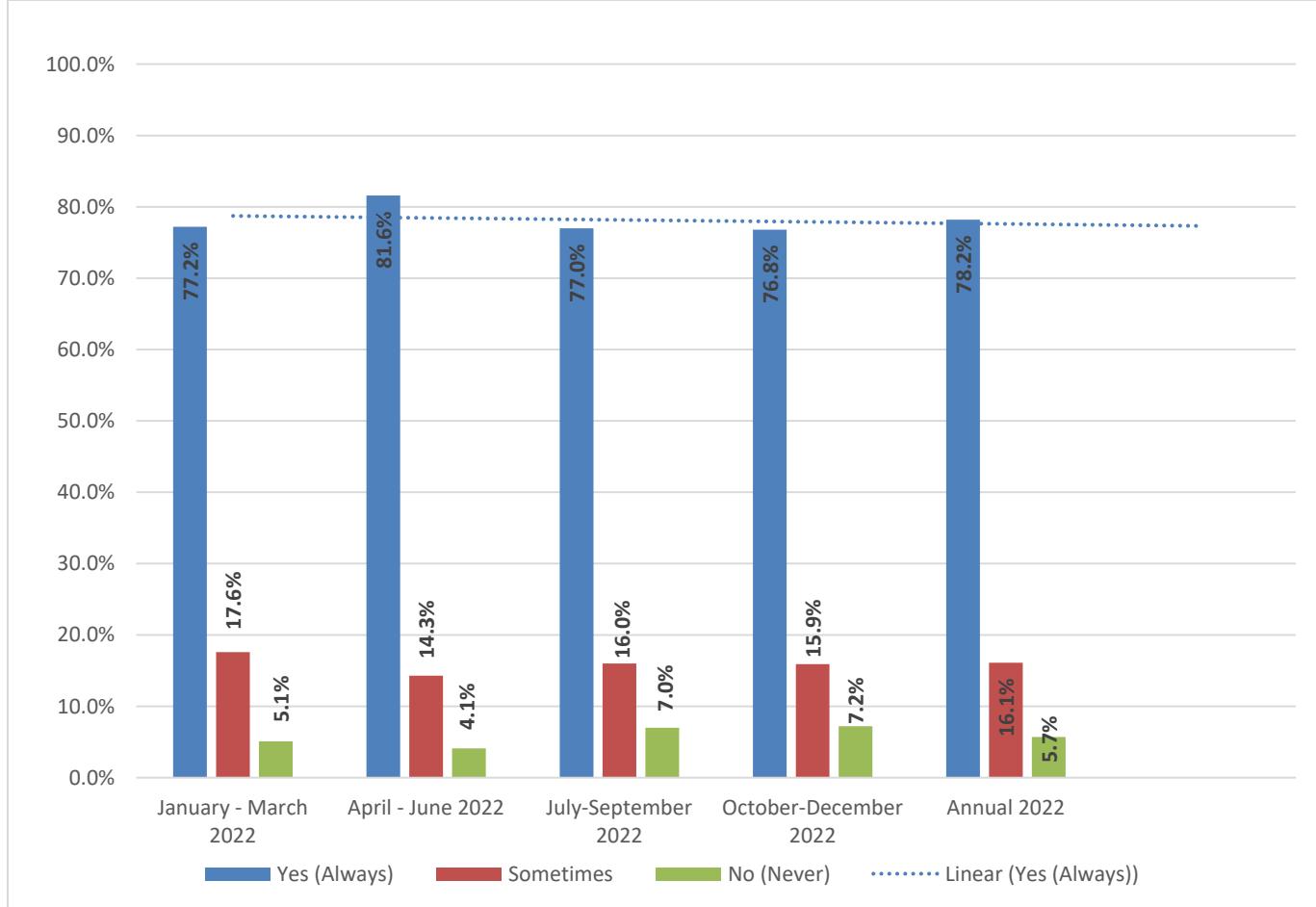
Figure 7: Barriers to Service Lifetime



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Figure 8 shows the adult responses to the Department of Human Services question “Were you given the chance to make treatment decisions?”. Figure 8 shows all 4 quarters and also the annual average for 2022.

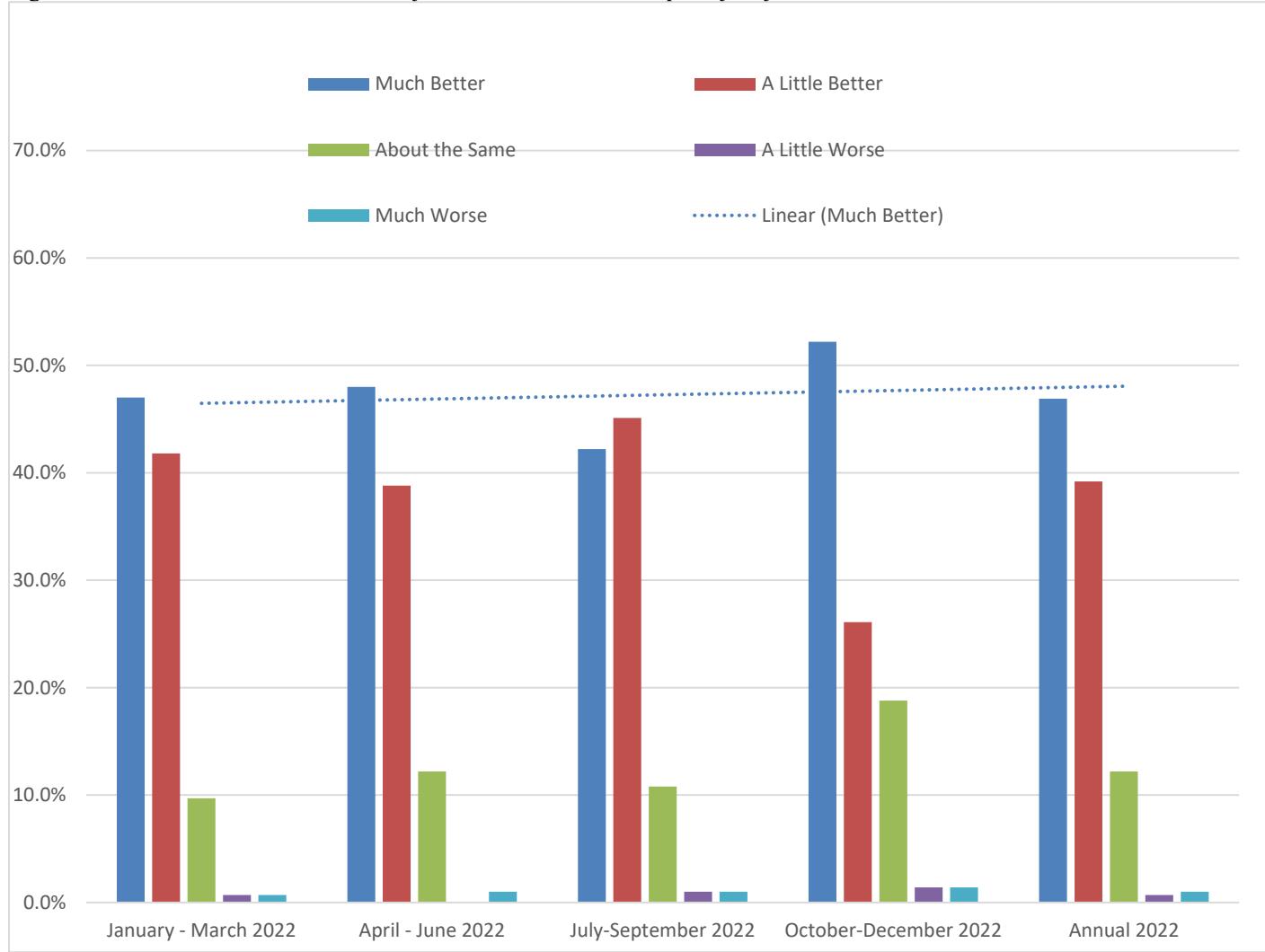
Figure 8: “Were you given the chance to make treatment decisions?”



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Figure 9 shows the Department of Human Services question “What effect has the treatment you received had on the quality of your life?” for all four quarters of 2022 and the annual average for 2022.

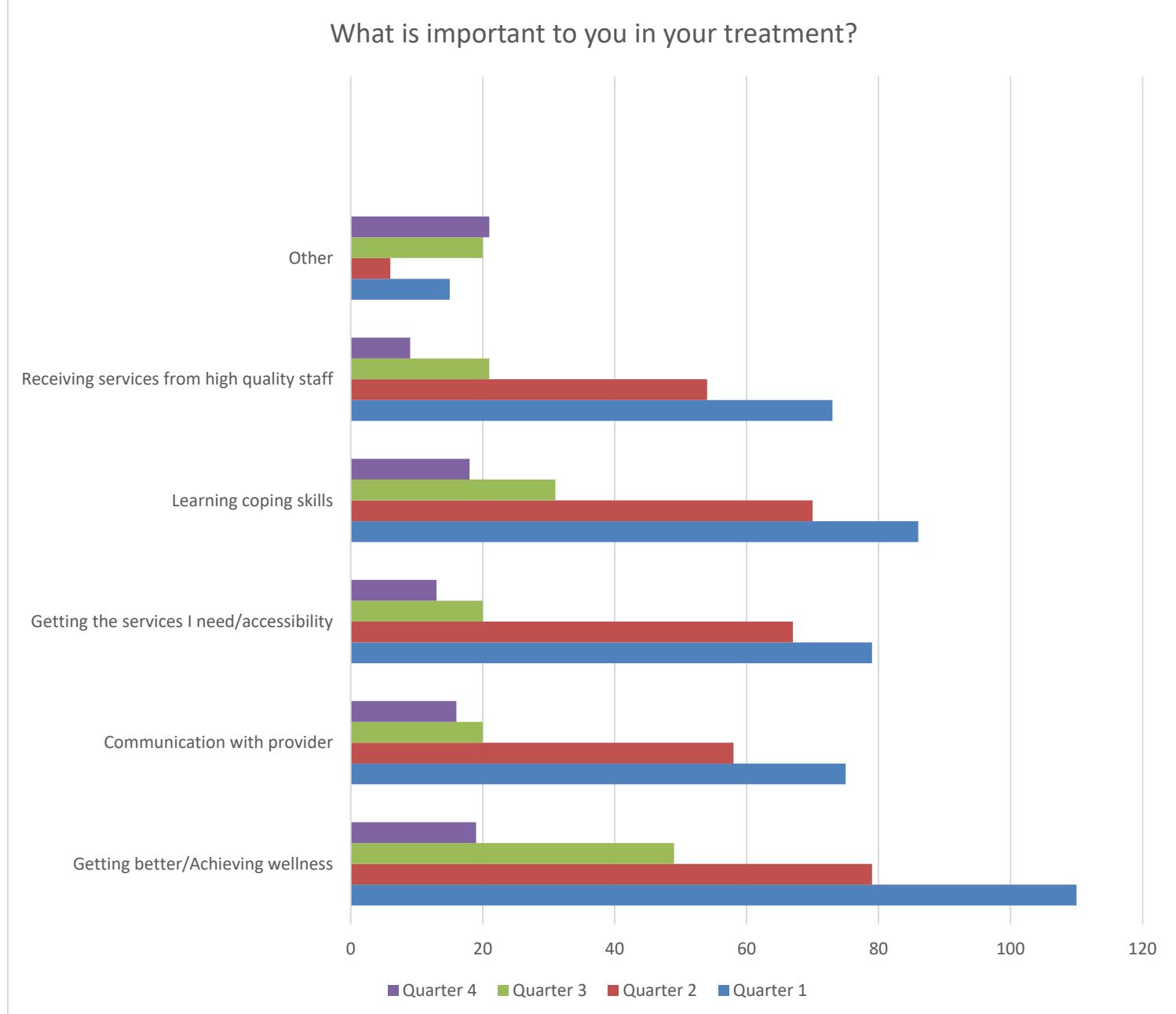
Figure 9: What effect has the treatment you received had on the quality of your life?



What is important to you in your treatment?

Figure 10 shows the responses to the question, what is important to you in your treatment.

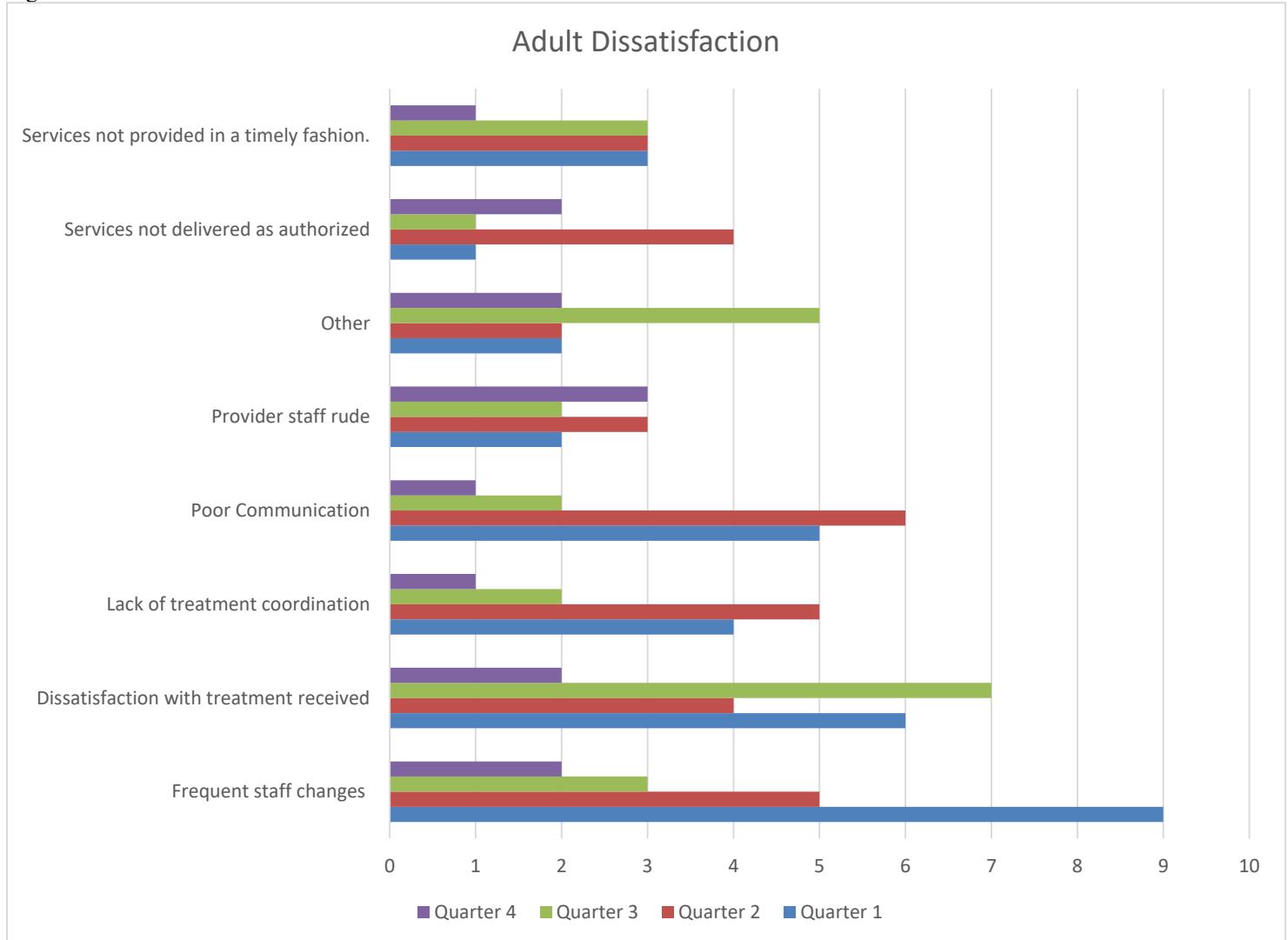
Figure 10: What is Important to you in your Treatment



Adult Dissatisfaction

In 2022, Adults reported 100 issues/concerns with their provider. The most selected overall was, “Dissatisfied with treatment received.” Figure 11, below, details the responses.

Figure 11: Adult Dissatisfaction



“Others” Listed:

- “The last therapist & I didn't click.”
- “I would prefer to see another Dr, I guess I should ask for one. I'm going to talk to my family Dr about it.”
- “Didn't feel heard”/ “Communication”
- “Lack of coordination”
- “New Psychiatrist” (2)
- “They want me to come in now and I've expressed to them that I feel more comfortable doing it over the phone. They know I have extreme anxiety and can't drive because of my anxiety. My doctor isn't even in this state, so I don't know why I need to come into the office when I can just video chat with her from home.”
- “lack of experience, there were reading out of books and telling me I was supposed to be like the text book”

Knowledge of Complaint Process

Respondents were asked “Were you informed of what to do if you have a complaint about your mental health services?” 76.4% said “Yes”, and 23.6% said “No”.

Family Surveys Highlights

N=198

Overall Satisfaction

Table 20 shows the satisfaction scores from both Franklin and Fulton Counties combined. The overall satisfaction in 2022 compared to 2021 has decreased slightly. Statistical significance can be seen in the core area of treatment experiences/recovery practices and in the overall satisfaction score.

Table 20: Family Satisfaction for Combined Counties by Quarter

<i>Combined Counties</i>	July 2019- June 2020 N=191	January - December 2021 N=305	January- December 2022 N=198
Access to Services	4.19	4.22*	4.14*
Treatment Experiences/ Recovery Practices	4.32	4.37*	4.35*
Direct Outcomes	4.06	4.07*	3.96
Overall:	4.25	4.29*	4.24*

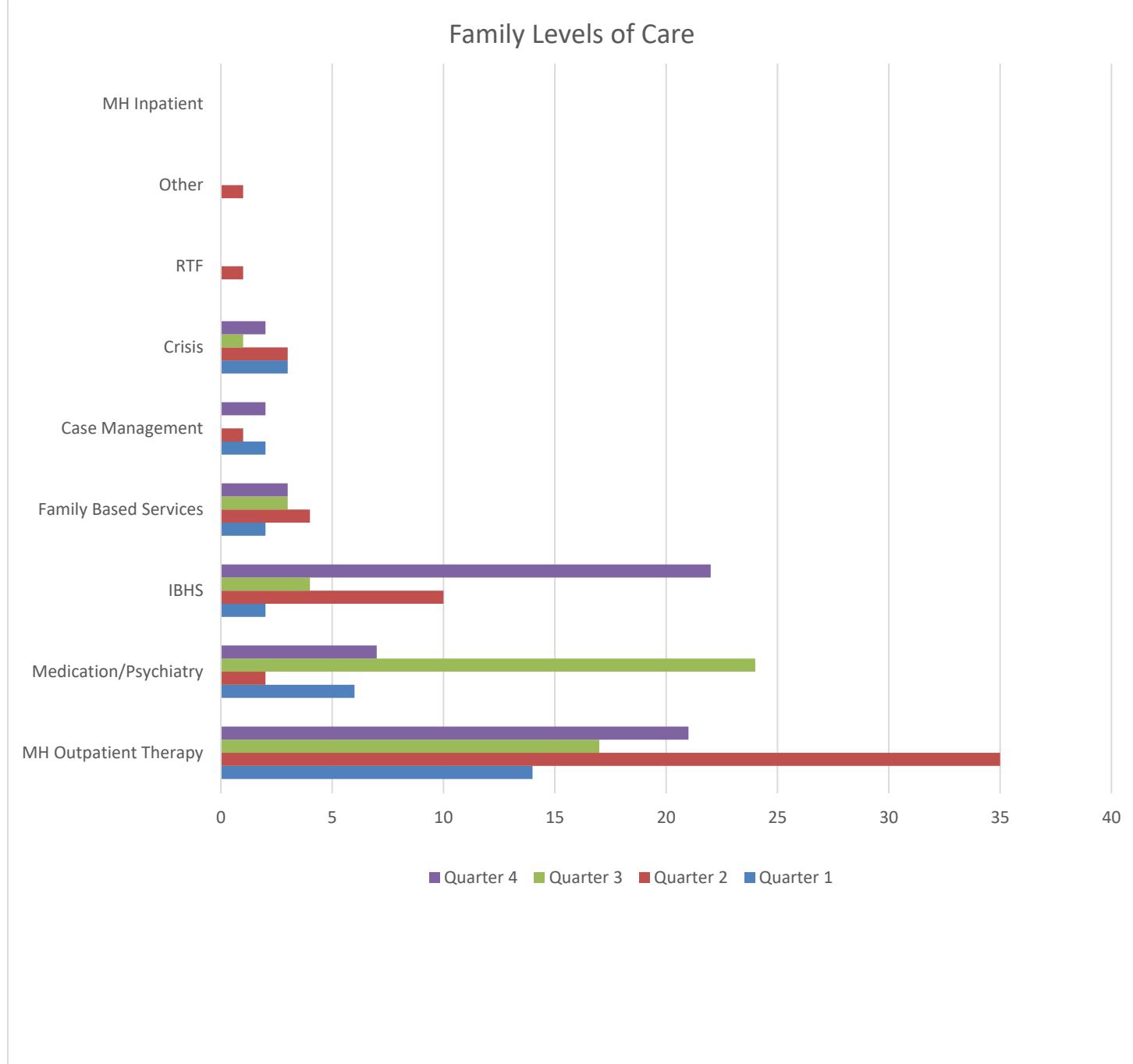
*Indicates significant difference in means between statements, significant at the .05 level

**Indicates significant difference in means between statements, significant at the .01 level

Levels of Care

Figure 12 shows the levels of care family members chose to be surveyed about in 2022

Figure 12: Levels of Care Selected by Family Members



Mental Health Outpatient Therapy

Table 16 shows the satisfaction scores for the level of care mental health outpatient therapy for the 4 quarters, showing a decrease in all areas in quarter 4 of 2022. Statistical significance was seen in treatment experiences/recovery practices, as well as, the overall satisfaction score for the annual score.

Table 16: Family Mental Health Outpatient Therapy

Mental Health Outpatient Therapy	January – March 2022 N=14	April – June 2022 N=35	July-September 2022 N=17	October-December 2022 N=21	Annual Satisfaction 2022 January-December N=87	Annual Satisfaction 2022 January-December without Outpatient Therapy N=111
Access to Services	4.24	4.29	4.30	4.21	4.27	4.00
Treatment Experiences/ Recovery Practices	4.45	4.44	4.51	4.33	4.43*	4.25*
Direct Outcomes	4.20	4.02	4.37	3.86	4.08	3.86
Overall	4.36	4.34*	4.45*	4.23	4.34*	4.14*

*Indicates significant difference in means between statements, significant at the .05 level

**Indicates significant difference in means between statements, significant at the .01 level

Medication/ Psychiatry

Table 17 shows the satisfaction scores for the Annual average for level of care, Medication/ psychiatry for 2022. In the annual average statistical significance can be seen in treatment experiences/recovery practices and the overall satisfaction.

Table 17: **Family Medication/ Psychiatry**

Medication/ Psychiatry	Annual Satisfaction 2022 January-December N=39	Annual Satisfaction 2022 January-December without Medication/ Psychiatry N=159
Access to Services	4.02	4.15
Treatment Experiences/ Recovery Practices	4.21*	4.37*
Direct Outcomes	3.86	3.99
Overall	4.11*	4.26*

*Indicates significant difference in means between statements, significant at the .05 level

**Indicates significant difference in means between statements, significant at the .01 level

Family Based Therapy

Table 18 shows the satisfaction scores for the Annual average for level of care, Family Based for 2022. In the annual average no statistical significance can be seen in any areas.

Table 18: **Family Based Therapy**

Family Based Therapy	Annual Satisfaction 2022 January-December N=12	Annual Satisfaction 2022 January-December without Family Based Therapy N=186
Access to Services	4.14	4.12*
Treatment Experiences/ Recovery Practices	4.25	4.34*
Direct Outcomes	3.67	3.98
Overall	4.13	4.24*

*Indicates significant difference in means between statements, significant at the .05 level

**Indicates significant difference in means between statements, significant at the .01 level

IBHS

Table 19 shows the satisfaction scores for the Annual average for level of care, IBHS for 2022. In the annual average no statistical significance can be seen in any of the areas.

Table 19: **IBHS**

IBHS	Annual Satisfaction 2022 January-December N=38	Annual Satisfaction 2022 January-December without IBHS N=160
Access to Services	4.06	4.14*
Treatment Experiences/ Recovery Practices	4.34	4.33*
Direct Outcomes	4.01	3.95
Overall	4.23	4.23*

*Indicates significant difference in means between statements, significant at the .05 level

**Indicates significant difference in means between statements, significant at the .01 level

Access to Services

Table 20 shows the responses for the question “(Name of provider) discussed with me that I have a choice of providers I could use for my child’s services?” Survey respondents may decline to answer questions at any time.

Table 20: **Choice of Provider by Quarter**

<i>(Name of Provider) discussed with me that I have a choice of providers I could use for my child’s services?</i>	January – March 2022 N=28	April - June 2022 N=61	July-September 2022 N=49	October- December 2022 N=56	Annual January- December 2022 N=194
Yes	82.8%	90.2%	91.8%	84.2%	86.9%
No	13.8%	9.8%	6.12%	12.3%	10.1%
Don’t Know	0%	0%	2.04%	1.8%	1.0%

January-December 2022

Table 21 shows the responses for the question “(Name of provider) discussed with me that I have a choice of different staff at their agency I could use for my child’s services?” This quarter there was a 0.12% increase in the number of Family respondents indicating that they were given a choice.

Table 21: **Choice of Staff by Quarter**

<i>(Name of Provider) discussed with me that I have a choice of different staff at their agency I could use for my child’s services?</i>	January – March 2022 N=29	April - June 2022 N=60	July-September 2022 N=48	October-December 2022 N=57	Annual January-December 2022 N=194
Yes	72.4%	83.3%	77.08%	77.2%	76.8%
No	24.1%	16.7%	16.67%	21.1%	18.7%
Not Sure	3.4%	0%	12.5%	1.8%	2.5%

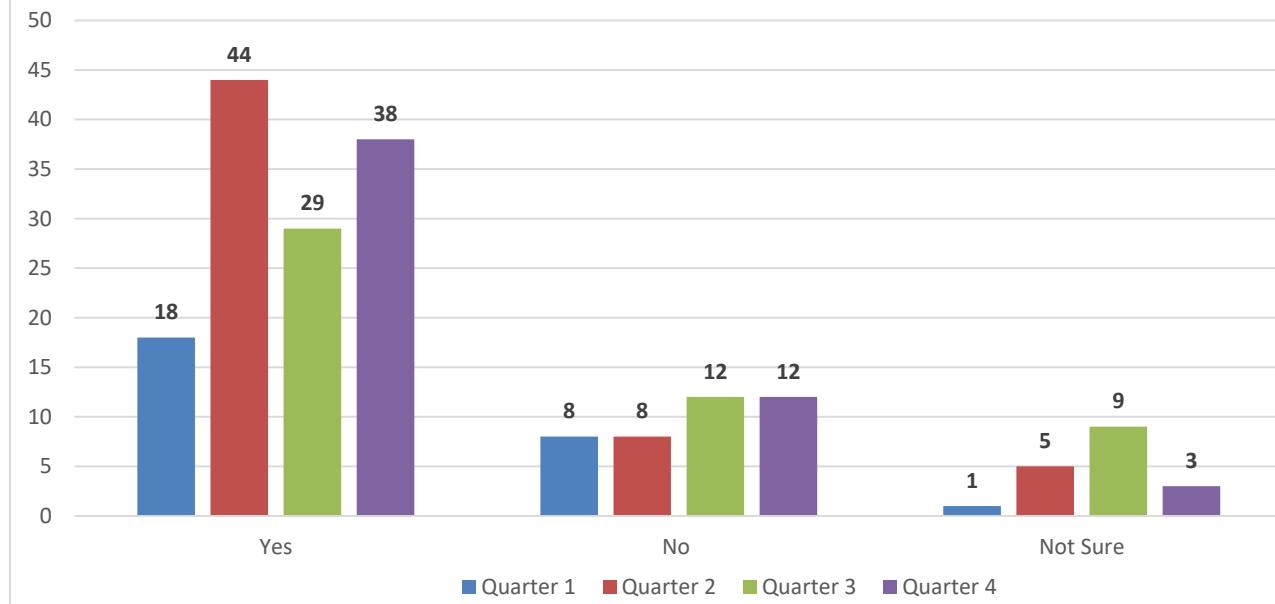
Copy of Treatment Plan

As Figure 11 shows, 68.98% Family respondents reported having been offered a copy of their child’s treatment plan on average in 2022.

Figure 11: **Treatment Plan**

January-December 2022

Copy of Treatment Plan



January-December 2022

Department of Human Services

Table 22 shows the results of the three Department of Human Services questions for 2022.

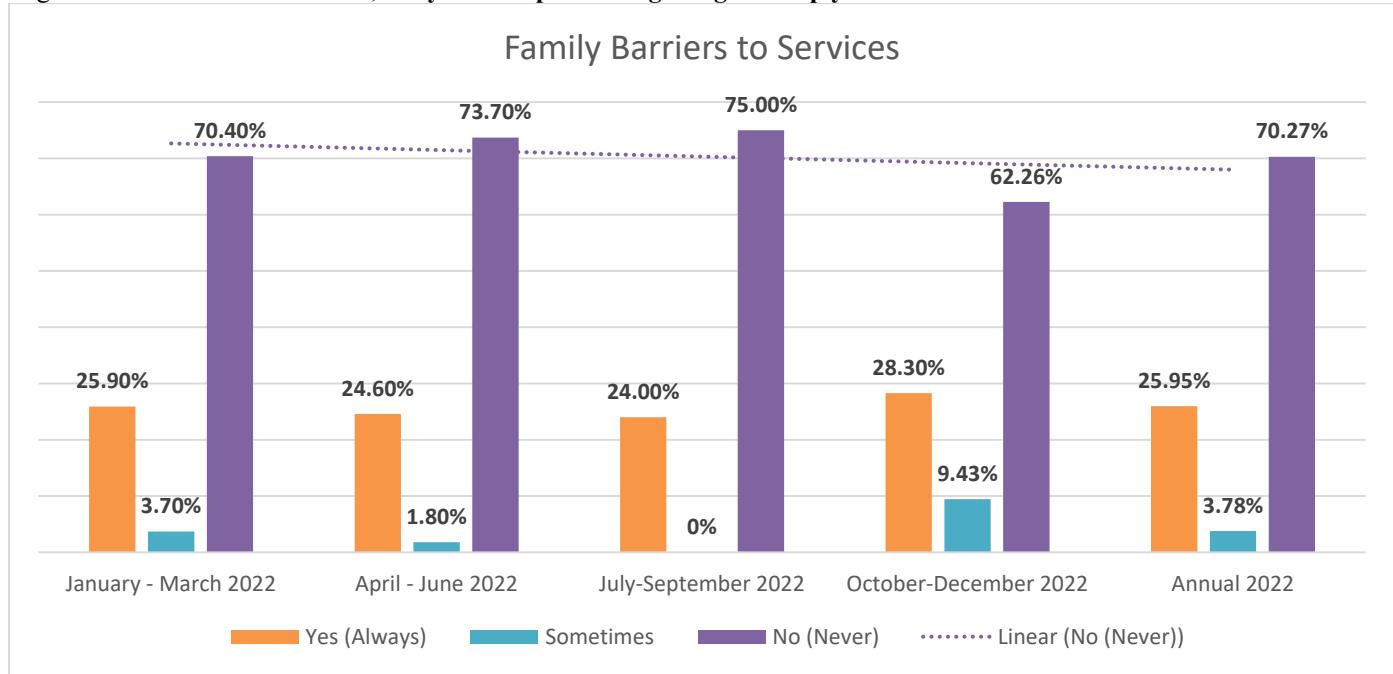
Table 22: DHS Required Questions

Family	Franklin County	Fulton County	Total
<i>In the last 12 months, did you have problems getting the help your child needed?</i>			
Yes (Always)	44 (91.66%)	4 (8.34%)	48 (25.95%)
Sometimes	7 (10.20%)	0	7 (3.78%)
No (Never)	122 (63.27%)	8 (50.0%)	130 (70.27%)
*13 respondents declined to answer	Total 173	12	185
<i>Were you and your child given the chance to make treatment decisions?</i>			
Yes (Always)	148 (84.09%)	10 (90.91%)	158 (84.49%)
Sometimes	20 (11.36%)	1 (9.09%)	21 (11.23%)
No (Never)	8 (4.54%)	0	8 (4.28%)
	Total 176	11	187
<i>What effect has the treatment your child received had on the quality of your child's life?</i>			
Much Better	65 (36.52%)	4 (33.33%)	69 (36.32%)
A Little Better	73 (41.01%)	5 (41.67%)	78 (41.05%)
About the Same	34 (19.10%)	3 (25%)	37 (19.47%)
A Little Worse	4 (2.25%)	0	4 (2.11%)
Much Worse	2 (1.12%)	0	2 (1.05%)
	Total 178	12	190

Family Barriers to Service

Figure 12 shows responses to the DHS question “In the last 12 months, did you have problems getting the help your child needed. The figure compares quarters 1-4 and the annual average for 2022.

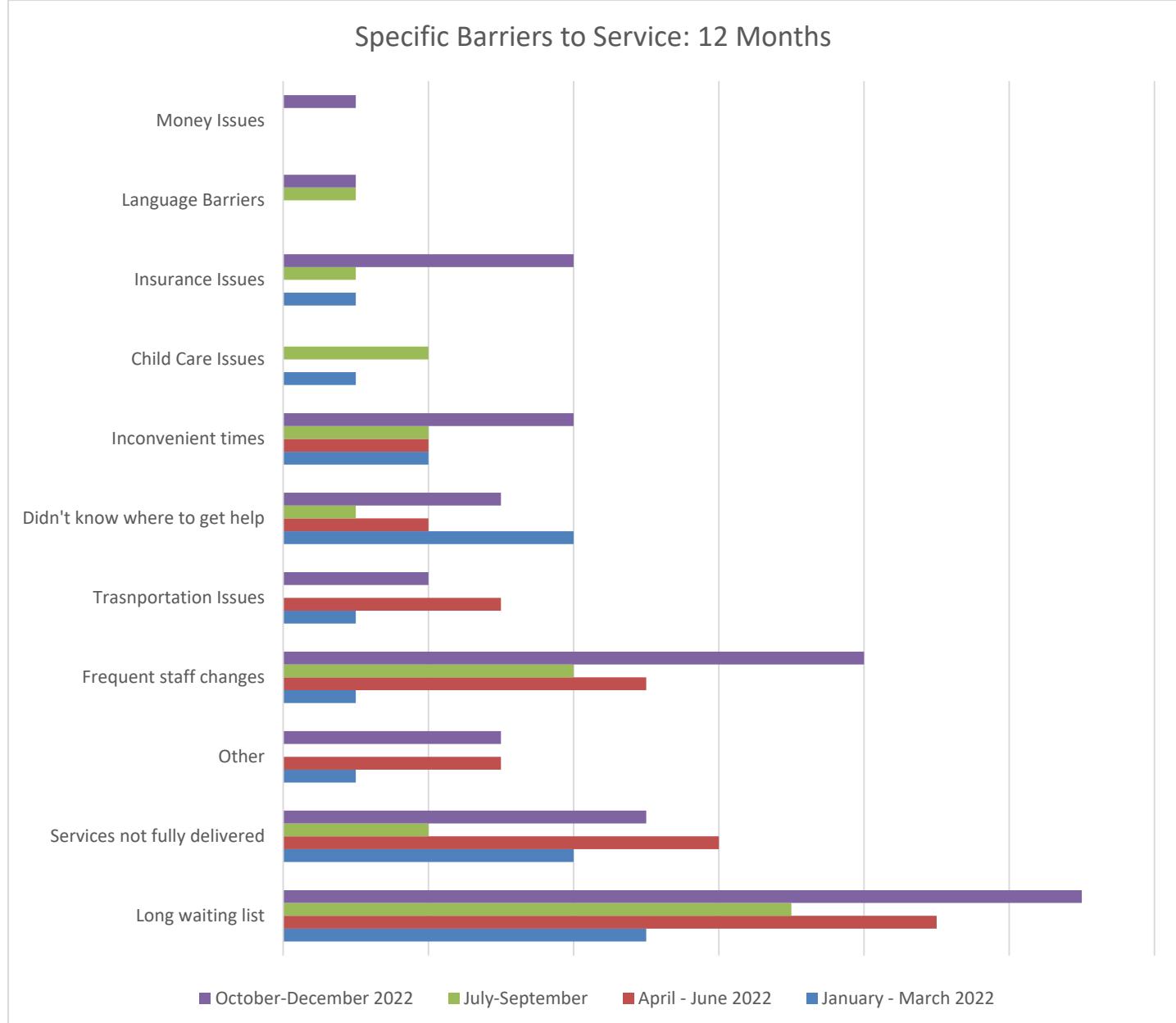
Figure 12: In the last 12 months, did you have problems getting the help your child needed?



January-December 2022

Figure 13 shows there are a total of 110 barriers listed by family survey respondents in 2022. In 2022 long waiting lists was selected most frequently with 32 respondents.

Figure 13: "If you weren't able to get behavioral health help for your child in the last twelve months, what stopped you?"



All survey respondents, regardless of whether or not they indicated that they have had problems getting the help they needed in the last 12 months were then read the list of barriers and asked to indicate if these barriers had ever prevented them from getting the help they needed. There were 175 life time barriers reported in 2022 with the most selected being long waiting lists with 57 respondents.

Figure 14: Did any of the following ever prevent you from getting the help you needed?

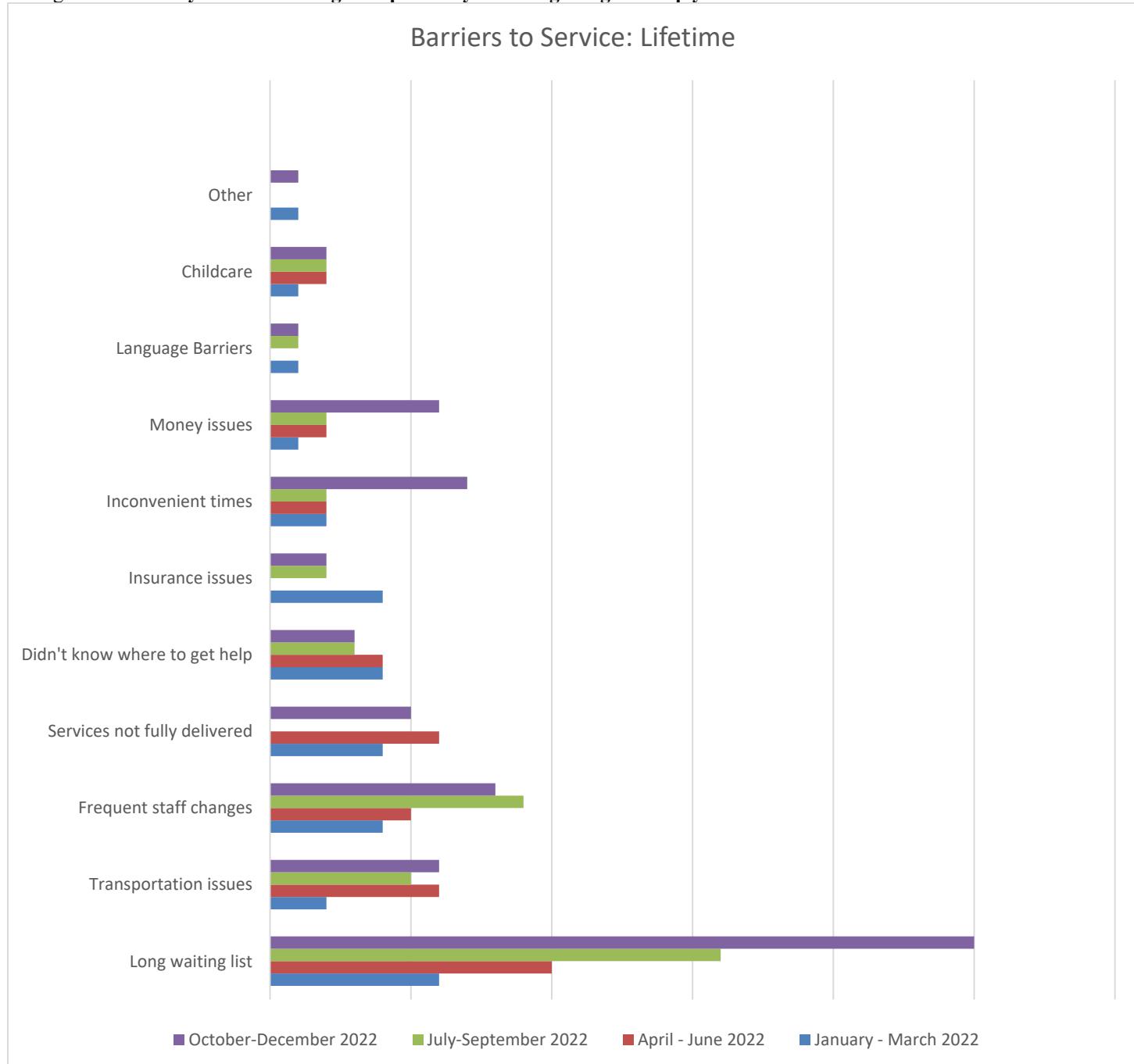
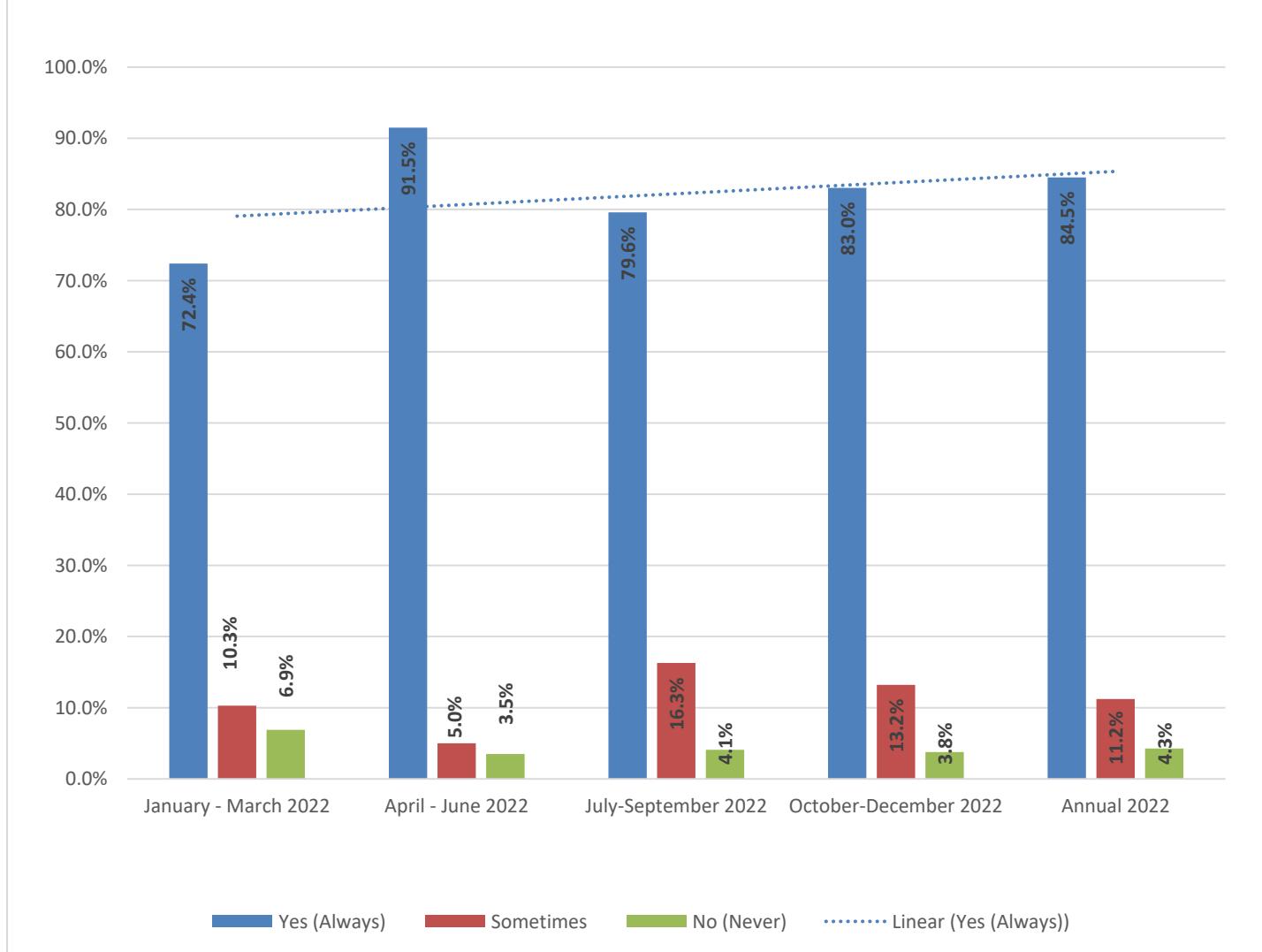


Figure 15 shows responses to the required Department of Human Services question “Were you and your child given the chance to make treatment decisions?” The figure shows quarters 1-4 and the annual 2022 average.

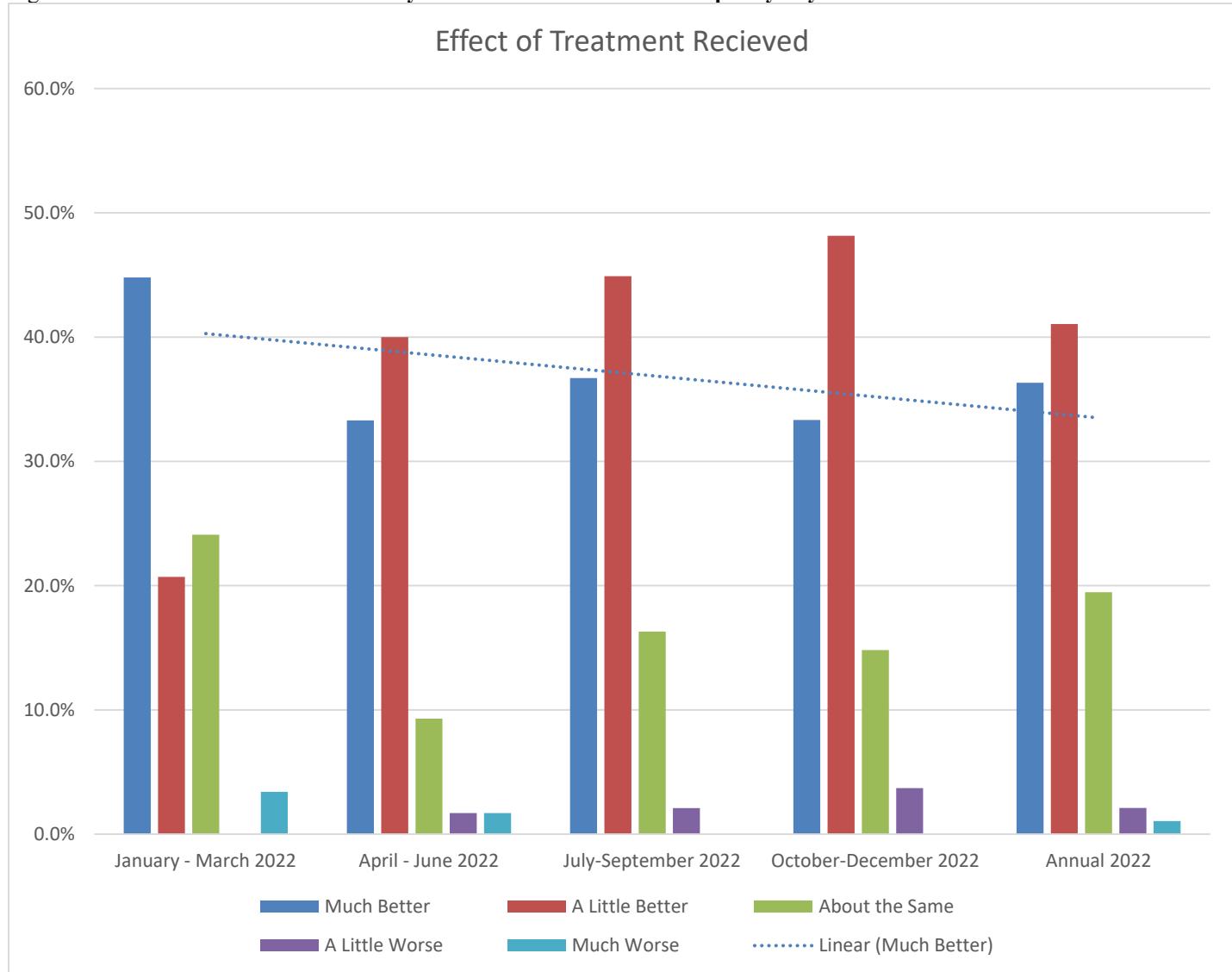
Figure 15: Were you and your child given the chance to make treatment decisions?



January-December 2022

Family members were asked about the effect their child's treatment has had on their child's life. Figure 18 shows the responses to this question for 2022. There was a slight decrease in the number of Family respondents indicating that their child was "much better" because of treatment received in 2022.

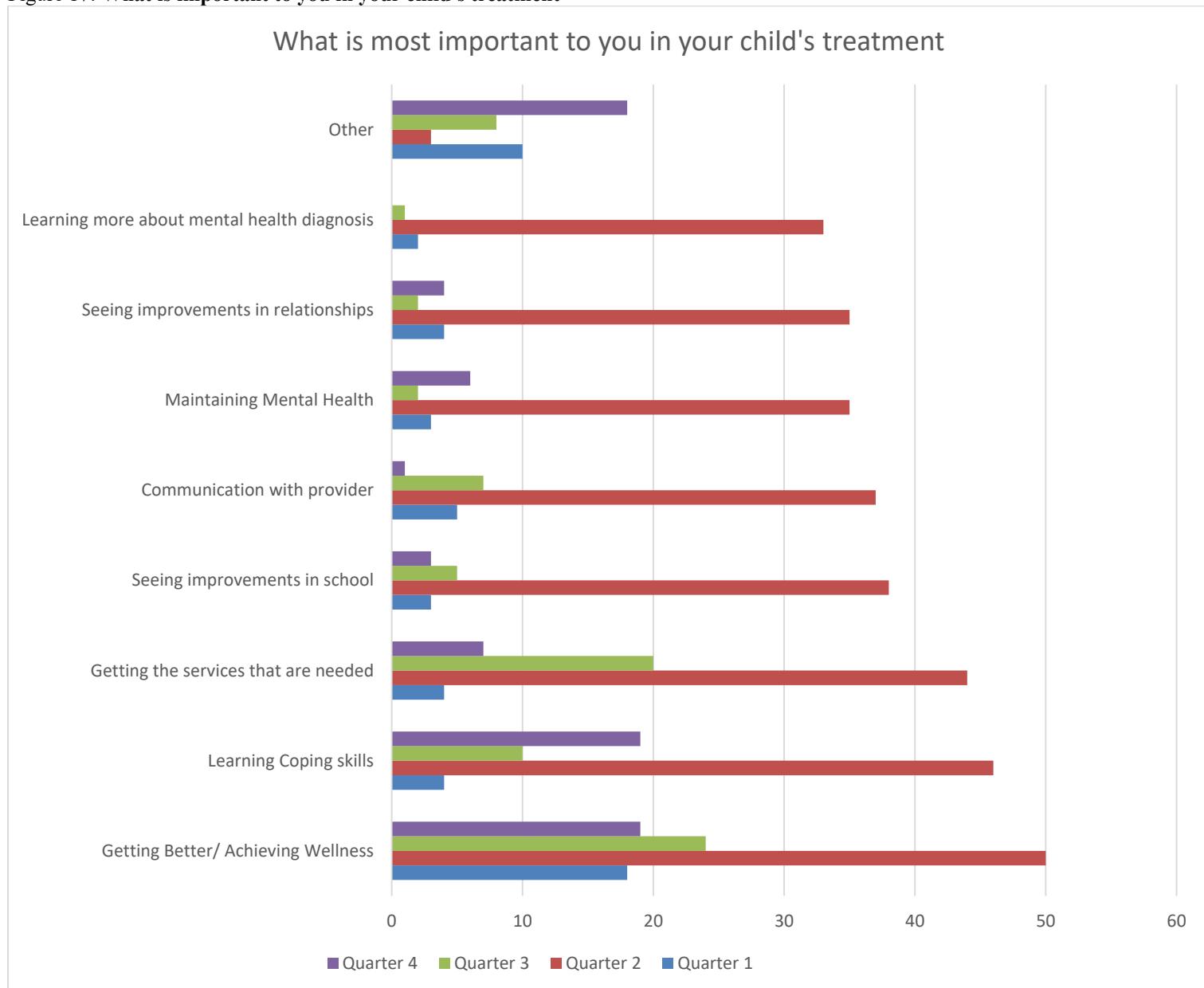
Figure 16: What effect has the treatment your child received had on the quality of your child's life?



“What is important to you in your child’s treatment?”

Respondents were asked “What is important to you in your child’s treatment?” Below are the selected categories for 2022.

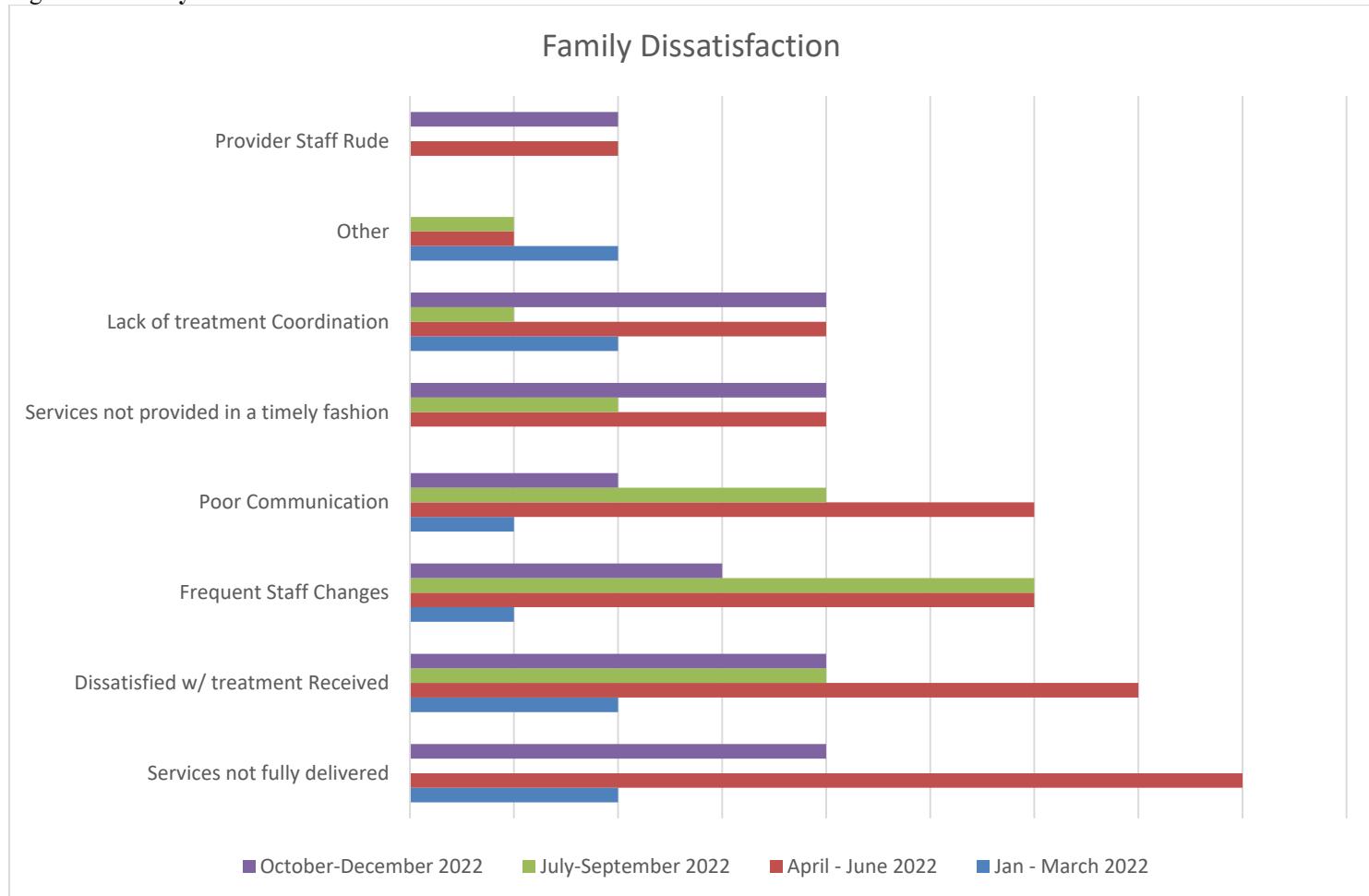
Figure 17: What is important to you in your child’s treatment



Family Dissatisfaction

This quarter, a total of 89 issues were selected by family respondents expressing dissatisfaction with a provider in 2022.

Figure 18: Family Dissatisfaction



Knowledge of Complaint Process

Respondents were asked if they were informed of what to do if they have a complaint about their child's mental health services. In 2022 72.2% of respondents indicated that they knew what to do if they had a complaint.

Youth Survey Highlights

N=57

Overall Satisfaction

Table 23 shows the satisfaction scores from both Franklin and Fulton Counties combined. Youth satisfaction is reviewed every 6 months. For 2022 reporting period there was statistical significance in treatment experiences/ recovery practices and the overall with a score of 4.11*.

Table 23: Youth Satisfaction for Combined Counties for the End of Year Reporting Period

Combined Counties	July 2019- June 2020 N=67	January - December 2021 N=38	January- December 2022 N=57
Access to Services	4.34	4.34	4.15
Treatment Experiences/ Recovery Practices	4.41*	4.35	4.15*
Direct Outcomes	4.27	4.08	3.95
Overall:	4.36*	4.29*	4.11*

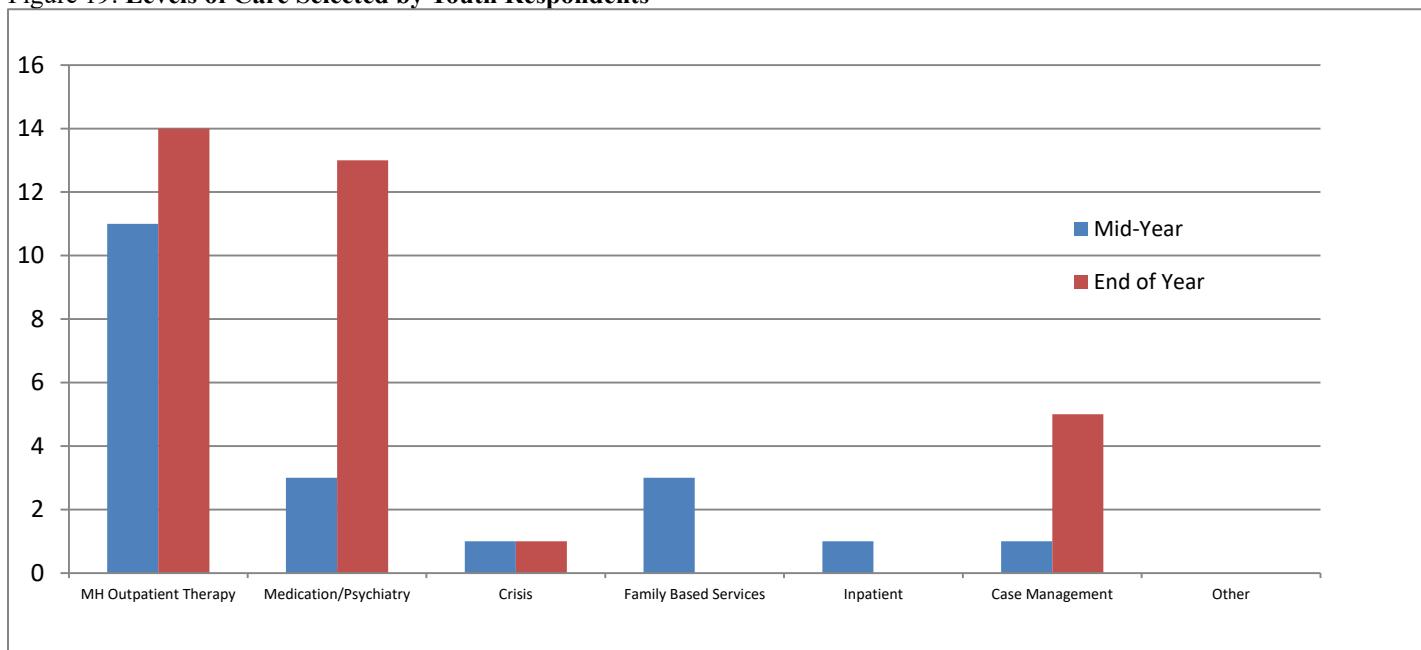
*Indicates significant difference in means between statements, significant at the .05 level

**Indicates significant difference in means between statements, significant at the .01 level

Levels of Care

Figure 19 shows the levels of care Youth respondents chose to be surveyed about during the End of Year reporting period (N=56).

Figure 19: Levels of Care Selected by Youth Respondents



January-December 2022

Mental Health Outpatient Therapy

Table 24 shows the satisfaction scores for the level of care mental health outpatient therapy for the 2022 reporting period. There was statistical significance during the 2022 reporting period in the overall score.

Table 24: Youth Mental Health Outpatient Therapy

Mental Health Outpatient Therapy	Mid-Year January-June 2022 N=11	End of Year July-December 2022 N=14	Annual Satisfaction 2022 January-December N=25	Annual Satisfaction 2022 January-December without Outpatient N=31
Access to Services	4.36	4.06	4.19	4.11
Treatment Experiences/ Recovery Practices	4.26	4.13	4.19	4.12
Direct Outcomes	4.06	3.82	3.93	3.96
Overall	4.24	4.05	4.13*	4.09*

*Indicates significant difference in means between statements, significant at the .05 level

**Indicates significant difference in means between statements, significant at the .01 level

Medication/ Psychiatry

Table 25 shows the satisfaction scores for the level of care mental health medication/psychiatry for the 2022 reporting period. There was no statistical significance during the 2022 reporting period.

Table 25: Medication/ Psychiatry

Medication/ Psychiatry	Mid-Year January-June 2022 N=3	End of Year July-December 2022 N=13	Annual Satisfaction 2022 January-December N=16	Annual Satisfaction 2022 January-December without Outpatient N=31
Access to Services	3.58	4.18	4.07	4.17
Treatment Experiences/ Recovery Practices	3.48	4.24	4.10	4.17*
Direct Outcomes	3.11	4.15	3.96	3.94
Overall	3.42	4.21	4.07	4.12*

*Indicates significant difference in means between statements, significant at the .05 level

**Indicates significant difference in means between statements, significant at the .01 level

Access to Services

Table 26 shows the responses for the question “(Name of provider) discussed with me that I have a choice of providers I could use for my services?”

Table 26: Choice of Provider for the Mid-Year Reporting Period

<i>(Name of Provider) discussed with me that I have a choice of providers I could use for my services?</i>	Mid-Year January-June 2022 N=20	End of Year July-December 2022 N=36	Annual January-December 2022 N=56
Yes	60.00%	55.55%	57.14%
No	20.00%	36.11%	30.36%
Don't Know	20.00%	8.33%	12.5%

Table 27 shows the responses for the question “(Name of provider) discussed with me that I have a choice of different staff at their agency I could use for my services?”

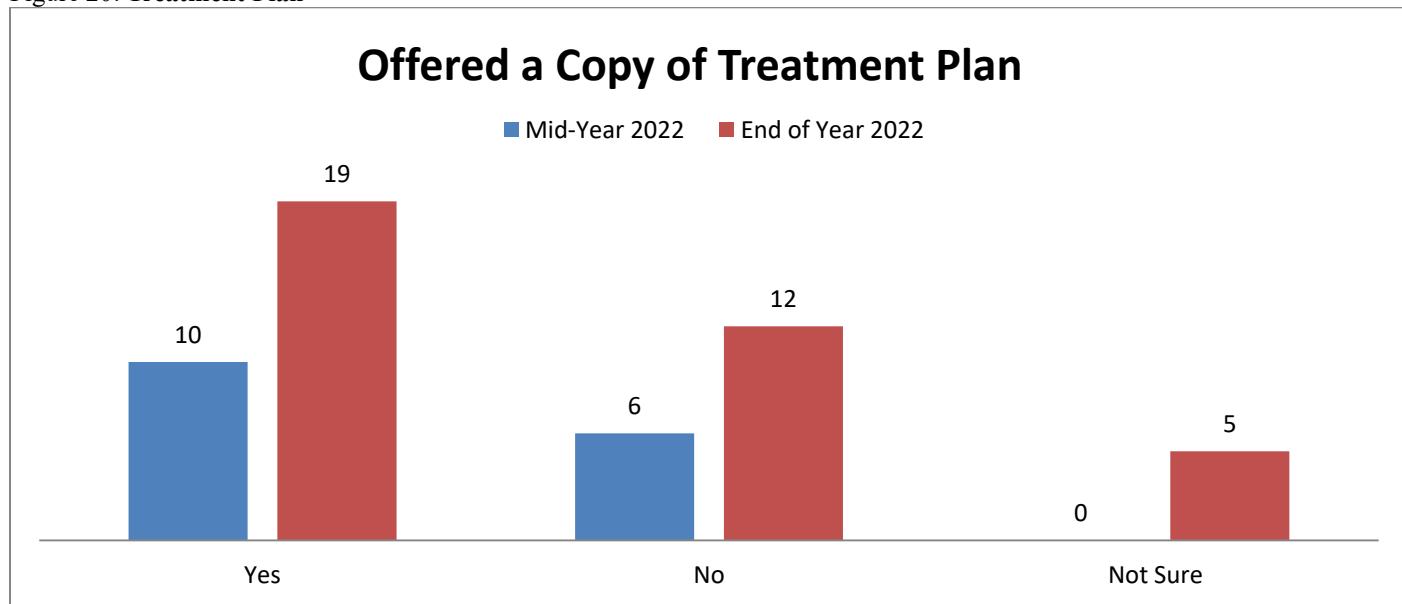
Table 27: Choice of Staff for Mid-Year Reporting Period

<i>(Name of Provider) discussed with me that I have a choice of different staff at their agency I could use for my services?</i>	Mid-Year January-June 2022 N=20	End of Year July-December 2022 N=36	Annual January-December 2022 N=56
Yes	60.00%	50.00%	53.57%
No	25.00%	36.11%	32.14%
Not Sure	15.00%	13.88%	14.29%

Copy of Treatment Plan

As Figure 20 shows the Youth respondents reporting having been offered a copy of their treatment plan in 2022 with 55.77% stating yes.

Figure 20: Treatment Plan



January-December 2022

Department of Human Services

Table 28 shows the results of the three Department of Human Services questions.

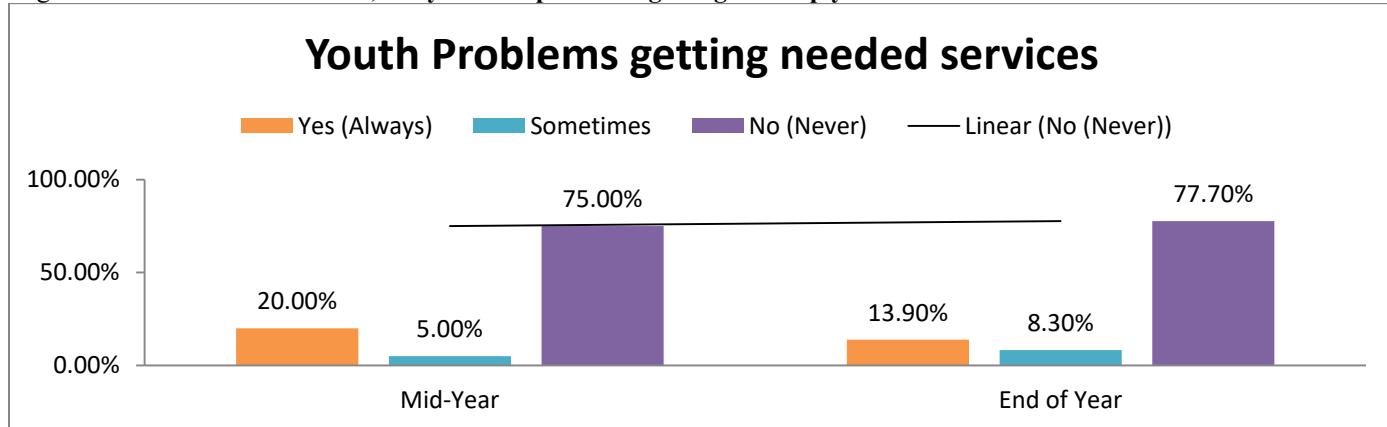
Table 28: DHS Required Questions

Youth	Franklin County	Fulton County	Total
<i>In the last 12 months, did you have problems getting the help you needed?</i>			
Yes (Always)	8 (15.69%)	1 (20.00%)	9 (16.07%)
Sometimes	4 (7.84%)	0	4 (7.14%)
No (Never)	39 (76.47%)	4 (80.00%)	43 (76.79%)
Total	51	5	56
<i>Were you given the chance to make treatment decisions?</i>			
Yes (Always)	29 (56.86%)	1(20.00%)	30 (53.57%)
Sometimes	19 (37.25%)	4 (80.00%)	23 (41.07%)
No (Never)	3 (5.88%)	0	3 (5.36%)
Total	51	5	56
<i>What effect has the treatment your child received had on the quality of your life?</i>			
Much Better	24 (47.06%)	1 (20.00%)	25 (44.64%)
A Little Better	18 (35.29%)	3 (60.00%)	21 (37.50%)
About the Same	7 (13.73%)	1 (20.00%)	8 (14.29%)
A Little Worse	1 (1.96%)	0	1 (1.79%)
Much Worse	1 (1.96%)	0	1 (1.79%)
Total	51	5	56

Youth Barriers to Service

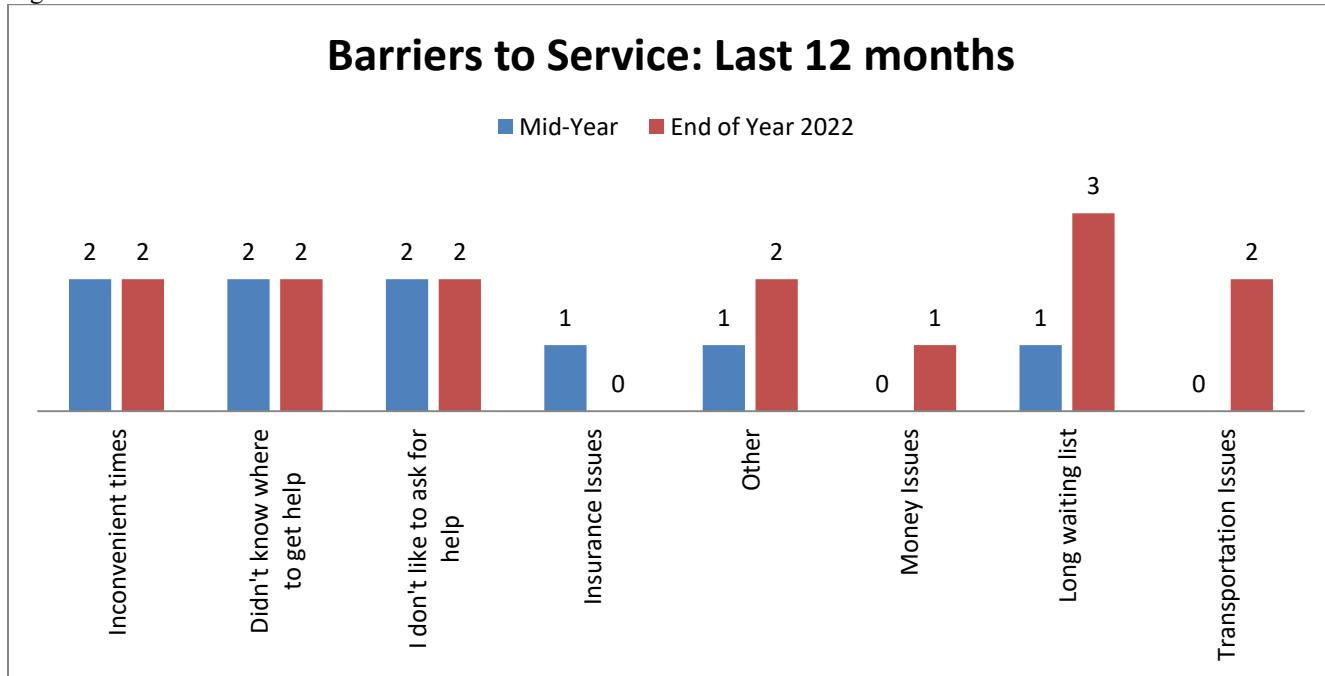
Figure 21 shows responses to the DHS question “In the last 12 months, did you have problems getting the help you needed?” In 2022, 76.79% Youth reported not having problems getting the help they needed.

Figure 21: In the last 12 months, did you have problems getting the help you needed?



From January-December 2022, Youth reported that there were 23 barriers to services in the last 12 month.

Figure 22: Youth Barriers to Services last 12 months



All survey respondents, regardless of whether or not they indicated that they'd had problems getting the help they needed in the last 12 months were then read the list of barriers and asked to indicated if these barriers had ever prevented them from getting the help they needed. There were 50 barriers reported.

Figure 23: Did any of the following ever prevent you from getting the help you needed?

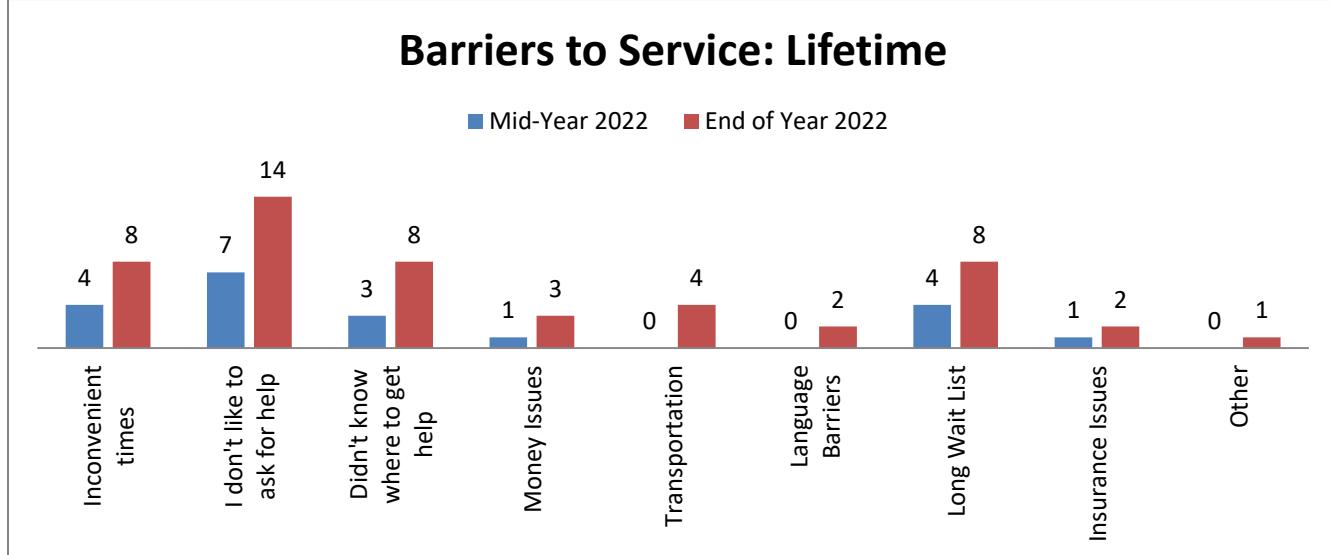
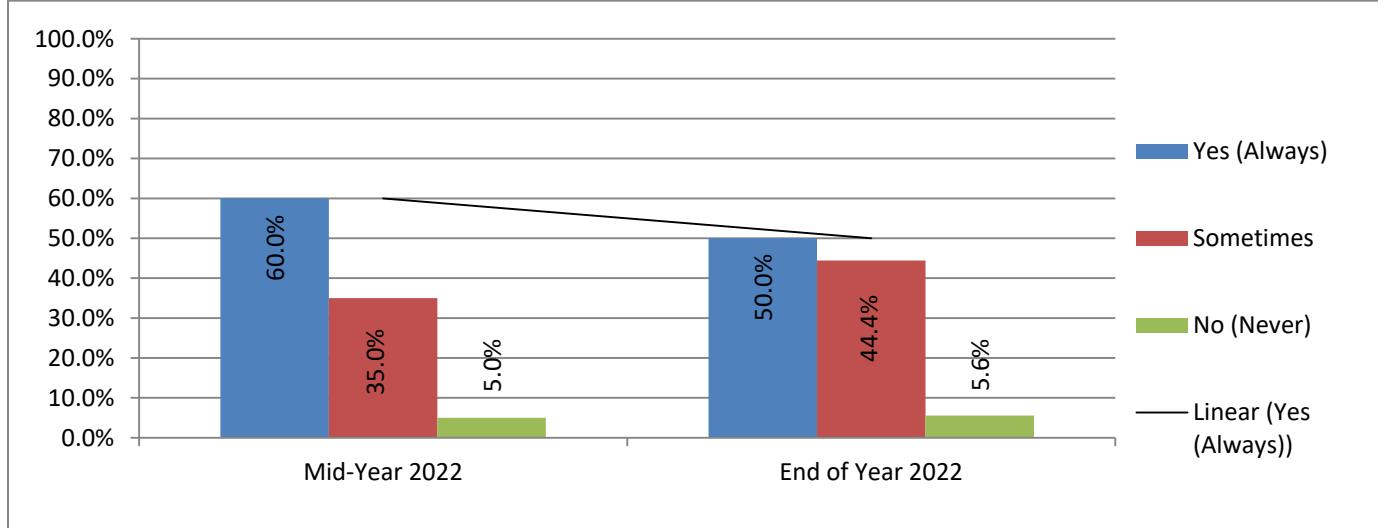


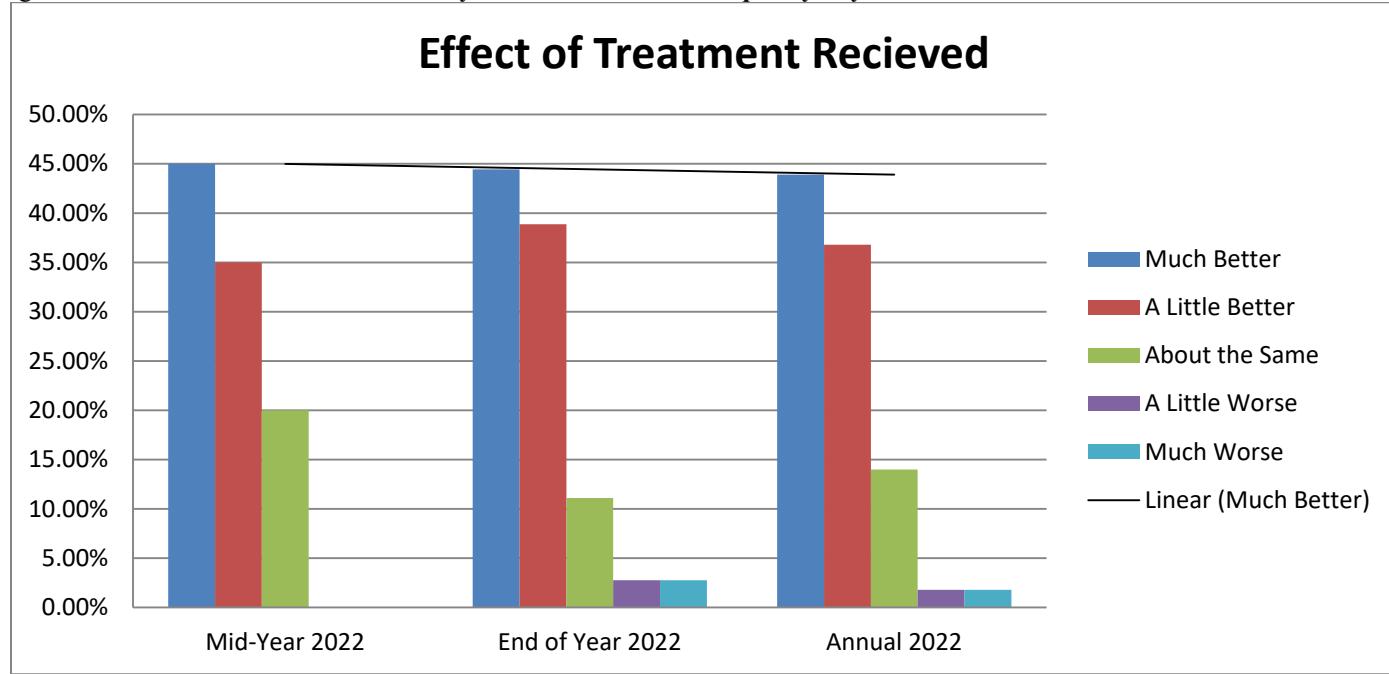
Figure 26 shows responses to the required Department of Human Services question “Were you given the chance to make treatment decisions?” Figure 24 shows that in 2022, 53.57% of youth reported they were given a chance to make treatment decisions.

Figure 24: Were you given the chance to make treatment decisions?



Youth respondents were asked about the effect their treatment has had on their life. Figure 25 shows the responses to this question for the 2022 reporting period.

Figure 25: What effect has the treatment you received had on the quality of your life?



Behavioral Health Medications

For the 2022 reporting period, 56.1% Youth reported that they were taking behavioral health medications.

Table 29: Behavioral Health Medications

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The person who prescribes my medications clearly explains the purpose of the medication.	5 (8.8%)	26 (45.6%)	0	2 (3.5%)	0
The person who prescribes my medications has clearly explained possible side effects.	5 (8.8%)	26 (45.6%)	0	1 (1.8%)	0
The person who prescribes my medications listens to all of my concerns regarding the use of medications.	5 (8.8%)	27 (47.4%)	0	1 (1.8%)	0

Services Needed – When asked, “Are there any services you need but not getting?” From January-December 2022, Youth had these responses.

- “Therapy” (x2)
- “I'm on a waiting list for a psychiatrist”
- “TSS”
- “Mobile therapy”
- “Maybe family based”

Additional comments shared:

Respondents were asked “Please feel free to share any additional comments you have about your behavioral health services” Literal responses follow.

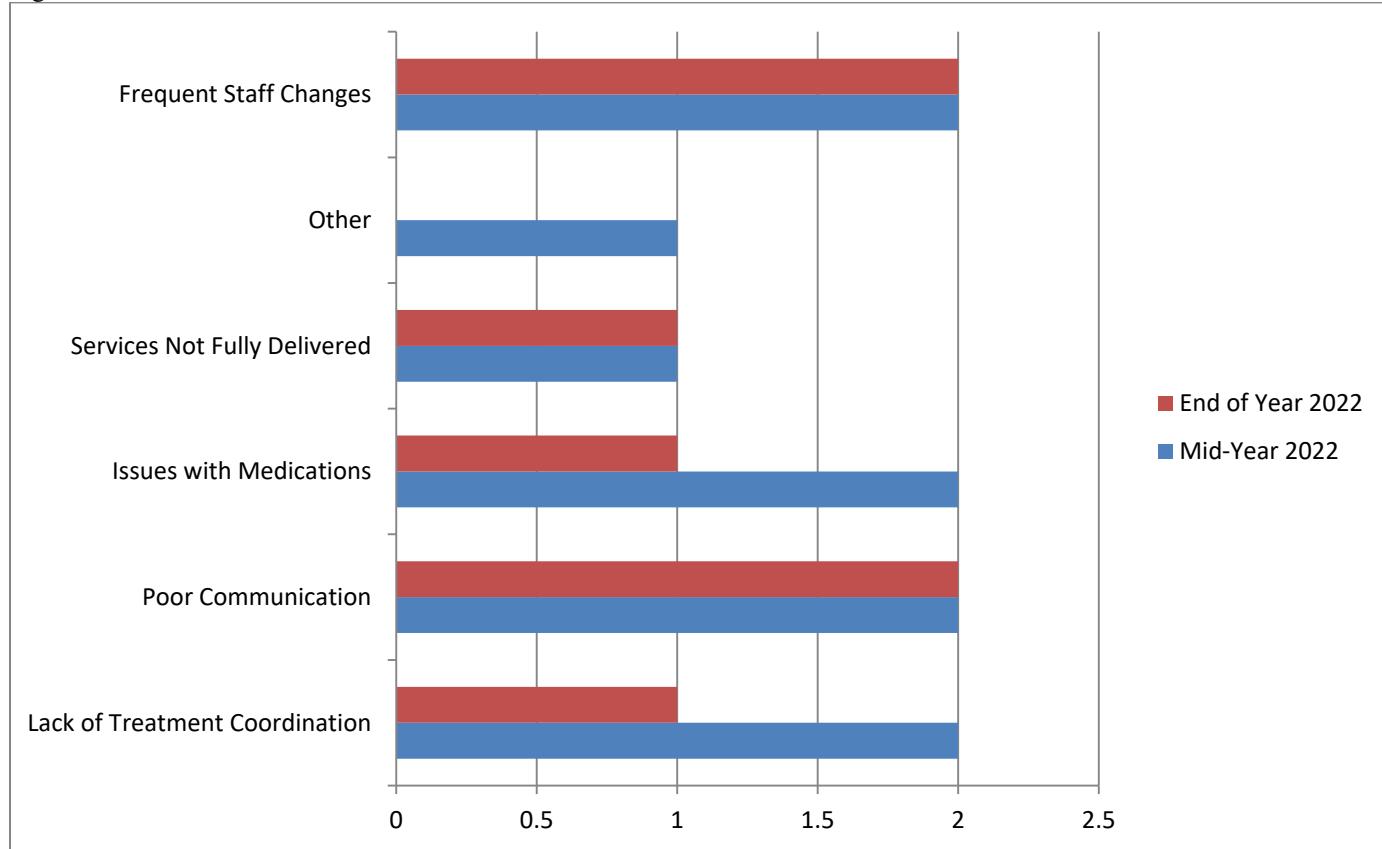
- “We're grateful for them”
- “I like them a lot”
- *She wasn't really helping. She sat on her lap top most of the time and gave me paperwork. We never really talked about my problems.*
- *I know that specifically had 1 person the whole time her name is Tiffany and she is really amazing.*
- *Very happy with the BCBA. I enjoy hanging out with her and learning from her.*
- *It's just really good. I'm really happy with what I have.*
- *I liked it*
- *When I was at Laurel Life, we didn't have a set schedule "it was always we will see you sometime next week." I had to work and go to school. It was like she would just fit me in wherever she could, but it didn't work for me.*
- *I always recommend FBR to anyone who says they want to go to therapy*
- *I highly recommend Stephanie Brindle as a case worker.*
- *Grandfather added this with permission from respondent: "Unable to get medications when needed due to needing preauthorization's, but he's been on the same medications for years. We would really like for the therapist and psychiatrist to coordinate with each other to make services work better for him. I mad3 a complaint yesterday about the issue with medications and they told me I have to wait until Monday to talk with someone else. He currently doesn't have the medication he needs, because they need a pre authorization. Aetna told us they are waiting on the paperwork from the doctor. Momentum said it has been filled out, but the person who submits it won't be in until Monday. It seems as though to me that they just don't care about him getting the medications he needs."*
- *They're great!*

January-December 2022

Youth Dissatisfaction

Four Youth reported dissatisfaction between January-December 2022. There was a total of 17 issues reported.

Figure 26: Youth Dissatisfaction



IFST Problem Resolution and Follow-up-

Gen/Brad?