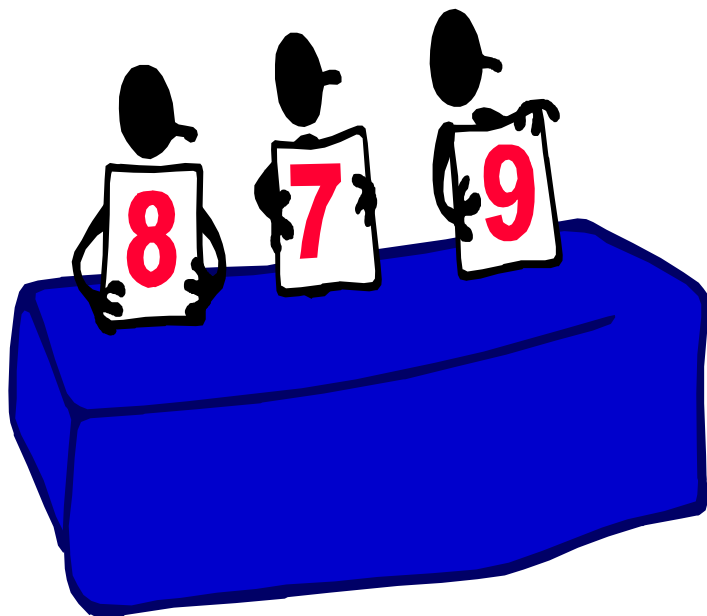


What's Your Opinion of HealthChoices Services



CONSUMER/FAMILY SATISFACTION TEAM

Developed by HealthChoices Consumers in partnership with Value Behavioral Health of Pennsylvania for Cambria County

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- ❖ *Value Behavioral Health of Pennsylvania (VBH-PA) & Cambria County want to hear your opinion of the HealthChoices' services you are receiving*
- ❖ *A good way to do this is to speak with the Consumer/Family Satisfaction Team*

WHAT IS A CONSUMER/FAMILY SATISFACTION TEAM (CFST)?

- ❖ *A CFST is made up of consumers, parents, family members, and persons in recovery.*
- ❖ *The CFST is responsible for reporting satisfaction and concerns about services you have received.*
- ❖ *The CFST shares this information with VBH-PA and Cambria County.*
- ❖ *To do this the CFST will ask you, and/or your family member, to participate in a satisfaction survey.*



WHY SHOULD I DO A SURVEY?

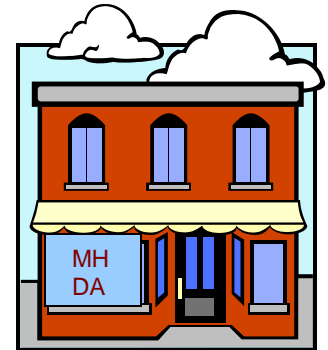
The purpose of the CFST survey is:

- ❖ for Cambria County & VBH-PA to hear about your **satisfaction or dissatisfaction** with the mental health or drug and alcohol services you receive;
- ❖ to **improve the quality of services** for HealthChoices members and their family members;
- ❖ for you to have the opportunity to **share your opinions** and **make a difference**.
- ❖ Most importantly, everything you tell the CFST is **CONFIDENTIAL!**



HOW IS THE SURVEY DONE?

- ❖ **ALL HealthChoices members and/or family members are invited to participate in completing a survey if you wish.**
- ❖ **Members of the CFST visit places in your county where mental health and drug and alcohol services are provided.**
- ❖ **If you prefer, you can arrange to meet with the CFST members in another public place where you are comfortable AND at a time that is convenient for everyone.**
- ❖ **The CFST member will interview you to find out what you like or dislike about the mental health or drug and alcohol services you receive.**



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- ❖ *Everyone is asked the same questions.*
- ❖ *You will also have a chance to offer suggestions for improvement.*

HOW LONG DOES A SURVEY TAKE?

- ❖ *It only takes a few **minutes** to answer all of the questions on the survey.*



HOW IS THE SURVEY INFORMATION USED?

Your Survey Opinions...

- ❖ *Will be used to **improve** services;*
- ❖ *Will be used to **address** any problems with programs, services, or providers;*
- ❖ *Will help **identify** strengths and weaknesses in the HealthChoices program.*

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HOW CAN I VOLUNTEER TO PARTICIPATE?

- ❖ *You can **call** the CFST office and talk to a Team member*

OR

- ❖ *You can **leave a message** and a Team member will call you back*



Here is the phone number to call and volunteer for an interview

(814) 254-4342

HERE'S ANOTHER WAY TO SHARE YOUR IDEAS

- ❖ *In addition to the CFST survey, every year VBH-PA does a telephone survey with some HealthChoices members;*
- ❖ *If you happen to receive one of these calls, please take a few minutes to answer the questions.*
- ❖ *This information is also used to improve the quality of our services.*
- ❖ *This information is also confidential.*



If you are interested in speaking with a CFST in your area, call the number for your county listed on Page 5 of this booklet.

MAKE YOUR OPINION COUNT!

- ❖ **YOUR OPINION REALLY MATTERS!**
- ❖ **YOUR OPINION WILL HELP IMPROVE SERVICES!**
- ❖ **YOUR OPINION WILL HELP RECOGNIZE PROVIDERS WHO ARE DOING A GOOD JOB!**

REMEMBER: CFST services are *FREE* and *CONFIDENTIAL*