

Quarterly Individual/Family Satisfaction Report

July 2019-June 2020

To

Tuscarora Managed Care Alliance

July 31, 2020

By



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Annual Report
July 2019 – June 2020

Methodology	3
Adult Surveys	9
Family Surveys	28
Youth Surveys.....	47
Annual Level of Care Plan 2019-2020.....	Error! Bookmark not defined.

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, 2018). 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. For instance, qualifications to survey family members include having children who are using, or have used, the publicly-funded behavioral healthcare system. Qualifications to survey youth include having used the publicly-funded behavioral healthcare system prior to the age of 18. For a person to survey adults they must be, or have been, consumers of behavioral health services, persons in recovery, or family members. 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 Development

The Mental Health Association's I/FST surveys are developed in partnership with stakeholders, including individuals and agency staff. At the end of each fiscal year stakeholders meet to discuss changes to the surveys for the upcoming year. Based on results from the previous year, questions may be developed to target a specific area or to find out more information about an area of satisfaction that may have scored low the previous year. Surveys include questions designed to assess aspects of service delivery (e.g. choices, convenience, accessibility, etc.); treatment (e.g. planning, perception of effectiveness, etc.); recovery orientation, and overall satisfaction. The I/FST Advisory Committee also reviews and helps create the surveys used. This committee includes I/FST staff, recipients of behavioral health services, agency representatives, and staff from Tuscarora Managed Care Alliance. In 2012, Shippensburg University completed an evaluation of the scales used (the four core areas used to measure satisfaction) and found that the items included in each of the scales were highly reliable and valid. The validity and reliability of the I/FST survey scales were then compared to other known and accepted survey scales used to measure

satisfaction with mental health services (WAI-S, HAQ-II, and ECHO). The results indicated that the scales developed and used by the I/FST displayed higher validity and reliability than other comparable scales. The results of this study also revealed that the core areas of treatment experiences and recovery practices were measuring the same type of satisfaction a recommendation was made to merge these two core areas into one satisfaction measurement category. A final recommendation resulting from the third-party evaluation, was to keep the survey scales (questions) the same for the duration of at least 3 years so that more meaningful data comparisons can be made. These recommendations were implemented beginning FY 2014-2015.

Survey Procedure

The participant contact list is provided by Tuscarora Managed Care Alliance, and includes individuals' names, providers, and phone numbers. Participants are contacted by surveyors via phone. This quarter the COVID-19 health crisis warranted a 100% phone interview survey procedure. No face-to-face interviews were conducted in April, May, or June as a result of state and federal government guidelines and OSHA (Occupational Safety and Health Administrations) regulations for self-distancing in the workplace and the provision of in-person services.

Under normal conditions, surveyors request permission to conduct face-to-face interviews with the participants. These interviews are offered at community locations or the participants' homes. Phone surveys are also offered when goals are well within range of the 51% requirement. This means, at times, that individuals willing to complete phone surveys but not face-to-face surveys are not given the opportunity to express their views.

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.
- 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.

Prior to the health crisis, 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 if a survey participant indicates a desire to share their experiences after being given the option to do so. This process will remain in place pending updated health guidelines and contractual requirements as the health crisis evolves.

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 12,529 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.

As Table 1 shows, a total of 560 individuals were not contacted prior to the end of the year. This year, 632 surveys were completed.

Table 1: Annual Adult, Family, and Youth Contact Statistics

	Annual Sample	Not Contacted	Annual Completed Surveys
Adult	7214	109	374
Family	3850	413	191
Youth	1465	38	67
Total	12529	560	632

Completed Surveys

This year the I/FST completed 632 surveys, representing 5.04% of the total sample (N=12,529). Adult surveys represented 59.2%, family surveys represented 30.2% and youth surveys represented 10.6% of completed surveys.

Table 2 shows the number of surveys completed for each category and the county in which respondents resided. *Note that one Adult and one Family survey respondent did not provide information on their county of residence.*

Table 2: Total Number of Surveys Completed

	Franklin	Fulton	Total
Adult	333	40	373
Family	176	14	190
Youth	63	4	67
Total:	(90.8%)	58 (9.2%)	630

Survey Method

This year, the I/FST completed 630 surveys. Due to Covid-19 a majority of the surveys were completed by phone (68.8%).

Table 3: Phone and Face to Face

	Phone	Face to Face	Total
Adult	269	105	374
Family	111	80	191
Youth	62	5	67
Total	442 (69.6%)	190 (30.4%)	632

Demographics

Gender by Category

Table 4 depicts the gender of individuals surveyed this quarter that responded to this question. *Note that seven adults and three family respondents did not provide their child's gender*

Table 4: Gender of Respondents

	Male	Female	Transgendered	Total
Adult	104 (28.3%)	263 (71.7%)	0	367
Family (Gender of Child)	123 (65.4%)	65 (34.6%)	0	188
Youth	38 (56.7%)	28 (41.8%)	1(1.5%)	67
Total:	265 (42.6%)	356 (57.3%)	1 (.16%)	622

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 July 2019-June 2020. Note that the “Members Served” column may include duplicated respondents and that not all respondents provided their age.

Table 5: Age of Members Served vs. Members Surveyed

	Members Served	Members Surveyed
Ages 0-5 years:	692 (4.0%)	27 (4.34%)
Ages 6-12 years:	3365 (19.46%)	128 (20.6%)
Ages 13-17 years:	2655 (15.35%)	106 (17.04%)
Ages 18-20 years:	855 (4.9%)	25 (4.02%)
Ages 21-44 years:	6363 (36.8%)	178 (28.6%)
Ages 45-64 years:	3095 (17.89%)	137 (22.03%)
Ages 65+:	271 (1.6%)	21 (3.38%)
Total:	17296	622

Race/Ethnicity

Table 6 is a representation of the race/ethnicity of respondents vs. PerformCare members served from July 2019 to June 31, 2020. 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. Table 5 shows the majority of respondents were Caucasian.

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
Caucasian	493 (79%)	280 (81.9%)	152 (79.58%)	51 (76.1%)	14,037 (81.96%)
American Indian/ Alaskan Native	2 (.32%)	1 (.29%)	0	1 (1.49%)	52 (.30%)
African American	48 (7.69%)	29 (8.43%)	14 (7.32%)	5 (7.46%)	1156 (6.75%)
Asian American	2 (.32%)	1 (.29%)	0	1 (1.49%)	87 (.51%)
Hispanic American	38 (6.09%)	17 (4.94%)	9 (4.7%)	6 (8.95%)	1024 (5.98%)
Other	41 (6.57%)	16 (4.65%)	16 (8.4%)	4 (5.97%)	771 (4.50%)
Total	624	344	191	67	17,127

Level of Care Received

Table 7 shows the targeted goal for each level of care for the 2019-2020 fiscal year. Target goals were set roughly by the percentage of utilization from the 2018-2019 survey year. This table also shows the number of completed surveys for the quarter broken down by survey type (adult – “A”, family – “F”, and youth – “Y”) and the number of surveys needed to reach the targeted goal for each level of care. Note that some surveys are ended before a level of care is identified. Although, not among the 2019-2020 fiscal year level of care goals; Telepsychiatry, and Crisis Intervention services were indicated.

Table 7: Level of Care

	Target Surveys Fiscal Yr. 19/20	July – Sept. 2019			Oct. – Dec. 2019			Jan. – Mar. 2020			April – June 2020			Total Complete	Remaining
		A	F	Y	A	F	Y	A	F	Y	A	F	Y		
Inpatient Psychiatric	25	2	0	0	4	0	0	2	0	0	6	1	0	15	10
Inpatient D&A	10	0	0	0	0	0	0	0	0	0	0	0	0	0	10
Psychiatric Outpatient Services	300	53	41	9	49	22	12	49	30	16	142	44	40	507	0
BHRS	35	0	14	0	0	6	0	0	6	0	0	7	0	33	2
Residential Treatment Facility	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Outpatient D&A	80	0	0	0	0	0	0	0	0	0	0	0	0	0	80
Family Based Services	12	0	2	0	0	8	1	0	2	0	0	1	0	14	0
Targeted Case Management	60	7	2	0	6	2	0	13	1	0	15	0	1	47	13
Total	524	62	59	9	59	38	13	65	39	16	163	53	41	616	117

Additional Services Reported: One Family survey respondent indicated Telepsychiatry. One Adult survey respondent indicated Crisis Intervention. Two Youth survey respondents indicated Crisis Intervention

Provider-Specific and Level-of-Care-Specific Questions

Respondents are able to end their participation in the survey at any time. Due to the ordering of survey questions, surveys may end before provider-specific and level-of-care-specific questions are asked. In these instances, a respondent's data are still included in analysis, where applicable. These are generally PerformCare items.

At times, respondents indicate that they receive a treatment from a provider which does not exist. In these cases, all provider-specific and level-of-care-specific responses are redacted and not included in analysis. These include access to services, treatment experiences/recovery practices, and direct outcomes. However, certain responses, such as PerformCare and DHS responses are still included in analysis, as they are not dependent on provider or level of care.

In addition, respondents are able to skip any questions they wish. These factors contribute to varying numbers of respondents (N) throughout the report.

Adult Surveys

N=374

Overall Satisfaction for Combined Counties

- Access to Services is statistically significant at the .05 level (4.28*).

Providers:

- Keystone Behavioral Health saw statistical significance in the core area of Access to Services at the .05 level (4.29*).
- Momentum saw statistical significance in the core area of Access to Services at the .05 level (4.20*).
- Franklin Family Services saw statistical significance in the core areas of Access to Services at the .05 level (4.18*) and in Treatment Experiences/ Recovery Practices at the .05 level (4.08*).
- Family Behavioral Resources saw statistical significance in the core area of Direct Outcomes at the .05 level (4.46*).
- Laurel Life saw statistical significance in the core area of Access to Services at the .05 level (4.57*) and in the overall satisfaction score (4.46*).

Levels of Care:

- This year no level of care saw statistical significance in their satisfaction scores.

PerformCare

- Twenty adults reported making a complaint to PerformCare and 63.6% indicated that they were satisfied with how PerformCare handled their complaint.
- Six adults reported filing a grievance with PerformCare and 0% were satisfied with the process.

Access to Services

- 71.9% of respondents indicated that their provider discussed a choice of providers
- 73% indicated that they had discussed a choice of staff within the agency.
- 66.1% reported that they were seen within seven days of their initial contact to the provider.

DHS Questions

- 92.8% of respondents indicated that they did not have difficulty getting the help they needed in the last 12 months.
- 85.5% of respondents indicated that they were able to make treatment decisions.
- 82.2% of respondents indicated that they were “Much Better” or “A Little Better” because of the treatment they received.

Barriers to Service

- 25 respondents indicated that they “Always” or “Sometimes” had difficulty getting the help they needed in the last 12 months. Respondents listed 50 barriers with “Long waiting list” mentioned most frequently by 11 respondents.
- All respondents were asked to report any barrier they have ever experienced in getting the help they needed. Respondents could choose more than one answer. 427 barriers were listed with the most frequently mentioned barriers being: “Transportation” reported by 73 respondents and “Money Issues” reported by 66 respondents.

Adult Dissatisfaction

-18 adults reported dissatisfaction with their provider. The most frequently reported issues were lack of treatment coordination (11) and poor communication (9).

Knowledge of Complaint Process

-69.6% of respondents indicated that they had knowledge of the complaint process.

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 for each of the four quarters and the overall annual satisfaction score.

Table 8: Adult Satisfaction in Both Counties by Quarter Compared to Overall Annual Satisfaction

<i>Combined Counties</i>	July – September 2019 N=84	October – December 2019 N=59	January – March 2020 N=65	April – June 2020 N=165	Annual Satisfaction July 2019 – June 2020 N=374
Access to Services	4.28	4.12	4.23	4.28*	4.25
Treatment Experiences/ Recovery Practices	4.26**	4.08	4.12	4.24	4.20
Direct Outcomes	4.06	3.97	4.15	4.14	4.11
Overall:	4.22**	4.07	4.17	4.23	4.19

*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 overall adults satisfaction scores for the last 5 fiscal years. There was a slight increased this year compared to last year in each of the three core areas. There was no statistical significance in the overall satisfaction scores.

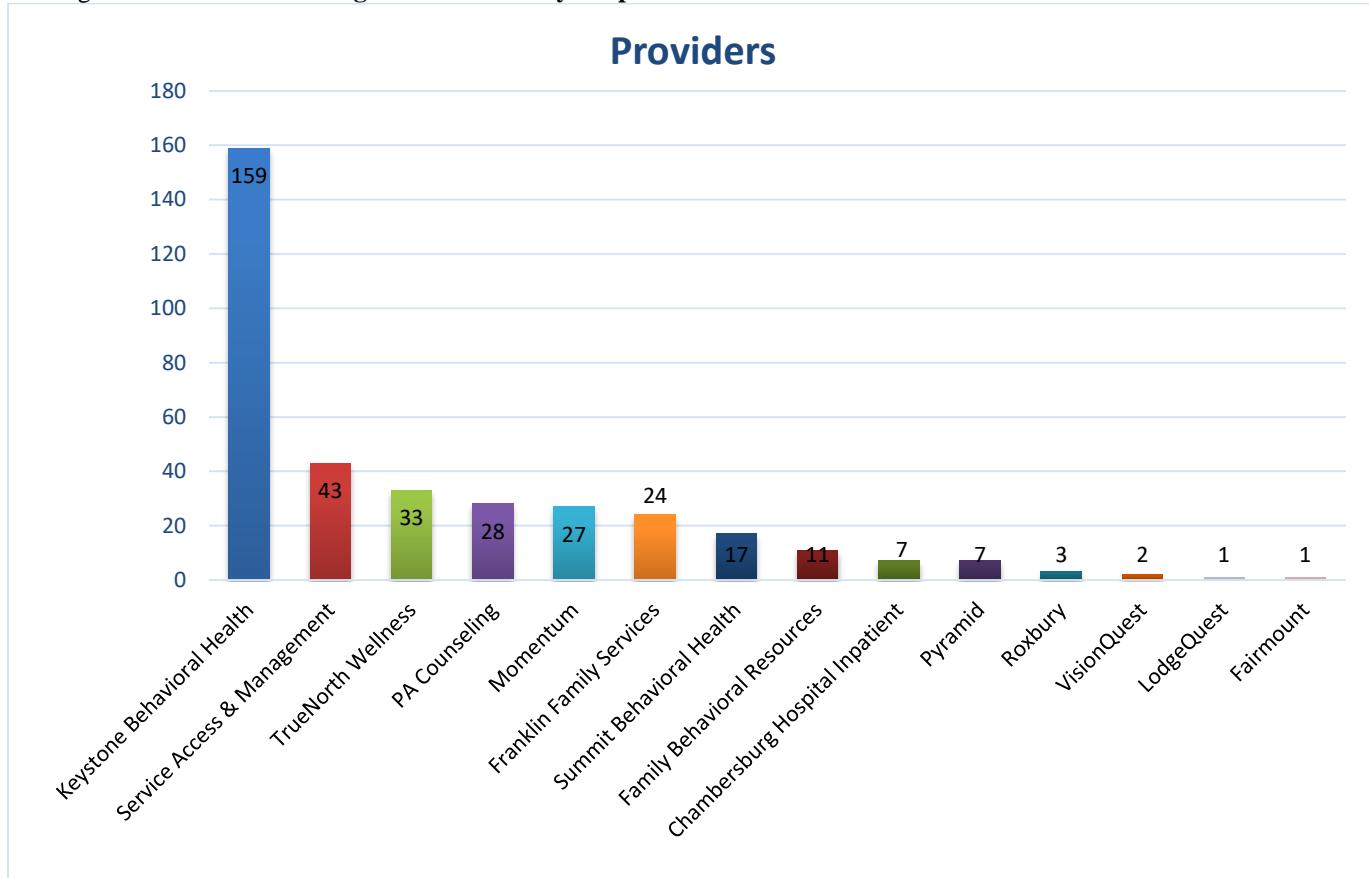
Table 9: Adult Satisfaction in Both Counties Last Five Fiscal Years

<i>Combined Counties</i>	July 2015 – June 2016 N=229	July 2016 – June 2017 N=302	July 2017 – June 2018 N=285	July 2018 – June 2019 N=205	July 2019 – June 2020 N=374
Access to Services	4.21	4.22	4.23	4.20	4.25
Treatment Experiences/ Recovery Practices	4.23**	4.19**	4.21	4.18**	4.20
Direct Outcomes	4.08	4.07	4.16**	4.08**	4.11
Overall:	4.19**	4.17	4.20*	4.16**	4.19

Provider Agencies

Figure 1 shows which providers survey respondents chose to be surveyed about this fiscal year. This year adults completed surveys about 12 providers (N=374). One survey respondent ended the survey prior to providing this information.

Figure 1: Adult Provider Agencies Selected by Respondents



Adult Satisfaction by Provider

Provider specific results are reported below for each provider that reaches the standard of the greater of 10 respondents or 10% of total adult respondents. This year, Keystone Behavioral Health, Service Access and Management, TrueNorth Wellness, PA Counseling, Momentum, Franklin Family Services, Family Behavioral Resources, Summit Behavioral Health, and Laurel Life, met this threshold. Survey respondents may decline to answer questions at any time. Therefore the number of responses may not always equal the number of surveys completed.

Keystone Behavioral Health

This year, 159 respondents completed surveys on the services they received from Keystone. One hundred individuals received medication/psychiatry, fifty-seven received outpatient therapy, one individual received telepsychiatry and one person received crisis intervention services. Keystone's average rating for Access to Services demonstrated statistical significance this year.

Table10: Adult Satisfaction for Keystone Behavioral Health

<i>Keystone Behavioral Health</i>	July – September 2019 N=32	October – December 2019 N=22	January – March 2020 N=23	April – June 2020 N=67	Annual Satisfaction July 2019- June 2020 N=159	Annual Satisfaction July 2019- June 2020 without Keystone N=215
Access to Services	4.25	4.21	4.27	4.30*	4.29*	4.23
Treatment Experiences Recovery Practices	4.15	4.12	4.13	4.33	4.24	4.18
Direct Outcomes	3.94	4.01	4.15	4.19	4.11	4.10
Overall:	4.12	4.12	4.18	4.29	4.22	4.17

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

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

Service Access and Management

This year, 43 respondents completed surveys on the services they received from Service Access and Management. All 43 individuals received targeted case management services. There was no statistical significance in any of the three core areas or in the overall satisfaction score.

Table 11: Adult Satisfaction for Service Access and Management

<i>Service Access and Management</i>	July – September 2019	October – December 2019	January – March 2020 N=14	April – June 2020 N=15	Annual Satisfaction July 2019- June 2020 N=43	Annual Satisfaction July 2019- June 2020 without SAMs N=331
Access to Services	X	X	4.17	4.14	4.16	4.26
Treatment Experiences Recovery Practices	X	X	4.12	4.23	4.18	4.21
Direct Outcomes	X	X	4.14	4.10	4.10	4.11
Overall:	X	X	4.14	4.18	4.16	4.20

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

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

TrueNorth

This year, 33 respondents completed surveys on the services they received from TrueNorth Wellness. Nineteen individuals received mental health outpatient therapy, twelve individuals received medication/psychiatry and two individuals did not indicate which level of care they received.. TrueNorth did not meet the 10-respondent threshold in previous quarters during the fiscal year. Statistical significance was demonstrated in Access to Services when comparing True North to all other providers combined. There are notable differences in the average ratings for all categories when compared to the satisfaction rating for all other providers combined.

Table 12: Adult Satisfaction for TrueNorth Wellness

<i>TrueNorth</i>	July – September 2019	October – December 2019	January – March 2020	April – June 2020 N=17	Annual Satisfaction July 2019- June 2020 N=33	Annual Satisfaction July 2019 – June 2020 without TrueNorth N=341
Access to Services	X	X	X	4.07	4.03	4.28*
Treatment Experiences Recovery Practices	X	X	X	3.90	4.01	4.22
Direct Outcomes	X	X	X	3.76	3.89	4.13
Overall:	X	X	X	3.91	3.99	4.21

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

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

PA Counseling

This year, 28 respondents completed surveys on the services they received from PA Counseling. Seventeen individuals received mental health outpatient services; ten individuals received medication/psychiatry and one individual received telepsychiatry. PA Counseling did not meet the 10 respondent threshold in three of the four quarters.

Table 13: Adult Satisfaction for PA Counseling

<i>PA Counseling</i>	July – September 2019	October – December 2019	January – March 2020	April – June 2020 N=12	Annual Satisfaction July 2019- June 2020 N=28	Annual Satisfaction July 2019 -June 2020 Without PA Counseling N=346
Access to Services	X	X	X	4.39*	4.31	4.25
Treatment Experiences Recovery Practices	X	X	X	4.35	4.37	4.19
Direct Outcomes	X	X	X	4.36	4.31	4.09
Overall:	X	X	X	4.36	4.34	4.18

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

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

Momentum

This year, 27 respondents completed surveys on the services they received from Momentum. Nineteen individuals received mental health outpatient therapy services, seven received medication/psychiatric services, and one received mental health outpatient therapy services. Momentum did not meet the 10-respondent threshold in three of the four quarters. Statistical significance was demonstrated in Momentum's Access to Services rating this year.

Table 14: Adult Satisfaction for Momentum

Momentum	July – September 2019	October – December 2019	January – March 2020	April – June 2020 N=14	Annual Satisfaction July 2019 – June 2020 N=27	Annual Satisfaction July 2019 -June 2020 without Momentum N=347
Access to Services	X	X	X	4.26*	4.20*	4.26
Treatment Experiences Recovery Practices	X	X	X	4.16	4.10	4.21
Direct Outcomes	X	X	X	4.01	4.00	4.11
Overall:	X	X	X	4.15	4.10	4.20

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

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

Franklin Family Services

This year, 24 respondents completed surveys on the services they received from Franklin Family Services (FFS). Seventeen individuals received mental health outpatient therapy and seven received medication/psychiatry. Franklin Family Services only met the 10-respondent threshold in one of the four quarters. Statistical significance can be seen in the core areas of access to services and treatment experiences.

Table 15: Adult Satisfaction for Franklin Family Services

Franklin Family Services	July – September 2019	October – December 2019	January – March 2020	April – June 2020 N=11	Annual Satisfaction July 2019 – June 2020 N= 24	Annual Satisfaction July 2019 - June 2020 Without FFS N=350
Access to Services	X	X	X	4.13	4.18*	4.26
Treatment Experiences Recovery Practices	X	X	X	3.95	4.08*	4.21
Direct Outcomes	X	X	X	3.95	4.02	4.11
Overall:	X	X	X	3.99	4.09	4.20

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

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

Summit Behavioral Health

This year, 17 respondents completed surveys on the services they received from Summit Behavioral Health. Seven individuals received medication/psychiatry services; seven received mental health outpatient therapy and three received inpatient mental health services. Summit Behavioral Health did not meet the 10-respondent threshold in previous quarters during the fiscal year. There was no statistical significance in any of the three core areas or in the overall satisfaction score.

Table 16: Adult Satisfaction for Summit Behavioral Health

<i>Summit Behavioral Health</i>	July – September 2019	October – December 2019	January – March 2020	April – June 2020	Annual Satisfaction July 2019 – June 2020 N=17	Adult Satisfaction April - June 2020 Without Summit N=357
Access to Services	X	X	X	X	4.25	4.25
Treatment Experiences Recovery Practices	X	X	X	X	4.25	4.20
Direct Outcomes	X	X	X	X	4.13	4.11
Overall:	X	X	X	X	4.21	4.19

*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 Behavioral Resources

This year, 11 respondents completed surveys on the services they received from Family Behavioral Resources (FBR). Ten individuals received mental health outpatient therapy services and one individual received medication/psychiatry. Family Behavioral Resources did not meet the 10-respondent threshold in previous quarters during the fiscal year. Statistical significance was demonstrated in the Direct Outcomes rating when comparing Franklin Family Services to all other providers combined.

Table 17: Adult Satisfaction for Family Behavioral Resources

<i>Franklin Family Services</i>	July – September 2019	October – December 2019	January – March 2020	April – June 2020	Annual Satisfaction July 2019 – June 2020 N=11	Annual Satisfaction July 2019 - June 2020 Without FBR N=363
Access to Services	X	X	X	X	4.38	4.25
Treatment Experiences Recovery Practices	X	X	X	X	4.33	4.20
Direct Outcomes	X	X	X	X	4.46*	4.10
Overall:	X	X	X	X	4.36	4.19

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

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

Laurel Life

This year, 10 respondents completed surveys on the services they received from Laurel Life. Nine individuals reported receiving mental health outpatient therapy and one individual did not list their level of care. Laurel Life did not meet the 10-respondent threshold in previous quarters during the fiscal year. Statistical significance was demonstrated in the Access to Services and Overall Satisfaction rating when comparing Laurel Life to all other providers combined.

Table 18: Adult Satisfaction for Laurel Life

Summit Behavioral Health	July – September 2019	October – December 2019	January – March 2020	April – June 2020	Annual Satisfaction July 2019- June 2020 N=10	Adult Satisfaction April - June 2020 Without Summit N=364
Access to Services	X	X	X	X	4.57**	4.24
Treatment Experiences	X	X	X	X	4.45	4.20
Recovery Practices						
Direct Outcomes	X	X	X	X	4.37	4.10
Overall:	X	X	X	X	4.46*	4.19

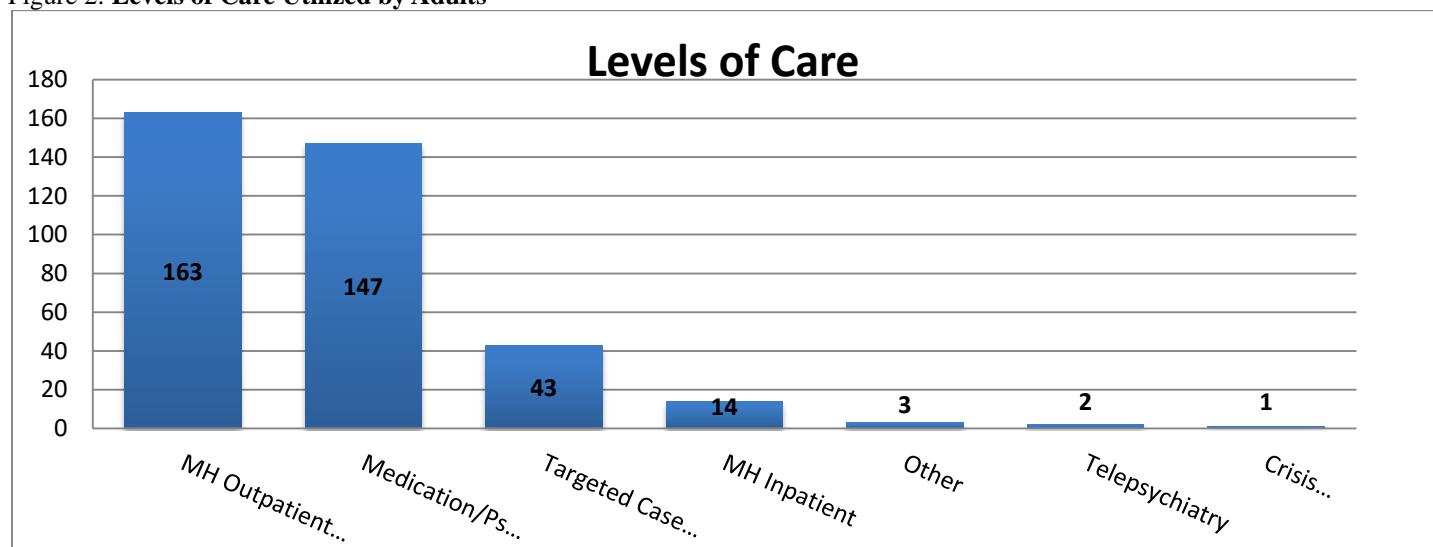
*Indicates significant difference in means between statements, significant at the .05 level

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

Levels of Care

Figure 2 demonstrates the services utilized (levels of care) by adult survey respondents this fiscal year. The level of care most frequently selected was mental health outpatient therapy with 163 respondents. Four levels of care: mental health outpatient therapy, medication psychiatry, mental health inpatient, and targeted case management, met the 10-respondent threshold. Survey respondents may decline to answer questions at any time. Therefore the number of responses may not always equal the number of surveys completed.

Figure 2: Levels of Care Utilized by Adults



Mental Health Outpatient Therapy

This year, 163 respondents completed surveys on their mental health outpatient therapy. There is no statistical significance in any of the three core areas or in the overall satisfaction score.

Table 19: Adult Satisfaction for Mental Health Outpatient Therapy

<i>MH Outpatient Therapy</i>	July – September 2019 N=28	October – December 2019 N=25	January – March 2020 N=27	April – June 2020 N=75	Annual Satisfaction July 2019- June 2020 N=163	Annual Satisfaction July 2019 - June 2020 Without Outpatient Therapy N=211
Access to Services	4.31	4.12	4.16	4.32*	4.27	4.24
Treatment Experiences Recovery Practices	4.33	4.08	4.13	4.31	4.26	4.16
Direct Outcomes	4.11	4.01	4.15	4.17	4.14	4.08
Overall:	4.28	4.07	4.15	4.29	4.24	4.16

*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

This year, 147 respondents completed surveys on their medication/psychiatry. There was no statistical significance in any of the three core areas or in the overall satisfaction score.

Table 20: Adult Satisfaction for Medication/Psychiatry

<i>Medication/ Psychiatry</i>	July – September 2019 N=25	October – December 2019 N=24	January – March 2020 N=20	April – June 2020 N=67	Annual Satisfaction July 2019- June 2020 N=147	Annual Satisfaction July 2019 - June 2020 Without Medication/ Psychiatry N=227
Access to Services	4.27	4.19	4.31	4.25*	4.27	4.25
Treatment Experiences Recovery Practices	4.23*	4.15	4.05	4.19	4.18	4.22
Direct Outcomes	4.03	4.02	4.17	4.15	4.11	4.11
Overall:	4.2*	4.13	4.18	4.20	4.19	4.20

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

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

Case Management

This year, 43 respondents completed surveys on their case management services. Service Access and Management did not meet the 10-respondent threshold in all four quarters during the fiscal year. There was no statistical significance in any of the three core areas or in the overall satisfaction score.

Table 21: Adult Satisfaction for Case Management

<i>Case Management</i>	July – September 2019	October – December 2019	January – March 2020 N=14	April – June 2020 N=15	Annual Satisfaction July 2019- June 2020 N=43	Annual Satisfaction July 2019 - June 2020 Without Case Management N=331
Access to Services	X	X	4.17	4.14	4.17	4.26
Treatment Experiences Recovery Practices	X	X	4.12	4.23	4.18	4.21
Direct Outcomes	X	X	4.14	4.10	4.12	4.11
Overall:	X	X	4.14	4.18	4.17	4.20

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

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

Mental Health Inpatient

This year, 147 respondents completed surveys on their medication/psychiatry. MH Inpatient did not meet the 10-respondent threshold in any of the four quarters but did reach the threshold for the year. There was no statistical significance between any of the three core areas or in the overall satisfaction score.

Table 22: Adult Satisfaction for Mental Health Inpatient

<i>MH Inpatient</i>	July – September 2019	October – December 2019	January – March 2020	April – June 2020	Annual Satisfaction July 2019- June 2020 N=14	Annual Satisfaction July 2019 - June 2020 Without MH Inpatient N=360
Access to Services	X	X	X	X	4.16	4.26
Treatment Experiences Recovery Practices	X	X	X	X	3.68	4.23
Direct Outcomes	X	X	X	X	3.61	4.13
Overall:	X	X	X	X	3.74	4.21

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

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

Satisfaction with PerformCare

Table 23 shows the responses to all the PerformCare questions asked of adults. Survey respondents may decline to answer, and numbers therefore may not always equal the number of surveys completed

Table 23: PerformCare Questions

Adult	Total Adult Respondents	“Yes”	“No”
<i>Have you ever been dissatisfied with a provider or PerformCare, and made a complaint to PerformCare?</i>	371	20 (5.4%)	351 (94.6%)
<i>Were you satisfied with how your complaint was handled by PerformCare?</i>	11	7 (63.6%)	4 (36.4%)
<i>Have you ever had a service denied by PerformCare and then filed a grievance?</i>	372	6 (1.6%)	366 (98.4%)
<i>If you have used PerformCare’s grievance process, were you satisfied with the process?</i>	3	0	3 (100%)

Access to Services

Tables 24 and 25 show 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 24 shows this fiscal year broken down by quarter and Table 25 shows this fiscal year compared to previous years. There was a 3.1% decrease this year compared to last year with the number of respondents indicating they were given a choice of provider.

Table 24: Choice of Provider Quarterly and Annual Comparison

<i>(Name of Provider) discussed with me that I have a choice of providers I could use for my services?</i>	July – September 2019 N=60	October – December 2019 N=53	January-March 2020 N=61	April - June 2020 N=150	Annual July 2019-June 2020 N=374
Yes	80.0%	66.0%	62.3%	72.7%	71.9%
No	18.3%	20.8%	34.4%	20.7%	22%
Don’t Know	1.7%	13.2%	3.3%	6.7%	6.1%

Table 25: Adult Choice of Provider Last Five Year Comparison

Choice of Provider	2015-2016 N=230	2016-2017 N=288	2017-2018 N=263	2018-2019 N=192	2019-2020 N=374
Yes	74.3%	76.7%	70.3%	75.0%	71.9%
No	15.7%	11.8%	16.7%	17.7%	22%
Not Sure	10.0%	11.5%	12.9%	7.3%	6.1%

Tables 26 and 27 show the 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 26 shows this fiscal year broken down by quarter and Table 27 shows this fiscal year compared to previous years. Table 27 shows a 4.3% decrease in the number of respondents indicating that they were given a choice of different staff to use for their services.

Annual Report
July 2019 – June 2020

Table 26: 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>	July – September 2019 N=62	October – December 2019 N=58	January – March 2020 N=64	April – June 2020 N=161	Annual July 2019- June 2020 N=374
Yes	67.7%	72.4%	76.6%	73.3%	73%
No	22.6%	19.0%	21.9%	23.6%	22.1%
Not Sure	9.7%	8.6%	1.6%	3.1%	4.9%

Table 27: Adult Choice of Staff

Choice of Staff	2015-2016 N=229	2016-2017 N=284	2017-2018 N=263	2018-2019 N=202	2019-2020 N=374
Yes	79.5%	83.8%	73.0%	77.7%	73.0%
No	15.3%	8.5%	16.7%	17.8%	22.1%
Not Sure	5.2%	7.7%	8.0%	4.5%	4.9%

Tables 28 and 29 show responses to the question “When you contacted (name of provider) to set up your initial appointment, were you seen within seven days?” Table 28 shows this fiscal year and Table 29 shows this fiscal year compared to past years. There were minimal changes in the number of respondents indicating that they were seen within seven days compares to last fiscal year.

Table 28: Access to Services within Seven Days of Initial Contact

<i>When you contacted (name of provider) to set up your initial appointment, were you seen within seven days?</i>	July – September 2019 N=60	October – December 2019 N=58	January – March 2020 N=62	April- June 2020 N=159	Annual July 2019 – June 2020
Yes	61.7%	62.1%	62.9%	69.2%	66.1%
No	13.3%	8.6%	9.7%	10.1%	10.3%
Not Sure	25.0%	29.3%	27.4%	20.8%	23.6%

Table 29: Adult Access to Services within Seven Days

Seven Day Access to Services	2015-2016 N=228	2016-2017 N=280	2017-2018 N=262	2018-2019 N=194	2019-2020 N=374
Yes	65.4%	71.8%	71.8%	66.0%	66.1%
No	15.8%	10.4%	11.5%	13.9%	10.3%
Not Sure	18.9%	17.9%	16.8%	20.1%	23.6%

Department of Human Services Required Questions

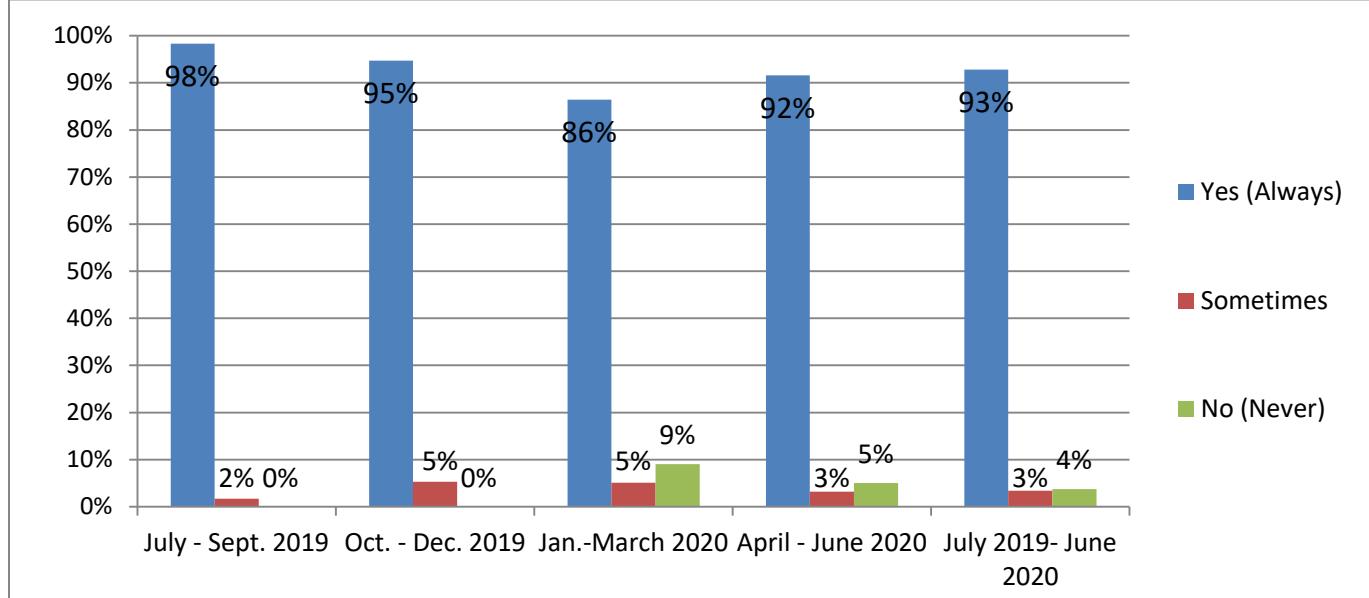
Table 30 shows the responses to the three Department of Human Services questions.

Table 30: 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)	288 92.6%	35 94.6%	324 92.8%
Sometimes	13 3.9%	0	12 3.4%
No (Never)	11 3.5%	2 5.4%	13 3.7%
Total	312	37	349
<i>Were you given the chance to make treatment decisions?</i>			
Yes (Always)	264 85.7%	31 83.8%	296 85.5%
Sometimes	5 1.6%	2 5.4%	7 2.0%
No (Never)	39 12.7%	4 10.8%	43 12.4%
Total	308	37	345
<i>What effect has the treatment you received had on the quality of your life?</i>			
Much Better	166 53.5%	17 44.7%	183 52.4%
A Little Better	91 29.4%	12 31.6%	104 29.8%
About the Same	41 13.2 %	5 13.2%	46 13.2%
A Little Worse	6 1.9%	2 5.3%	8 2.3%
Much Worse	6 1.9%	2 5.3%	8 2.3%
Total	310	38	348

Figure 3 shows the responses to the DHS question “In the last 12 months, were you able to get the help you needed?” (N=349)

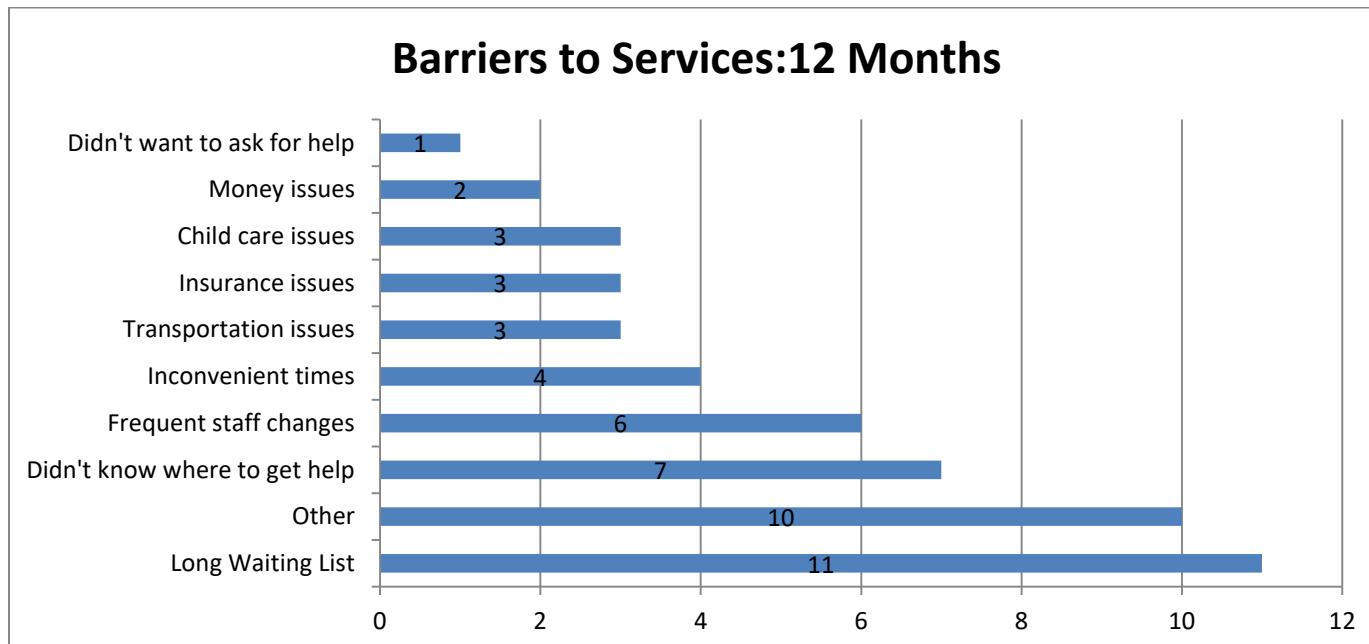
Figure 3: “In the last 12 months, were you able to get the help you needed?”



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 were a total of 50 Barriers reported by 25 respondents, “Long waiting list” being listed most frequently.

Figure 4: Barriers to Service in the Last 12 Months



Annual Report
July 2019 – June 2020

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 indicate if the barriers had ever prevented them from getting the help they needed. Survey respondents could select more than one barrier. Four hundred and twenty-seven responses were provided. Two individuals selected “other” but did not provide a comment to clarify.

Figure 5: Barriers to Service

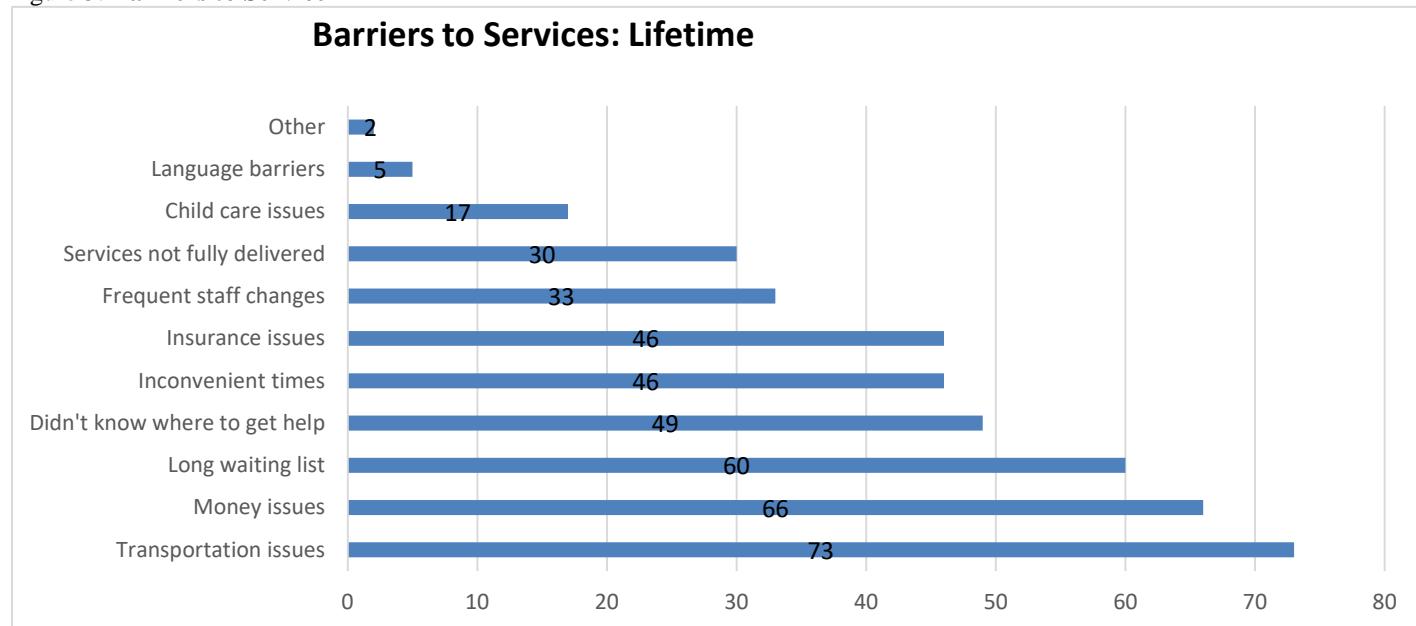


Figure 6 shows the adult responses to the Department of Human Services question “Were you given the chance to make treatment decisions?” (N=346)

Figure 6: “Were you given the chance to make treatment decisions?”

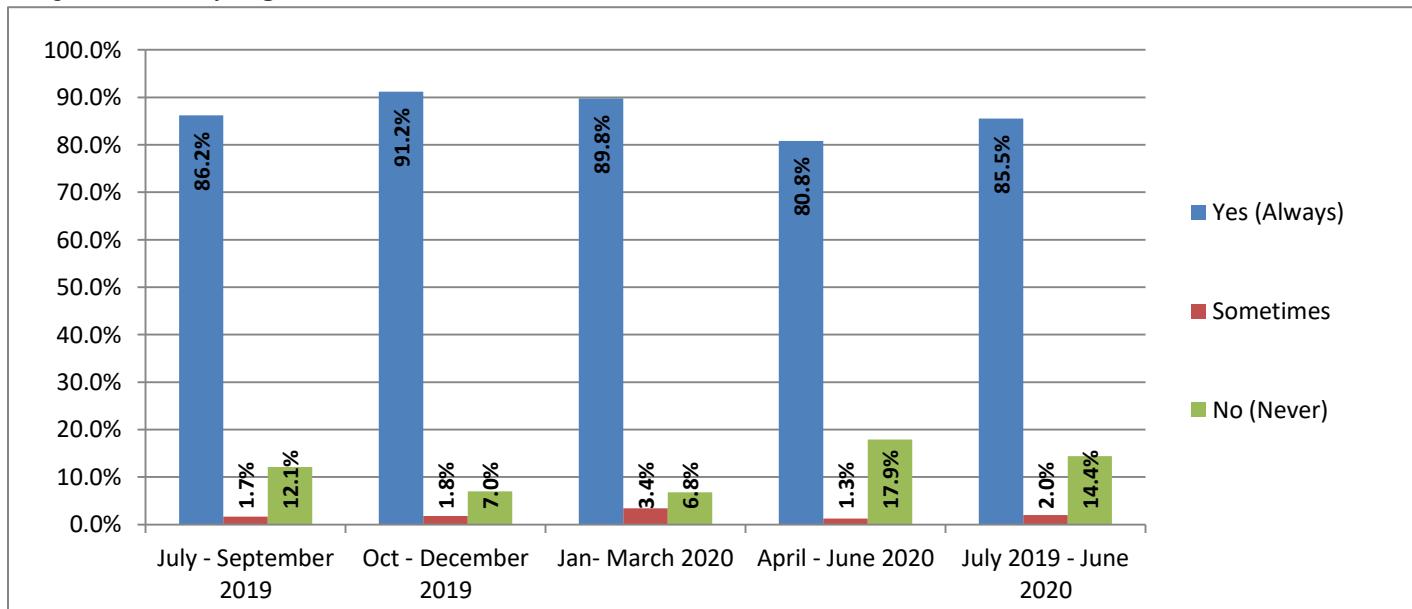
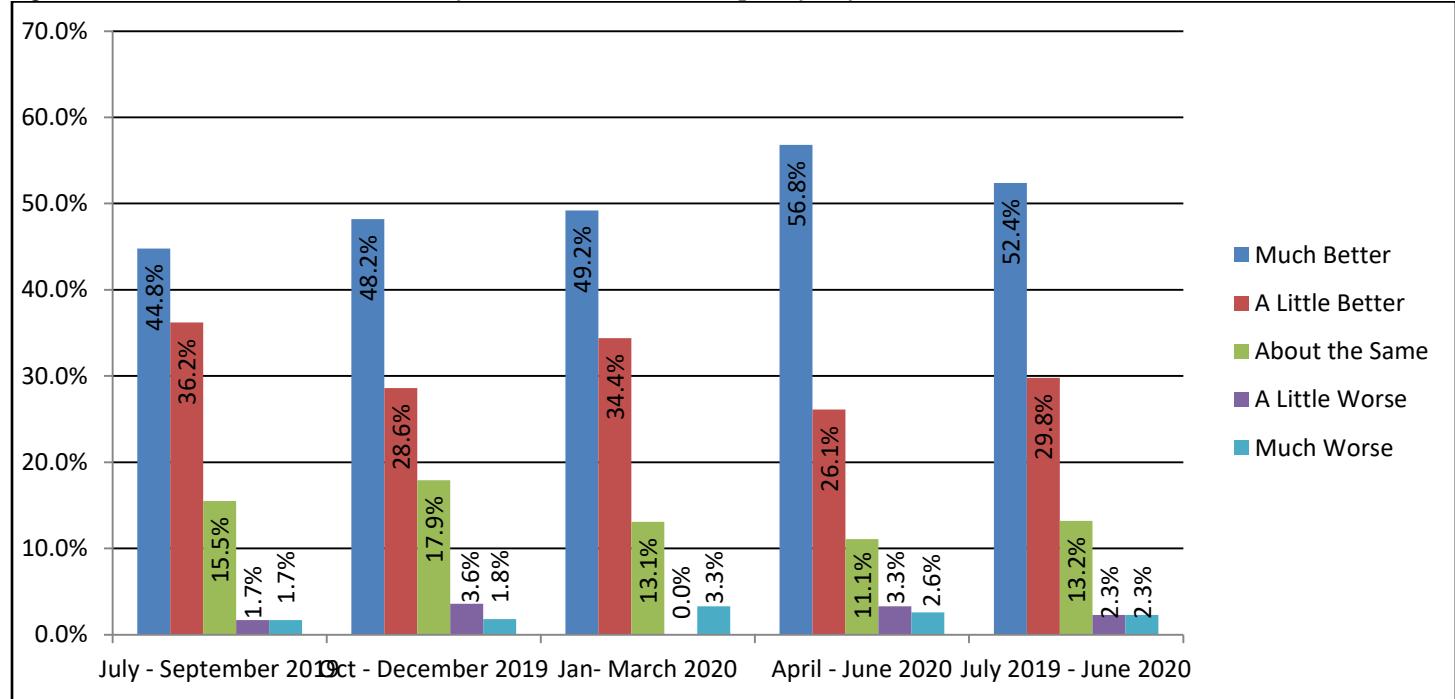


Figure 7 shows the Department of Human Services question “What effect has the treatment you received had on the quality of your life?” (N=349)

Figure 7: What effect has the treatment you received had on the quality of your life?



Adult Services Needed

The following services and comments were listed when adults were asked “Are there any services you need but are not getting?” The following responses were recorded:

- Counseling/Therapy (23)
- Psychiatrist/New Psychiatrist (4)
- Dental Care (3)
- Support Groups (1)
- Legal Services (1)
- Family Doctor/PCP (2)
- Medical Marijuana/Resources and Access (2)
- Housing (2)
- SSI (1)
- Day Program (2)
- Medication (1)
- Vivitrol (1)
- Anger management (1)
- “There are a lot of services I’m not eligible for because of my age.” (1)
- “Still looking at what’s available to me.” (1)
- “I thought of some services but I’m not sure if I qualify for them. I’m doing the research on the computer.” (1)

- “I don’t know what services are out there.” (1)
- “Assistance getting into college and fitness.” (1)
- “It would be nice if they would get further with the process towards on what my therapist is testing me for because this will solve a lot more problems than my anxiety.”

Resources Provided

This year, 279 resources were provided to adults. Table 31 details the resources that were provided.

Table 31: Resources Provided to Adults this Year

Crisis Intervention Franklin County	2
MHA Helpline	36
PerformCare Member Services	113
Mid Penn Legal	2
SAM	11
Other – Not specified	2
I/FST Brochure	71
Parent-to-Parent Brochure	2
Support Group Information	7
TMCA	32
Franklin/Fulton Drug & Alcohol Services	1

What is important to you in your treatment?

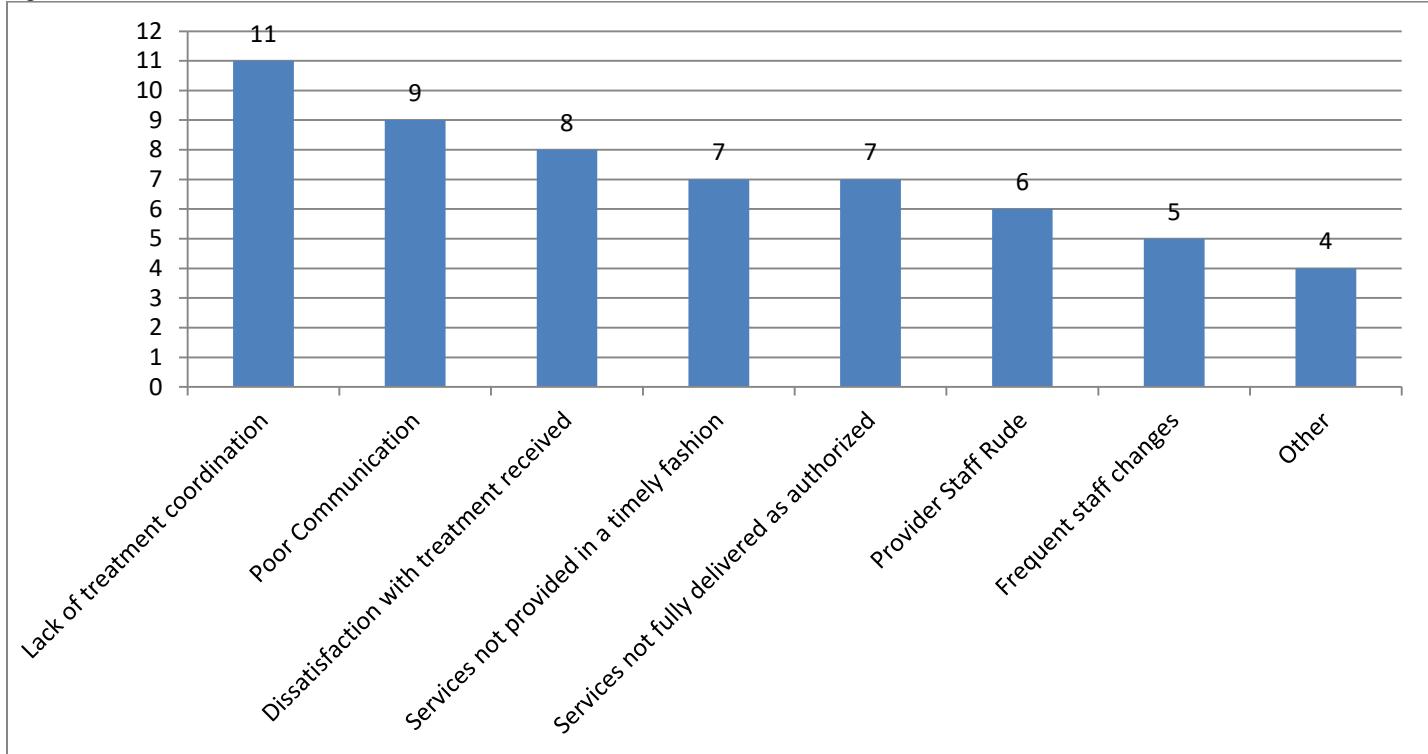
Respondents were asked “What is important to you in your treatment?” Below is a sample from each quarter of literal responses provided:

- “That the anxiety is being taken care of.”
- “Proper diagnosis, new ways to cope.”
- “Progress and reliability.”
- “To be able to talk to somebody to get out the frustration and in order to cope.”
- “To get better with my mental health.”
- “I just want to get rid of the anxiety and depression I had and break out of my shell.”
- “Quality of life.”
- “To get to a point to where I can handle what I need to.”
- “To be safe, have goals.”
- “When I’m in crisis, availability of providers without hospital.”

Adult Dissatisfaction

This year, 18 adults indicated serious issues with their provider. Figure 8, below, details the responses.

Figure 8: Adult Dissatisfaction



Others mentioned:

- “The one caseworker I had would talk about clients to other clients. They never did anything to resolve it.”
- “The staff member just walked out and never came back.”
- “No groups, no one-on-one therapy, no coloring, no board games.”

Comments Provided:

- “If she would understand how I feel she wouldn’t prescribe me medication that makes me nauseous. I don’t understand why she was a good candidate. I like her I just don’t know how to talk to her”

Knowledge of Complaint Process

Respondents were asked “Were you informed of what to do if you have a complaint about your mental health services?” 69.6% said “yes”, and 30.4% said “no”. (N=342) Those who said “yes” were asked to explain what to do in their own words. These literal comments will be examined further at upcoming QI/UM and I/FST Coordination meetings if requested.

Family Surveys

N=191

Overall Satisfaction Combined Counties

-Statistical significance can be seen in the area of Treatment Experiences at the .05 level (4.39*).

Providers:

-Family Behavioral Resources saw and statistical significance in the area of Treatment Experiences/Recovery Practices at the .05 level (4.45*).

Level of Care:

-BHRS saw statistical significance in the core area of Treatment Experiences/Recovery Practices at the .05 level (4.40*).
-Family Based Services saw statistical significance in the core area of Treatment Experiences/Recovery Practices at the .05 level (4.17*)

PerformCare:

-Only 13 family respondents this year indicated that they had been dissatisfied with a provider and filed a formal complaint with PerformCare and 50% of those respondents indicated that they were satisfied with how their complaint was handled.
-Six respondent indicated that they filed a grievance with PerformCare. All six respondents indicated that they were satisfied with how they were treated and with the outcome of their grievance.

Access to Services:

-73.3% of respondents indicated that they were given a choice of different providers they could use for their child's treatment.
-76.4% of respondents indicated that they were given a choice of different staff they could use for their child's treatment.
-58.1% of respondents indicated that they were seen within 7 days.

Copy of Treatment Plan:

-74.3 % of respondents indicated that they were given a copy of their child's treatment plan.

DHS:

-81.2% of respondents indicated that they had no difficulty getting the help needed for their child in the last 12 months.
-85.9% of respondents indicated that they were given the chance to make treatment decisions.
-81.7% of respondents indicated that their child was "Much Better" or "A Little Better" because of the treatment received.

Barriers to Service

-There were 58 barriers to service reported this year. The most frequently mentioned barriers were long waiting list (13) and services not fully delivered (12).
-All respondents were asked if they had any difficulty ever getting help for their child. Respondents listed 217 barriers with the most frequent barriers being long waiting list (49) and services not fully delivered (26).

Dissatisfaction

-This year 15 respondents indicated dissatisfaction. Respondents listed 32 issues with the most frequently reported issues being services not fully delivered (7), services not provided in a timely fashion (6), and poor communication (6).

Knowledge of Complaint Process

-66% of respondents indicated that they were informed of what to do if they had a complaint

Overall Satisfaction

Table 32 shows the satisfaction scores from both Franklin and Fulton Counties combined.

Table 32: Family Satisfaction for Combined Counties by Quarter

Combined Counties	July – September 2019 N=60	October – December 2019 N=38	January – March 2020 N=39	April – June 2020 N=54	Annual July 2019 – June 2020 N=191
Access to Services	4.2	3.98**	4.40	4.19	4.19
Treatment Experiences/ Recovery Practices	4.21**	4.23	4.48	4.39*	4.32
Direct Outcomes	4.0**	3.96	4.18	4.11	4.06
Overall:	4.18**	4.13	4.22	4.31	4.25

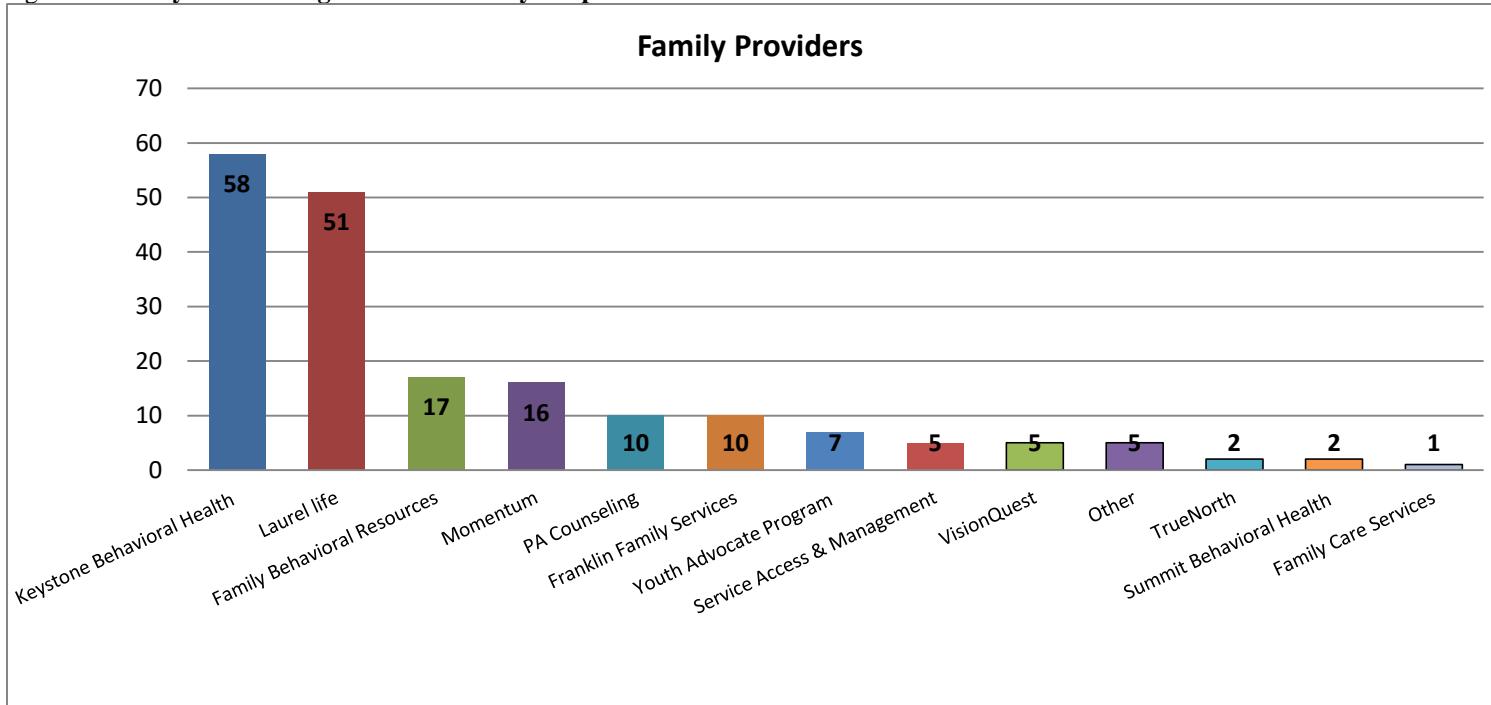
*Indicates significant difference in means between statements, significant at the .05 level

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

Provider Agencies

While children may get services from more than one agency, each survey focuses on only one agency in order to produce satisfaction results for that specific treatment provider. Figure 9 shows the providers family survey respondents chose to be surveyed about this year. Family respondents completed surveys on 16 different providers (N=180). There were five family members who responded “other,” one reported Chambersburg Hospital, one reported Children’s Behavioral, two reported Wellspan, and one reported Holy Spirit.

Figure 9: Family Provider Agencies Selected by Respondents



Family Satisfaction by Provider

Provider specific results are reported below for each provider that reaches the standard of the greater of 10 respondents or 10% of total family respondents. This year Keystone Behavioral Health, Family Behavioral Resources, Laurel Life, Franklin Family Services, Momentum, and PA Counseling met this threshold.

Keystone Behavioral Health

This year, 58 respondents completed surveys about the services they received from Keystone Behavioral Health. Thirty-one completed surveys about medication/psychiatry, 25 mental health outpatient therapy and 2 BHRs. There was no statistical significance in any of the three core areas or in the overall satisfaction score.

Table 33: Family Satisfaction for Keystone Behavioral Health

<i>Keystone Behavioral Health</i>	July – September 2019 N=16	October – December 2019 N=11	January – March 2020 N=10	April – June 2020 N=54	Annual July 2019-June 2020 N=58	Annual July 2019-June 2020 without Keystone N=122
Access to Services	4.33	3.75*	4.61	4.12	4.19	4.19
Treatment Experiences/Recovery Practices	4.32	4.14**	4.56	4.35*	4.28	4.32
Direct Outcomes	4.09	3.86	4.51	3.95	3.98	4.05
Overall:	4.29	4.01**	4.56	4.24	4.21	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

Laurel Life

This year, 51 respondents completed surveys about the services they received from Laurel Life. Thirty completed a survey about mental health outpatient therapy, 14 for BHRS, 5 family based and 2 medication/psychiatry. There was statistical significance in any of the three core areas or in the overall satisfaction score.

Table 34: Family Satisfaction for Laurel Life

<i>Laurel Life</i>	July – September 2019 N=16	October – December 2019 N=11	January – March 2020 N=10	April – June 2020 N=14	Annual July 2019- June 2020 N=51	Annual July 2019- June 2020 without Laurel Life N=129
Access to Services	4.33	3.75*	4.61	4.46	4.28	4.16
Treatment Experiences/Recovery Practices	4.32	4.14**	4.56	4.54	4.36	4.29
Direct Outcomes	4.09	3.86	4.51	4.38	4.17	3.97
Overall:	4.29	4.01**	4.56	4.5	4.31	4.21

*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 Behavioral Resources

This year, 17 respondents completed surveys about the services they received from Family Behavioral Resources. Nine completed a survey about mental health outpatient therapy, four medication/psychiatry, 3 BHRS, and 1 family based. Family Behavioral Resources did not reach the 10-resopndent threshold in any of the four quarters but did annually. Statistical significance can be seen in the area of treatment experiences.

Table 35: Family Satisfaction for Family Behavioral Resources

<i>Family Behavioral Resources</i>	July – September 2019	October – December 2019	January – March 2020	April – June 2020	Annual July 2019- June 2020 N=17	Annual July 2019 – June 2020 without FBR N=163
Access to Services	X	X	X	X	4.13	4.19
Treatment Experiences/Recovery Practices	X	X	X	X	4.45*	4.31
Direct Outcomes	X	X	X	X	4.34	4.03
Overall:	X	X	X	X	4.36	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

Franklin Family Services

This year, 10 respondents completed surveys about the services they received from Franklin Family Services. Five respondents completed surveys regarding mental health outpatient therapy, three medication/psychiatry, one BHRS, and one family based services. Franklin Family Services did not reach the 10-respondent threshold during any of the four quarters but did annually. There was no statistical significance in any of the three core areas or in the overall satisfaction score.

Table 36: Family Satisfaction for Franklin Family Services

Franklin Family Services	July – September 2019	October – December 2019	January – March 2020	April – June 2020	Annual July 2019 – June 2020 N=10	Annual July 2019- June 2020 without FFS N=170
Access to Services	X	X	X	X	3.79	4.21
Treatment Experiences/Recovery Practices	X	X	X	X	4.07	4.33
Direct Outcomes	X	X	X	X	3.72	4.07
Overall:	X	X	X	X	3.95	4.27

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

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

Momentum

This year, 16 respondents completed surveys about the services they received from Momentum. Seven completed a survey about mental health outpatient therapy, 5 medication/psychiatry, 3 BHRS, and one family based services. Momentum did not reach the 10-respondent threshold during any of the four quarters but did annually. There was no statistical significance in the three core areas or in the overall satisfaction score.

Table 37: Family Satisfaction for Momentum

Momentum	July – September 2019	October – December 2019	January – March 2020	April – June 2020	Annual July 2019- June 2020 N=16	Annual July 2019- June 2020 without Momentum N=164
Access to Services	X	X	X	X	4.09	4.20
Treatment Experiences/Recovery Practices	X	X	X	X	4.17	4.32
Direct Outcomes	X	X	X	X	3.83	4.05
Overall:	X	X	X	X	4.10	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

PA Counseling

This year, 10 respondents completed surveys about the services they received from PA Counseling. Five completed a survey about BHRS and five completed a survey about family based services. PA counseling did not meet the 10-respondent threshold during any of the four quarters but did annually. There was no statistical significance in the three core areas or in the overall satisfaction score.

Table 38: Family Satisfaction for PA Counseling

PA Counseling	July – September 2019	October – December 2019	January – March 2020	April – June 2020	Annual July 2019-June 2020 N=10	Annual July 2019-June 2020 without PA Counseling N=170
Access to Services	X	X	X	X	4.29	4.19
Treatment Experiences/Recovery Practices	X	X	X	X	4.41	4.30
Direct Outcomes	X	X	X	X	4.06	4.03
Overall:	X	X	X	X	4.33	4.23

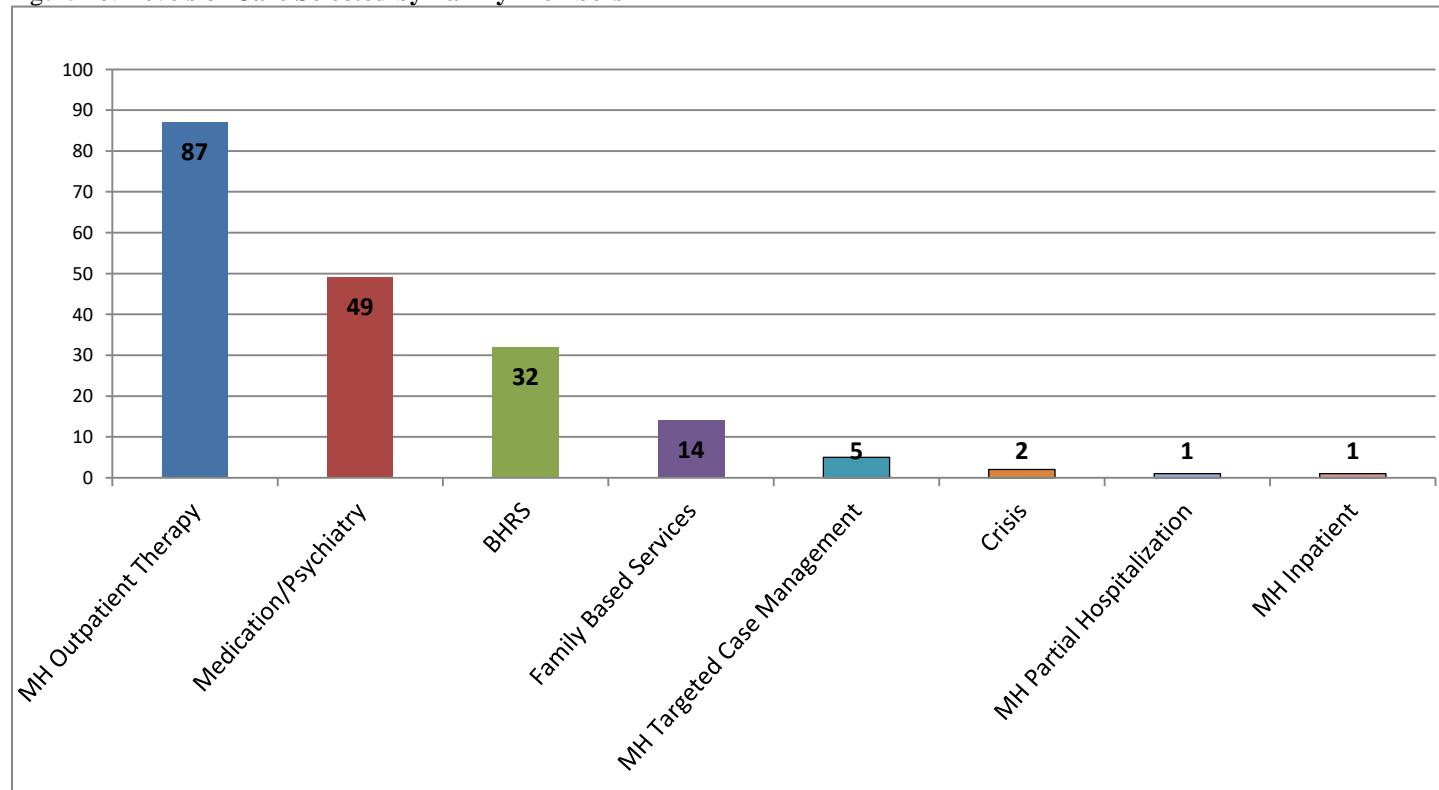
*Indicates significant difference in means between statements, significant at the .05 level

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

Levels of Care

Figure 10 shows the levels of care family members chose to be surveyed about this year (N=191).

Figure 10: Levels of Care Selected by Family Members



Mental Health Outpatient Therapy

This year, 87 respondents completed surveys about their mental health outpatient therapy services. There was no statistical significance in any of the three core areas or in the overall satisfaction score.

Table 39: Family Satisfaction for Mental Health Outpatient Therapy

<i>MH Outpatient Therapy</i>	July – September 2019 N=26	October – December 2019 N=19	January – March 2020 N=21	April – June 2020 N=20	Annual July 2019- June 2020 N=87	Annual July 2019- June 2020 without Therapy N=104
Access to Services	4.34	4.07	4.48	4.26	4.29	4.11
Treatment Experiences/Recovery Practices	4.33	4.23	4.53*	4.36	4.35	4.29
Direct Outcomes	4.21	4.06	4.25	4.12	4.14	3.98
Overall:	4.31	4.17	4.47	4.30	4.30	4.20

*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

This year, 49 respondents completed surveys about their medication/psychiatry services. Medication/Psychiatry met the 10-respondent threshold two of the four quarter this year. There was no statistical significance in any of the three core areas or in the overall satisfaction score.

Table 40: Family Satisfaction for Medication/Psychiatry

<i>Medication/Psychiatry</i>	July – September 2019 N=12	October – December 2019	January – March 2020	April – June 2020 N=224	Annual July 2019- June 2020 N=49	Annual July 2019- June 2020 without Therapy N=104
Access to Services	3.88	X	X	4.05	4.03	4.25
Treatment Experiences/Recovery Practices	3.96	X	X	4.36*	4.25	4.34
Direct Outcomes	3.65	X	X	3.97	3.88	4.12
Overall:	3.89	X	X	4.23	4.14	4.28

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

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

Annual Report
July 2019 – June 2020

BHRS

This year, 32 respondents completed surveys about their BHRS services. BHRS met the 10-respondent threshold one of the four quarters this year. Statistical significance can be seen in the core areas of treatment experiences/recovery practices.

Table 41: Family Satisfaction for BHRS

BHRS	July – September 2019 N=13	October – December 2019	January – March 2020	April – June 2020	Annual July 2019- June 2020 N=32	Annual July 2019- June 2020 without BHRS N=159
Access to Services	4.36	X	X	X	4.25	4.18
Treatment Experiences/Recovery Practices	4.36	X	X	X	4.40*	4.30
Direct Outcomes	3.98	X	X	X	4.12	4.04
Overall:	4.3	X	X	X	4.33	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

Family Based Services

This year, 13 respondents completed surveys about their family based services. Family based did not reach the 10-respondent threshold in any of the four quarters but did annually. Statistical significance can be seen in the core area of treatment experiences/recovery practices.

Table 42: Family Satisfaction for Family Based Services

Family Based Services	July – September 2019	October – December 2019	January – March 2020	April – June 2020	Annual July 2019- June 2020 N=13	Annual July 2019- June 2020 without Family Based N=178
Access to Services	X	X	X	X	3.95	4.21
Treatment Experiences/Recovery Practices	X	X	X	X	4.17*	4.33
Direct Outcomes	X	X	X	X	3.88	4.07
Overall:	X	X	X	X	4.07	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

Satisfaction with PerformCare

Table 43 shows the responses to a series of questions asked about PerformCare.

Table 43: PerformCare Questions

	Total Family Respondents	“Yes”	“No”
Have you ever been dissatisfied with a provider or PerformCare, and made a formal complaint to PerformCare?	190	13 (6.8%)	177 (92.7%)
Were you satisfied with how your formal complaint was handled by PerformCare?	12	6 (50%)	6 (50%)
Have you ever had a service for your child denied by PerformCare and then filed a grievance?	191	6 (3.1%)	185 (96.9%)
Were you satisfied with the way you were treated during the grievance process?	6	6 (100%)	0
If you have used PerformCare’s grievance process, were you satisfied with the outcome?	6	6 (100%)	0

Access to Services

Table 44 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?”

Table 44: Choice of Provider Quarterly and Annual

<i>(Name of Provider) discussed with me that I have a choice of providers I could use for my child’s services?</i>	July – September 2019 N=59	October – December 2019 N=38	January – March 2020 N=39	April – June 2020 N=54	Annual July 2019 - June 2020 N=186
Yes	69.5%	71.0%	82.1%	74.1%	73.3%
No	22.0%	26.3%	12.8%	14.8%	18.8%
Don’t Know	8.5%	2.6%	0%	7.4%	5.2%

Annual Report
July 2019 – June 2020

Table 45 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?”

Table 45: Choice of Staff Quarterly and Annual

<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>	July – September 2019 N=60	October – December 2019 N=37	January – March 2020 N=39	April – June 2020 N=54	Annual July 2019- June 2020 N=187
Yes	75.0%	78.3%	84.6%	74.1%	76.4%
No	18.3%	18.9%	12.8%	16.7%	17.3%
Not Sure	6.7%	2.7%	0	5.6%	4.2%

Table 46 shows the responses for the question “When you contacted (name of provider) to set up your initial appointment, were you seen within seven days?”

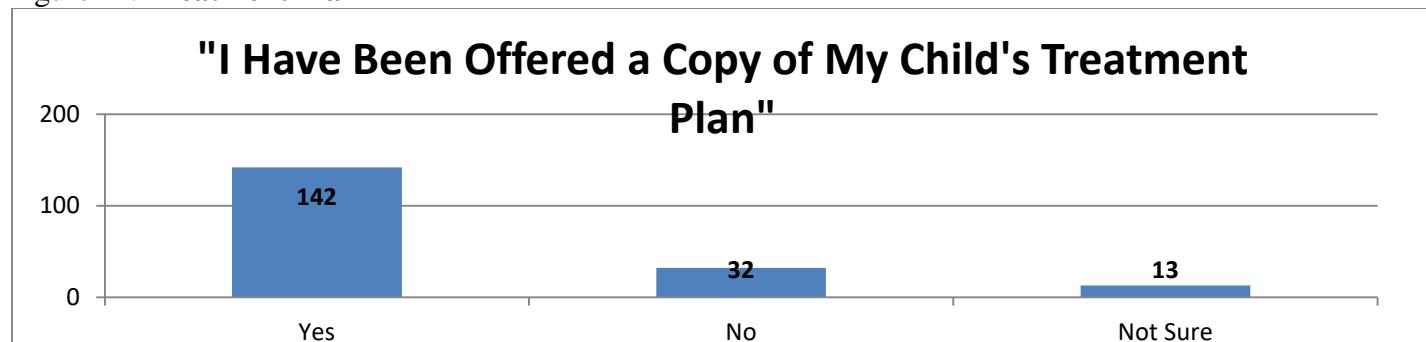
Table 46: Access to Services within Seven Days of Initial Contact Quarterly and Annual

<i>When you contacted (name of provider) to set up your initial appointment, were you seen within seven days?</i>	July – September 2019 N=58	October – December 2019 N=36	January – March 2020 N=39	April – June 2020 N=54	Annual July 2019 – June 2020 N=184
Yes	65.5%	52.8%	66.7%	51.9%	58.1%
No	13.8%	11.1%	7.7%	16.7%	12.6%
Not Sure	20.7%	36.1%	25.6%	25.9%	25.7%

Copy of Treatment Plan

As Figure 11 shows, 142 (74.3%) family respondents reported having been offered a copy of their child’s treatment plan (N=187).

Figure 11: Treatment Plan



Department of Human Services

Table 47 shows the results of the three Department of Human Services questions. One family survey respondent did not provide their county of residence.

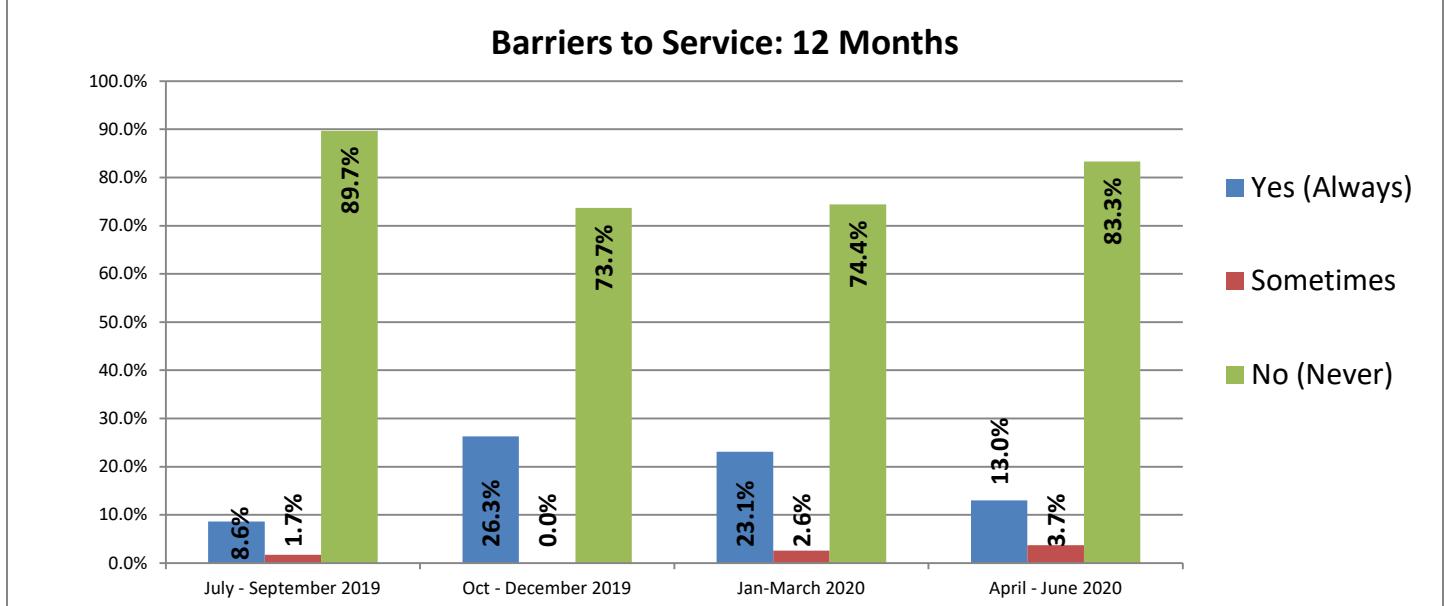
Table 47: DHS Required Questions

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)	29 (16.5%)	1 (7.1%)	30 (15.7 %)
Sometimes	3 (1.7%)	1 (7.1%)	4 (2.1%)
No (Never)	142 (80.7%)	12 (85.7%)	154 (81.2%)
Total	174	14	188
<i>Were you and your child given the chance to make treatment decisions?</i>			
Yes (Always)	150 (85.2%)	13 (92.9%)	164 (85.9%)
Sometimes	5 (2.8%)	1 (7.1%)	5 (2.6%)
No (Never)	13 (7.4%)	0	13 (7.3%)
Total	168	14	182
<i>What effect has the treatment your child received had on the quality of your child's life?</i>			
Much Better	77 (43.8%)	5 (35.7 %)	83 (43.5%)
A Little Better	69 (39.2%)	4 (28.6%)	73 (38.2%)
About the Same	18 (10.2%)	3 (21.4%)	21 (11%)
A Little Worse	4 (2.3%)	1 (7.1%)	5 (2.6%)
Much Worse	3 (1.7%)	0	3 (1.6%)
Total	171	13	184

Annual Report
July 2019 – June 2020

Figure 12 shows responses to the DHS question “In the last 12 months, did you have problems getting the help your child needed?” (N=188) Survey respondents may decline to answer questions at any time. Therefore the number of responses may differ slightly from the total number of respondents.

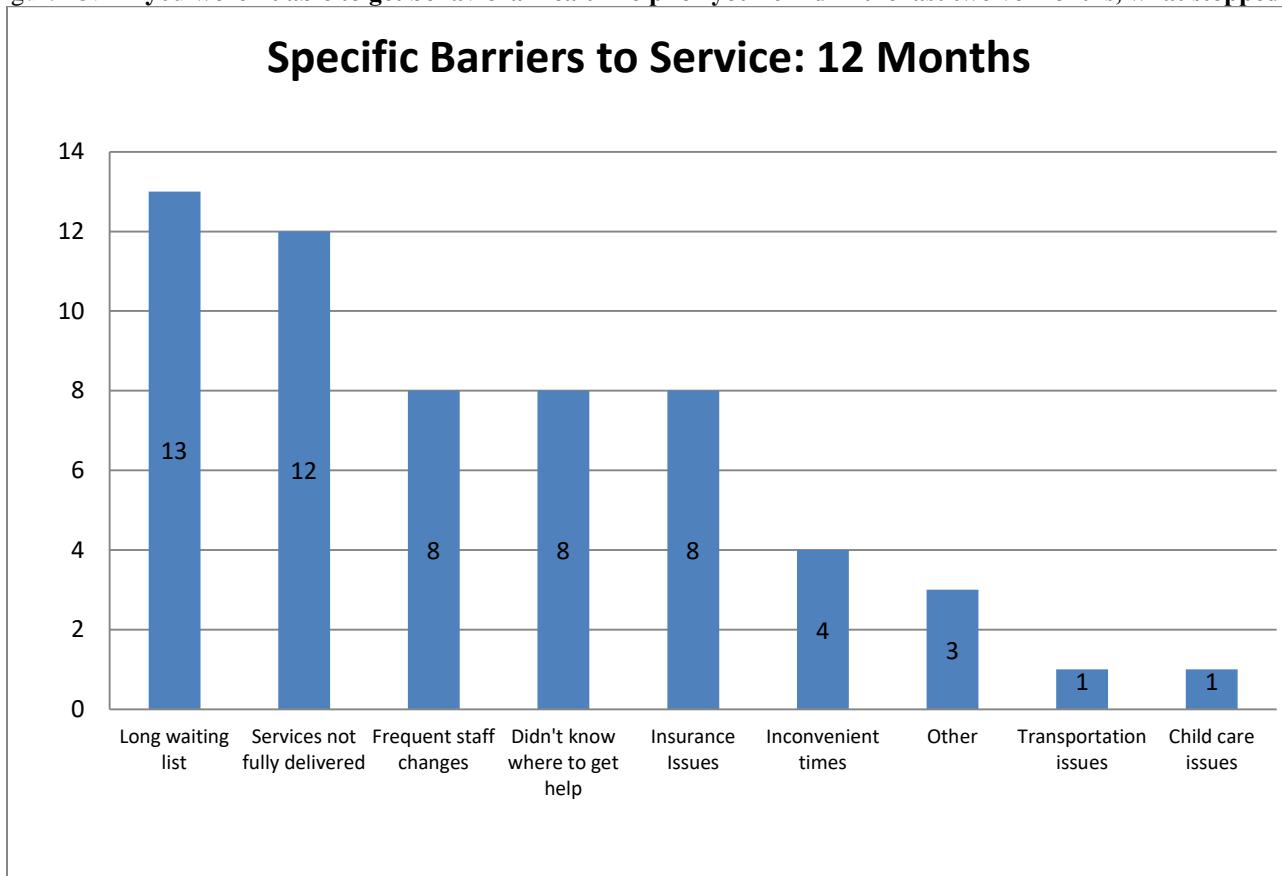
Figure 12: In the last 12 months, did you have problems getting the help your child needed?



Family Barriers to Service

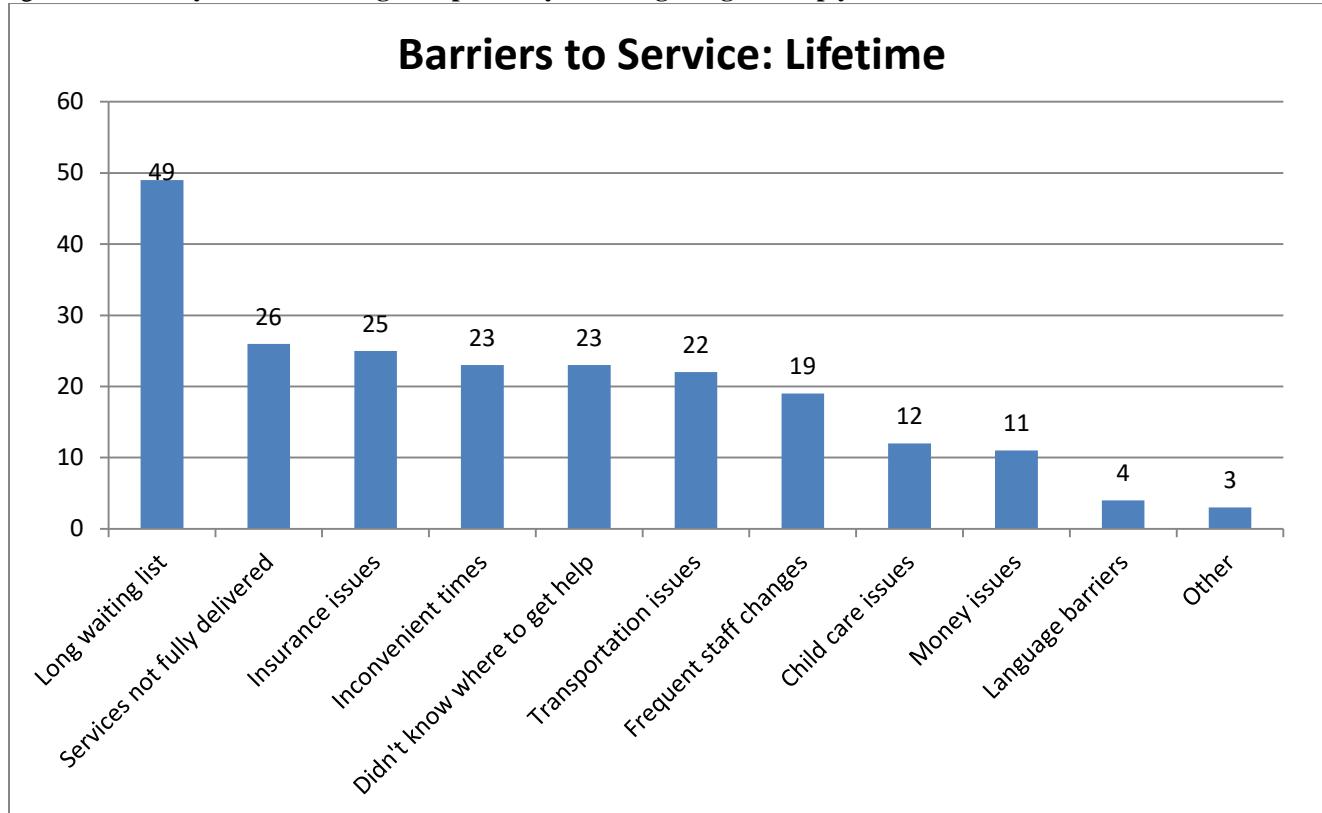
This year, 30 family respondents indicated that they had difficulty receiving the help they needed for their child. There were a total of 58 barriers reported with Long waiting list being the most frequent.

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'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 a total of 217 barriers listed this year. One family member selected other but did not provide any details.

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

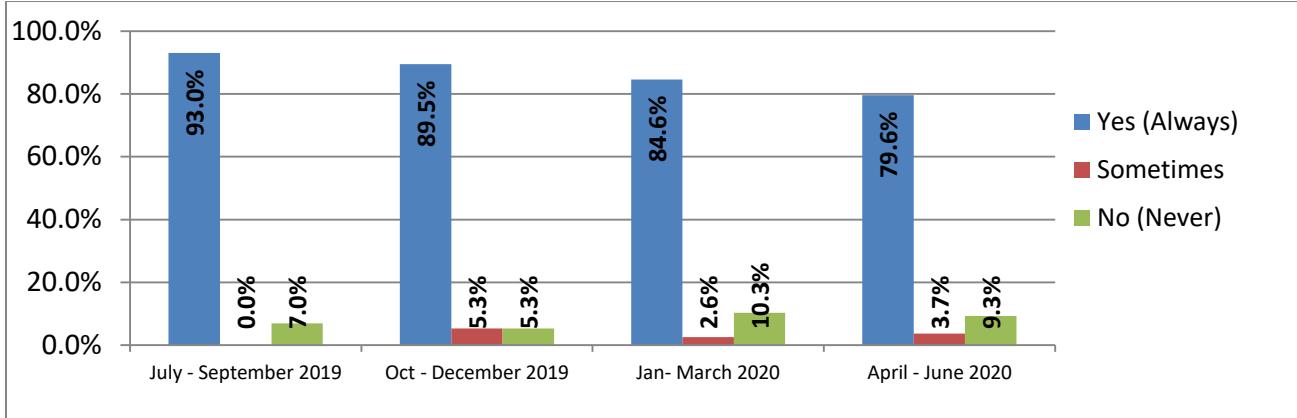


Other's listed:

- “Availability”
- “I have numbers and websites, but I want to talk to them first.”

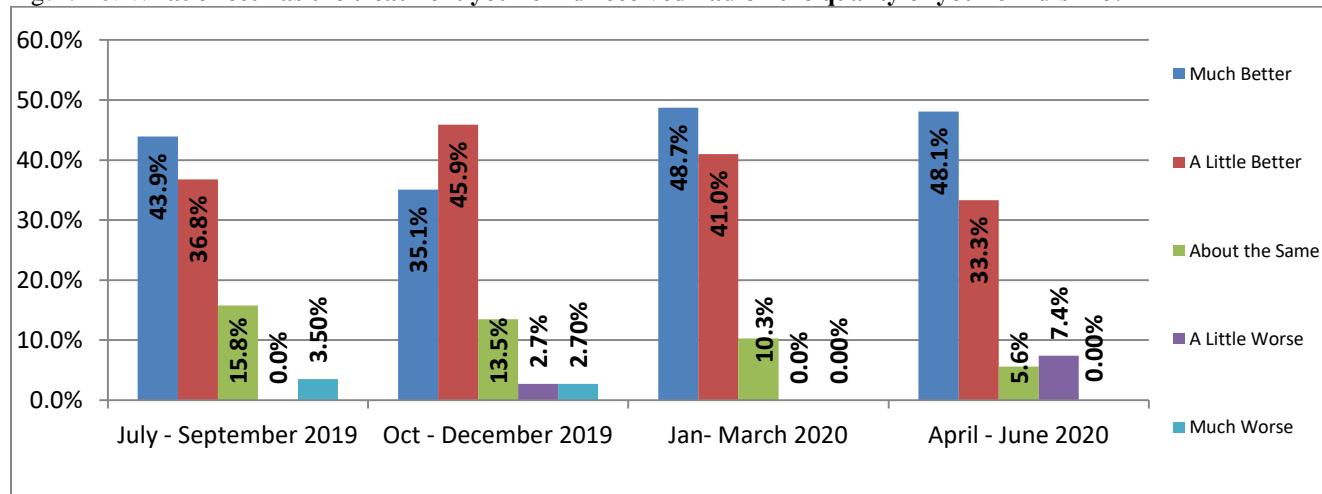
Figure 15 shows responses to the required Department of Human Services question “Were you and your child given the chance to make treatment decisions?”(N=183). Survey respondents may decline to answer questions at any time. Therefore the number of responses may differ slightly from the total number of respondents.

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



Family members were asked about the effect their child’s treatment has had on their child’s life. Figure 16 shows the responses to this question. (N=185) Survey respondents may decline to answer questions at any time. Therefore the number of responses may differ slightly from the total number of respondents.

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



Services Needed

Family respondents were asked an open-ended question to find out if their child receives all the services they need and if not, what service(s) their child still needs. Responses from this quarter are presented below

- "He was receiving OT at school and I want him to get one out of school but there is nowhere to do that."
- "Counseling." (6)
- "Still waiting for in home therapy."
- "32-week therapy, but it is not available In Franklin County."
- "Summer Therapist."
- "Because of the pandemic he is getting services done over the phone which does not work well for a five-year-old, but it's the times right now."
- "TSS for school." (3)
- "Yes, she needs play therapy."
- "Psychiatrist or prescriber" (3)
- "Aide for school."
- "Therapy in school."
- "Dietician."
- "More resources."
- "Local doctor."
- "Caseworker." (2)
- "More therapy."
- "After school services."
- "Behavioral therapy at home."
- "Music therapy is needed."
- "Outpatient therapy, vision therapy."
- "No longer in therapy, but needs it again."
- "Sort of, but not offered in this area. Behavioral therapy for autism."
- "Still doesn't have the therapy he needs."
- "Coping skills."
- "Speech therapy outside of school."

Resources Provided

Table 48 details the resources that were provided to family respondents this year.

Table 48: Resources Provided to Families this Year

PerformCare Member Services	82
I/FST Brochure	56
TMCA	19
MHA Helpline	3
Base Services Unit @ SAM	1
Mid Penn Legal	1

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

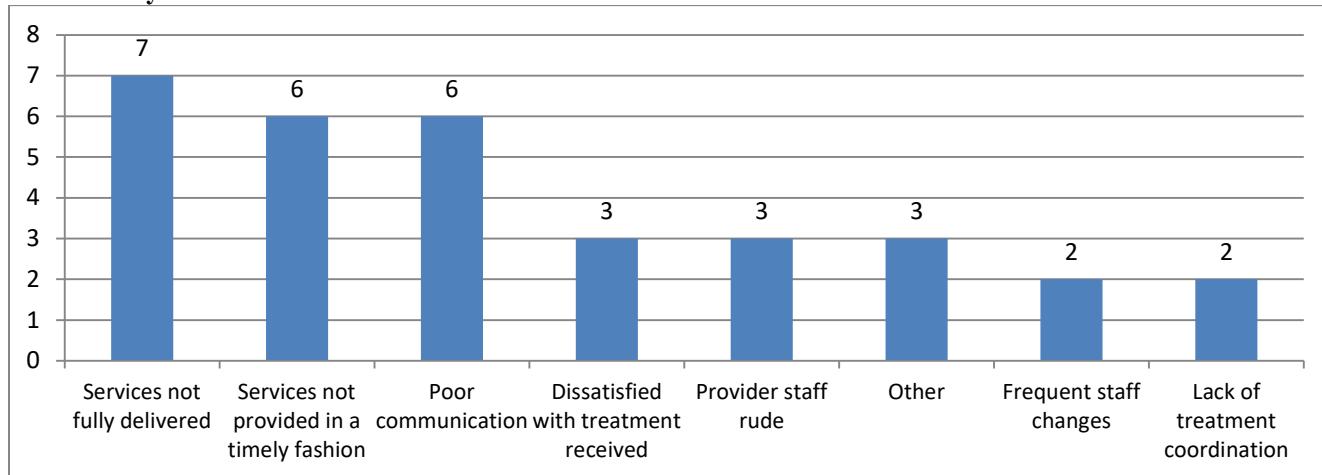
Respondents were asked “What is important to you in your child’s treatment?” A same of literal responses are listed below:

- "I just want him to get better and get the help he needs"
- "That we overcome whatever is her issue"
- "That her ADHD improves."
- "He gets the right treatment, that we know what's going on, and manage his outbursts."
- "Make sure she gets ALL the help she needs."
- "Knowing that he's getting the help he needs and that staff are helping my child."
- "Knowing that he's getting the help he needs and the staff are respectful and kind."
- "So I can think better stuff."
- "Getting better at communicating feelings and everything else."
- "To be successful."
- "That he can get the treatment he needs to be a successful adult."
- "That his service providers are on the same boat."
- "Appropriate level of care."
- "That someone listens to her."
- "I'd like her to say what she wants herself for. I want to get her to where she wants to be and express her feelings."
- "Just for him to have a better quality life and get over the hurdles he has."
- "Help with express himself better."
- "Feeling comfortable with his options in order to understand them."
- "She grew up and completely changed. 60 degree turnaround."

Family Dissatisfaction

This year, 15 family members indicated that they had serious problems with their provider. A total of 32 issues were reported. Responses are shown below.

Figure 17: Family Dissatisfaction



The “other” response is as follows:

- “We have finally resolved the issue, but in the beginning I felt they were judging me based on my past with drug addiction.”
- “Waiting list and insurance issues.”
- “They wouldn’t give me his records. I had to request them 2-3 times. When they did finally copy his records they wanted to charge me \$60.”
- “Reactions to medications.”

Additional Comments:

- “Ignored. Doctor went on vacation knowing we needed a refill.
“None of them offered, have the therapy he needs.”

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. One hundred twenty-six individuals (66%) said “yes”; 57 (29.8%) said “no” (N=183). Those who said “yes” were asked to describe, in their own words, how to make a complaint. These literal responses will be examined at upcoming QI/UM and I/FST Coordination meeting upon request.

Youth Surveys

N=67

Youth Surveys

Youth Data Analysis Every Six Months

In an effort to provide a comprehensive analysis with a suitable sample size, youth survey data is reviewed and analyze over a 6th month period. Reports for youth respondents will be provided twice per fiscal year.

Overall Satisfaction Combined Counties:

- Statistical significance can be seen in the core area of Access to Services at the .05 level (4.34*).
- Statistical significance can be seen in the core area Treatment Experiences at the .05 level (4.41*).
- Overall satisfaction was significant at the .05 level (4.36*)

Providers:

- Keystone Behavior Health saw statistical significance at the .05 level in the core area of Access to services (4.45*) and in Overall Satisfaction (4.38*).
- Laurel Life saw statistical significance at the .05 level in the core areas of Access to services (4.34*), Treatment Experiences/Recovery Practices (4.46*), and in Overall Satisfaction (4.41*).

Levels of Care:

- Mental Health Outpatient Therapy saw statistical significance at the .05 level in the core area of Treatment Experiences/Recovery Practices (4.42*).
- Medication/Psychiatry saw statistical significance at the .05 level in the core areas of Access to services (4.33*), Treatment Experiences/Recovery Practices (4.36*), and in Overall Satisfaction (4.30*).

Access to Services:

- 52.2% of youth indicated that they had a choice of provider.
- 58.2% of youth indicated that they had a choice of provider staff.
- 61.2% of youth indicated that they were given a copy of their treatment plan.

PerformCare:

- 62.7% of youth indicated that they know where to go if they disagree with PerformCare's decisions about the type or amount of services they get and want to file a grievance.
- 85.1% of Youth know that if they have a problem with their treatment provider they can make a formal complaint.
- 89.6% of Youth feel they receive enough information about PerformCare to meet their needs.

DHS Questions:

- 79.1 % of respondents indicated that they did not have problems getting the help they needed.
- 76.1% of youth indicated that they were given a chance to make treatment decisions.
- 92.6% of youth indicated that the quality of their life was "Much Better" or "A Little Better" due to treatment.

Barriers to Services

-Youth listed 56 barriers to services. Six barriers were within the last 12 months while 50 were if they ever experienced a barrier. The most frequently listed barrier with 16 responses was “I don’t like asking for help.”

Prescriber of Behavioral Health Medications

-Statistical significance at the .05 level can be seen for the question “The person who prescribed my medications clearly explains the purpose of the medications” (4.38*).

Overall Satisfaction

Table 49 shows the satisfaction scores from both Franklin and Fulton Counties combined. Statistical significance can be seen in the core areas of access to services, treatment experiences, and overall satisfaction.

Table 49: Youth Satisfaction for Combined Counties

Combined Counties	July 2016 – June 2017 N=49	July 2017 – June 2018 N=35	July 2018 – June 2019 N=29	July – December 2019 N=23	January – June 2020 N=44	Annual July 2019- June 2020 N=67
Access to Services	4.13	4.21	4.29	4.47	4.27	4.34*
Treatment Experiences/Recovery Practices	4.18	4.27*	4.28	4.58	4.32*	4.41*
Direct Outcomes	4.01	4.05	4.22*	4.35	4.23	4.27
Overall:	4.14	4.21*	4.27*	4.51	4.29	4.36*

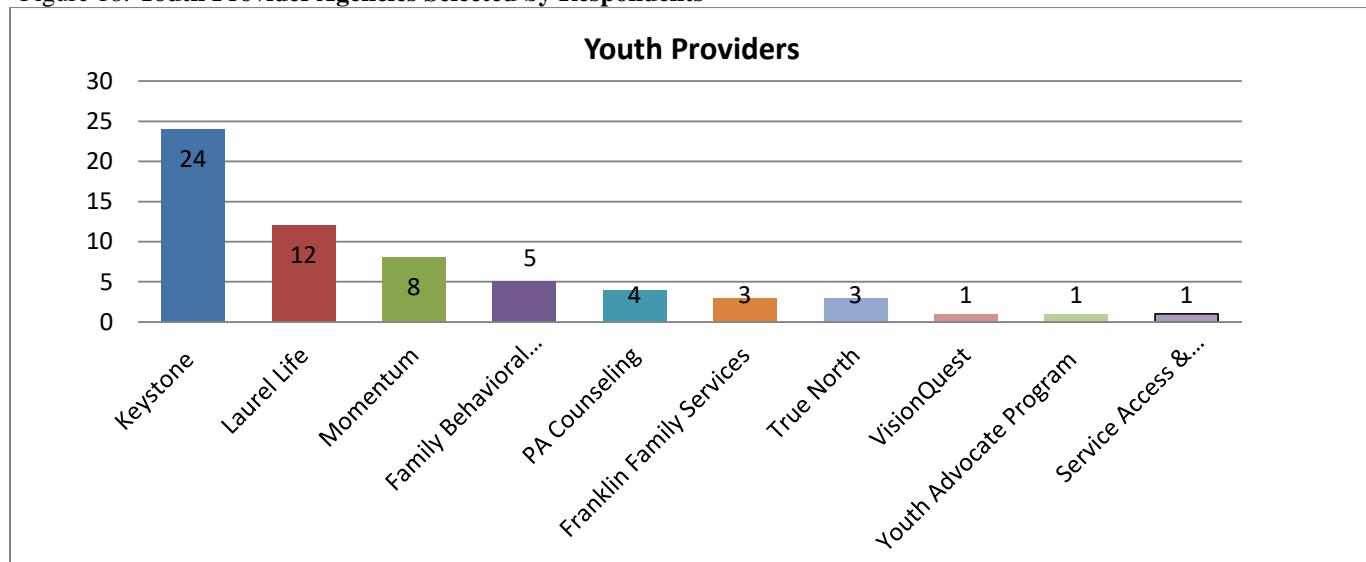
*Indicates significant difference in means between statements, significant at the .05 level

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

Provider Agencies

Figure 18 shows the providers that youth survey respondents chose to be surveyed about this year. Youth respondents completed surveys for 10 different providers. While children may get services from more than one agency, each survey focuses on only one agency in order to produce satisfaction results for that specific treatment provider. Note that in the figure below, N=62. Survey respondents may decline to answer questions at any time. Therefore the number of responses may differ slightly from the total number of respondents.

Figure 18: Youth Provider Agencies Selected by Respondents



Youth Satisfaction by Provider

Keystone Behavioral Health

Keystone Behavioral Health met the 10-respondent threshold to highlight youth satisfaction by provider. Twenty-four youth respondents completed surveys about the services they received from Keystone Behavioral Health. Thirteen completed a survey about medication/psychiatry, 10 mental health outpatient, and 1 crisis intervention services. Statistical significance can be seen in the core area of access to services and in the overall satisfaction score.

Table 50: Family Satisfaction for Keystone Behavioral Health

<i>Keystone Behavioral Health</i>	2017-2018	2018-2019	July-Dec 2019 N=10	January – June 2020 N=15	Annual July 2019- June 2020 N=24	Annual July 2019 – June 2020 without Keystone N=38
Access to Services	X	X	4.61	4.31*	4.45*	4.33*
Treatment Experiences/Recovery Practices	X	X	4.6	4.22	4.39	4.47*
Direct Outcomes	X	X	4.45	4.11*	4.25	4.33
Overall:	X	X	4.57	4.22*	4.38*	4.41*

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

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

Laurel Life

Laurel Life met the 10-respondent threshold to highlight youth satisfaction by provider. Twleve youth respondents completed surveys about the services they received from Laurel Life. Ten completed a survey about mental health outpatient therapy, one for medication/psychiatry, and one for family based services. Statistical significance was demonstrated in the core areas of access to services, treatment experiences/recovery practices, and in the overall satisfaction score.

Table 51: Family Satisfaction for Laurel Life

<i>Laurel Life</i>	2017-2018	2018-2019	July-Dec 2019	January – June 2020 X	Annual July 2019- June 2020 N=12	Annual July 2019 – June 2020 Without Laurel Life N=50
Access to Services	X	X	X	X	4.34*	4.37*
Treatment Experiences/Recovery Practices	X	X	X	X	4.46*	4.41*
Direct Outcomes	X	X	X	X	4.35	4.27
Overall:	X	X	X	X	4.41*	4.37*

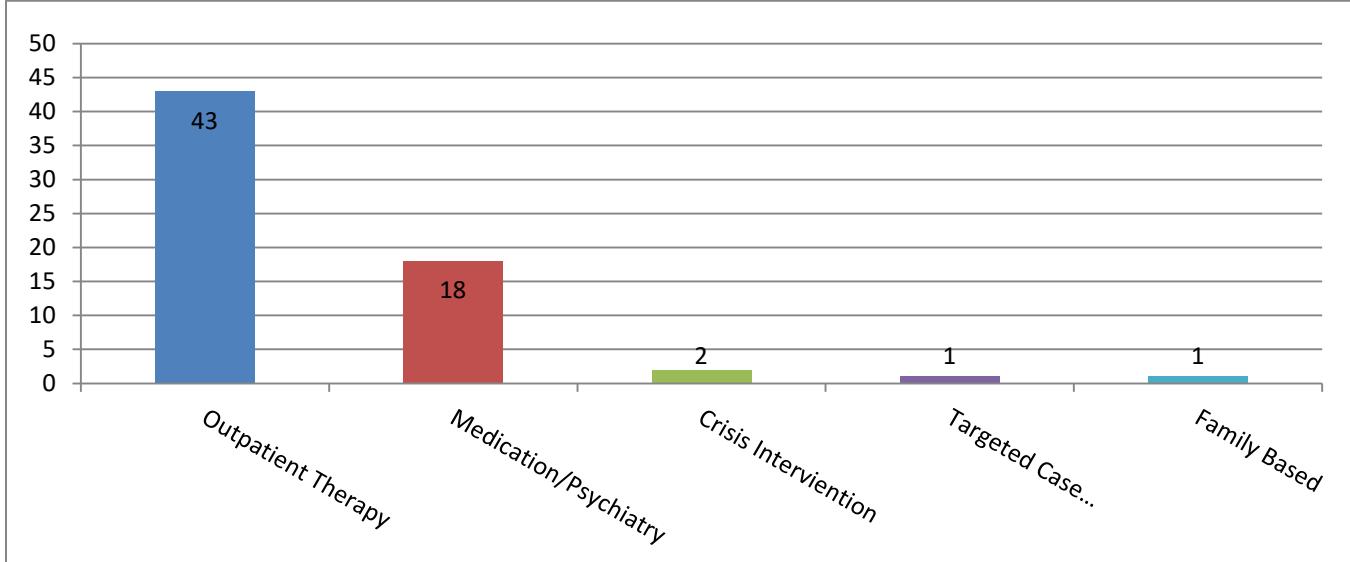
*Indicates significant difference in means between statements, significant at the .05 level

**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 this year. The level of care selected most frequently was outpatient therapy. (N=66) Survey respondents may decline to answer questions at any time. Therefore the number of responses may differ slightly from the total number of respondents.

Figure 19: Levels of Care Selected by Youth Respondents



Satisfaction by Level of Care

Medication/psychiatric services and mental health outpatient services met the 10 or 10% threshold. Analysis is shown below.

Mental Health Outpatient Therapy

Mental health outpatient therapy met the 10-respondent threshold to highlight youth satisfaction by level of care. Forty-three youth respondents completed surveys about their mental health outpatient therapy. Statistical significance was demonstrated in the core area of treatment experiences/recovery practices.

Table 52: Youth Satisfaction for Mental Health Outpatient Therapy

MH Outpatient Therapy	2017-2018	2018-2019	July-Dec 2019 N=16	January – June 2020 N=27	Annual July 2019- June 2020 N=43	Annual July 2019 – June 2020 without Therapy N=23
Access to Services	X	X	4.52*	4.21	4.33	4.35*
Treatment Experiences/Recovery Practices	X	X	4.59*	4.32	4.42*	4.38
Direct Outcomes	X	X	4.46	4.25	4.33	
Overall:	X	X	4.55*	4.28	4.38	4.33

*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

Medication/Psychiatry met the 10-respondent threshold to highlight youth satisfaction by level of care. Eighteen youth respondents completed surveys about their medication/psychiatry services. Statistical significance was demonstrated in the core areas of access to services, treatment experiences/recovery practices, and in the overall satisfaction score.

Table 53: Youth Satisfaction for Medication/Psychiatry

Medication/Psychiatry	2017-2018	2018-2019	July-Dec 2019	January – June 2020 N=13	Annual July 2019- June 2020 N=18	Annual July 2019 – June 2020 without Psychiatry N=48
Access to Services	X	X	X	4.33*	4.33*	4.34
Treatment Experiences/Recovery Practices	X	X	X	4.32*	4.36*	4.43*
Direct Outcomes	X	X	X	4.14	4.10	4.33
Overall:	X	X	X	4.28*	4.30*	4.39

*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 & Choice

Youth were asked whether or not they were told that they had a choice of different providers they could go to for their services. The table below details these responses.

Table 54: Youth Choice of Provider

Choice of Provider	2016-2017 N=48	2017-2018 N=33	2018-2019 N=29	July – December 2019 N=22	January- June 2020 N=44	Annual July 2019 – June 2020 N=63
Yes	66.7%	60.4%	70.0%	50.0%	54.5%	52.2%
No	14.6%	12.1%	17.2%	18.2%	27.3%	23.9%
Not Sure	18.8%	27.3%	13.8%	31.8%	11.4%	17.9%

When youth were asked if they were given a choice of different staff at their provider they could use for their services, 58.2% said they were given a choice.

Table 55: Youth Choice of Staff

Choice of Staff	2016-2017 N=48	2017-2018 N=34	2018-2019 N=29	July – December 2019 N=22	January- June 2020 N=44	Annual July 2019 – June 2020 N=63
Yes	70.8%	61.8%	65.5%	63.6%	56.8%	58.2%
No	14.5%	20.6%	17.2%	9.1%	22.7%	17.9%
Not Sure	14.5%	17.6%	17.2%	27.3%	13.6%	17.9%

Copy of Treatment Plan

Youth were asked if they were offered a copy of their treatment plan, and 61.2% of youth indicated that they were offered a copy. This is the lowest percentage of the last four years and has consistently declined since 2017.

Table 56: Youth Copy of Treatment Plan

Copy of Treatment Plan	2016-2017 N=46	2017-2018 N=34	2018-2019 N=26	July-December 2019 N=22	January-June 2020 N=44	Annual July 2019 – June 2020 N=62
Yes	73.9%	67.6%	65.4%	73.0%	56.8%	61.2%
No	13.0%	0%	15.4%	13.7%	13.6%	13.4%
Not Sure	13.0%	32.4%	19.2%	13.7%	20.5%	17.9%

Satisfaction with PerformCare

Table 57 shows youth responses to three questions about PerformCare.

Table 57: Youth PerformCare Questions

	Yes	No	Not Sure
I know who to go to if I disagree with PerformCare's decisions about the type or amount of service I get and want to file a grievance. (N=67)	42 (62.7%)	11 (16.4%)	14 (20.9%)
I know if I have a problem with my treatment provider I can make a formal complaint to PerformCare. (N=67)	57 (85.1%)	6 (9.0%)	4 (6.0%)
I feel I receive enough information about PerformCare to meet my needs. (N=64)	60 (89.6%)	1 (1.5%)	3 (4.5%)

Youth Department of Human Services

Table 58 shows the results of three Department of Human Services questions compared by the individual's county of residence.

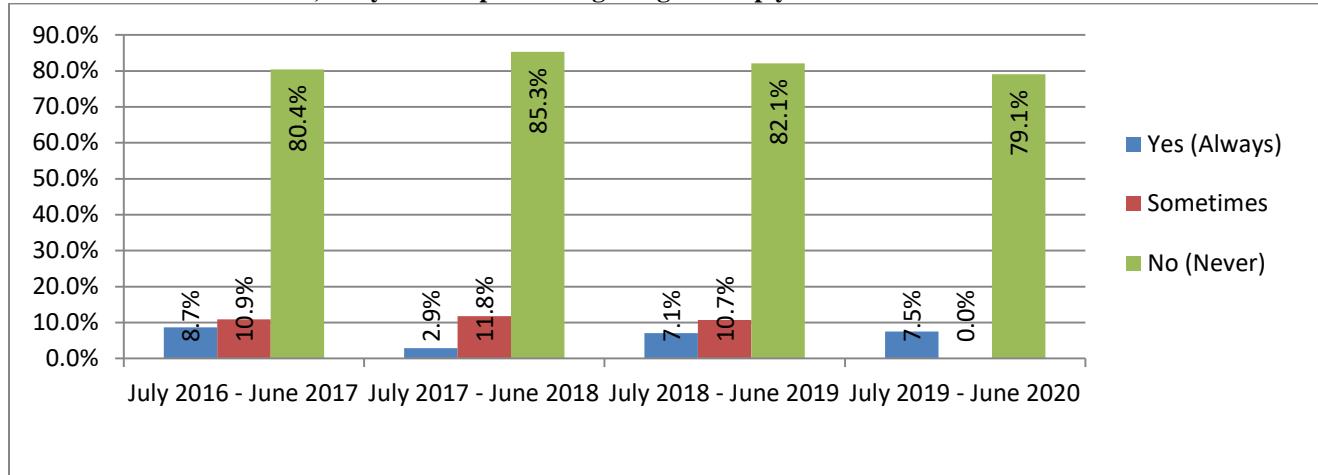
Table 58: DHS Required Questions

	Franklin County	Fulton County	Total Responses
<i>In the last 12 months, did you have problems getting the help you needed?</i>	N=55	N=3	N=58
Yes (Always)	5 (7.9%)	0	5 (7.5%)
Sometimes	0	0	0
No (Never)	50 (79.4%)	3 (100%)	53 (79.1%)
<i>Were you given the chance to make treatment decisions?</i>	N=56	N=4	N=60
Yes (Always)	47 (74.6%)	4 (100%)	51 (76.1%)
Sometimes	1 (1.6%)	0	1 (2.5%)
No (Never)	8 (12.7%)	0	8 (11.9%)
<i>What effect has the treatment you've received had on the quality of your life?</i>	N=57	N=4	N=61
Much Better	32 (50.8%)	1 (25%)	33 (49.3%)
A Little Better	21 (33.3%)	2 (50%)	23 (43.3%)
About the Same	4 (6.3%)	1 (25%)	5 (7.5%)
A Little Worse	0	0	0
Much Worse	0	0	0

Annual Report
July 2019 – June 2020

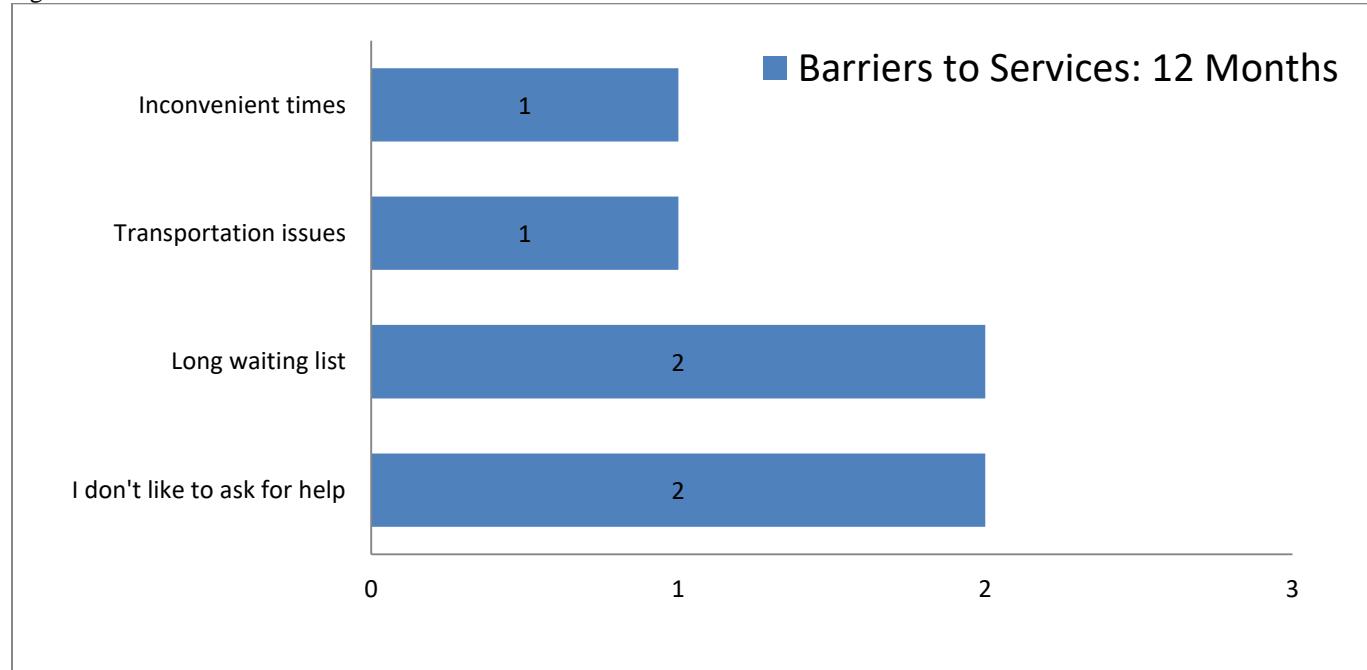
Figure 20 shows the youth responses to the DHS question “In the last 12 months, did you have problems getting the help you needed?” comparing responses for the current year and past four years.

Figure 20: **In the last 12 months, did you have problems getting the help you needed?**



Respondents were asked “If you weren’t able to get help in the last twelve months, what stopped you?” There were a total of 6 barriers listed by 4 youth respondents.

Figure 21: **Youth Barriers**



Annual Report
July 2019 – June 2020

Respondents were asked if the same list of potential barriers had ever prevented them from getting the help they needed. Responses are listed below. Youth were able to select more than one barrier or no barriers at all.

Figure 22: Youth Barriers

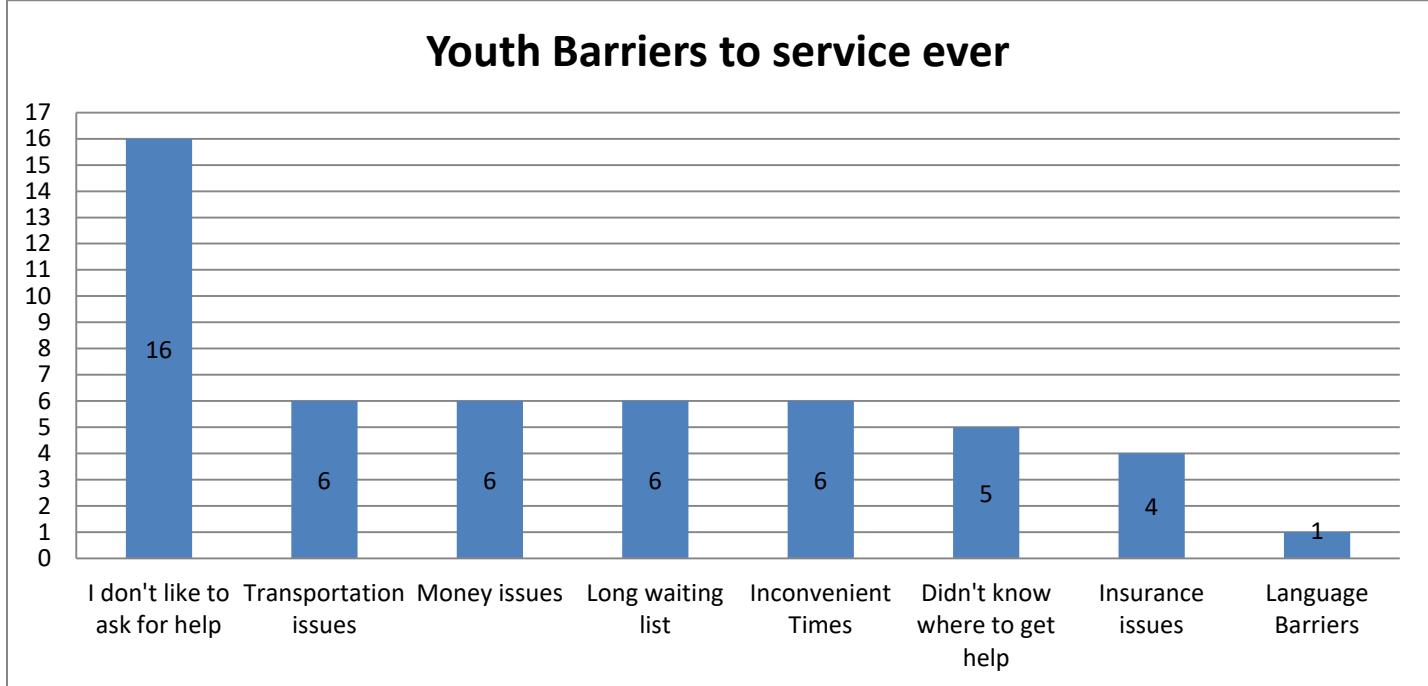
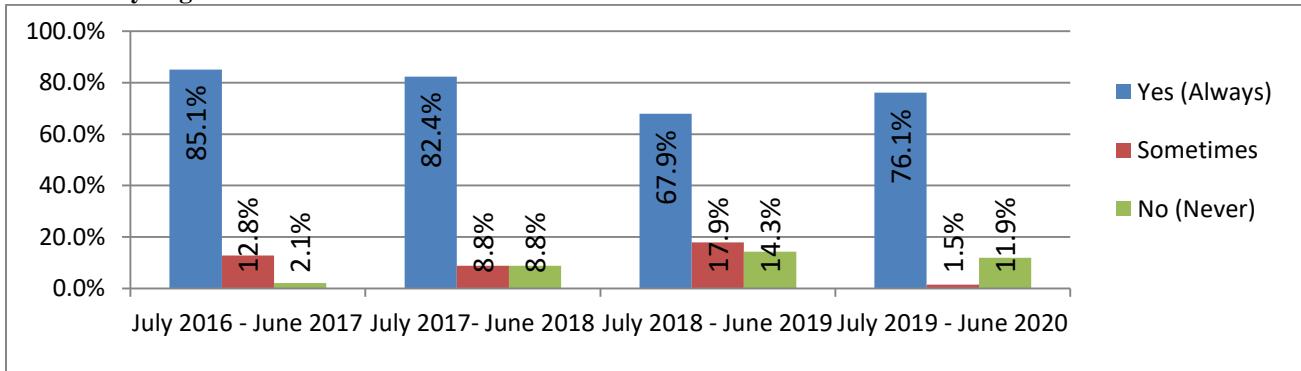


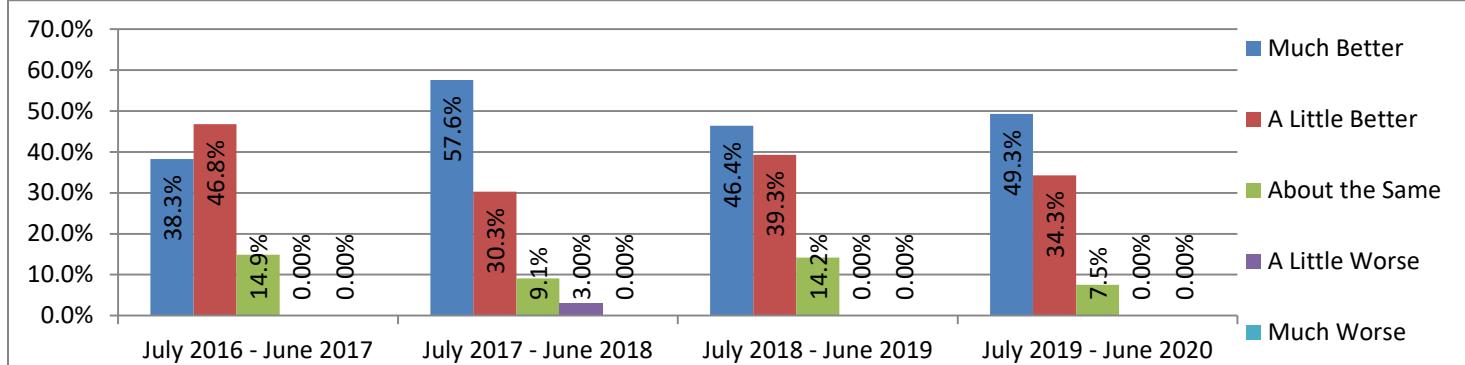
Figure 23 shows the required Department of Human Services question “Were you given the chance to make treatment decisions

Figure 23: Were you given the chance to make treatment decisions?



Youth respondents were asked about the effect their treatment had on the quality of their life. Figure 24 shows the responses to this question for the current year and previous four years.

Figure 24: What effect has the treatment you've received had on the quality of your life?



Services Needed

Respondents are asked an open-ended question to find out if they receive all the services they need and if not what service(s) they are still in need of. Youth respondents mentioned “Therapy and “AA Therapy” as services needed, but not received.

What is important to you in your treatment?

Respondents were asked “What is important to you in your treatment?” Literal Responses follow:

- “To get better to understand what I'm dealing with and that I have support at all times.”
- “That I get the help that need so that I can perform better in all life aspects.”
- “I want to improve my mental health.”
- “I want to be more happy.”
- “To handle my anger, depression, cutting, and self-esteem.”
- “That I get the help that I need.”
- “Have more stability and reduce my anxiety.”
- “Be more confident.”
- “To feel better and that my past doesn't affect my future.”
- “Because I don't want to risk going to an out of home placement such as Abraham or other therapeutic home.”
- “Helps me get over my traumatic experiences with my dad. Been through physical abuse.”
- “They're actually listening and they care to help me with any situation.”
- “More energy and more skills.”
- “To get better.”
- “Being able to learn new skills to cope with what I need to cope with.”
- “I feel like the communication and that they were understanding.”
- “That I'm living.”

Comments & Positive Feedback:

- "They help me a lot with what's been going on I really appreciate that"
- "They are extremely accommodating, warm, and had nothing but great service."
- "I really appreciate all the staff members that they did for me and I encourage others to give it a try because it helped me a lot"
- "It's nice that they stepped in for my life this year because I was feeling really out of it in January and February." I'm probably having those therapy sessions earlier in the year, but they are very helpful and nice."
- "They are great pediatricians and always look out for the best interests."

Resources Provided

Resources were provided to 8 youth respondents this year. Table 59 details the resources that were provided.

Table 59: Resources Provided to Youth

I/FST Brochure	3
PerformCare Member Services	6

Use of Behavioral Health Medications

From July 2019 – June 2020, 62.7% of youth (N=42) indicated that they were taking behavioral health medications. Over 53% of these respondents indicated that their medications were prescribed by a psychiatrist. Five individuals were prescribed behavioral health medications by a family doctor.

The table below shows the means to three additional follow-up questions that are asked to youth who take behavioral health medications. Statistical significance can be seen for the question "The person who prescribed my medications clearly explains the purpose of the medications.

Table 60: Satisfaction with Prescriber of Behavioral Health Medications

Prescriber of Behavioral Health Medications	July – December 2019	January – June 2020	Annual July 2019 – June 2020 N=
The person who prescribed my medications clearly explains the purpose of the medications.	4.63	4.23	4.38*
The person who prescribed my medications has clearly explained possible side effects.	4.69	4.04	4.29
The person who prescribed my medications listens to all of my concerns regarding the use of medications.	4.63	4.16	4.34

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

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

Dissatisfaction with Providers

One youth respondents indicated serious issues with their provider: lack of treatment coordination, poor communication, and issues with medications. A survey respondent selected "other" and stated, "Had to switch psychiatrist due to poor communication between myself and the psychiatrist."

I/FST Problem Resolution and Follow-Up

During the course of a survey when an individual or family member identifies a problem, the surveyor gives them the choice for their problem to be resolved. If the individual or family member agrees their information is forwarded to TMCA for resolution to occur. Depending on the nature of the concern TMCA or PerformCare may take the lead on resolving the problem directly with the individual or family member.

This year no concern reports were submitted to TMCA for follow up.