Consumer Family Satisfaction Team

139 Brighton Avenue

Rochester, PA 15074

**Phone:** (724) 775-7650 FAX 724-775-0266

The Consumer Family Satisfaction Team reports the satisfaction of consumers/families who use behavioral health (mental health and or drug and alcohol services) in the county. Our goal is to determine **your satisfaction** with the services you receive and work with Beaver County Behavioral Health in the planning and improvement of behavioral health services.

We would like to talk to adults and parents with children regarding any or all the behavioral services received in the **past 6 months**. The results of the survey used only to improve behavioral health services.

Please complete the form below and return/fax to the above address **OR** you are welcome to call the telephone number above and leave a message. Someone will return your call within a few days. If the survey is in regard to your child, and he/she is 14 years of age or older, we hope to ask him/her to complete a survey separately, with your permission. All surveys are **Confidential.** **THERE ARE NO NAMES, DATES OF BIRTH, or PHONE NUMBERS RECORDED ON YOUR SURVEY. After interview completed, your phone survey form will be shredded.**

**Anyone completing a survey will be entered in a drawing for a chance to win a $10 card.**

**\_\_\_\_ I would like to participate in a telephone survey. The best time for the C/FST to call you is \_\_\_\_\_ AM/PM**

**\_\_\_\_ I give permission for C/FST to leave a voicemail regarding this release form and the survey. ( If this is checked, we will not leave a message on your voicemail but will call back.)**

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| **Please check the mental health services that you (and/or your child) have used IN THE LAST 6 MONTHS.** | |
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| **ADULT MENTAL HEALTH SERVICES** | ADULT DRUG & ALCOHOL SERVICES |
| \_\_\_\_Case Management | \_\_\_\_ Methadone Clinic  \_\_\_\_ MAT Medically Assisted Tx.   * Clear Choices\_\_\_\_\_\_ * Pinnacle \_\_\_\_\_\_\_\_\_ |
| \_\_\_\_ Community Residential Rehabilitation (**CRR**) | \_\_\_\_Outpatient :ABC, Drug & Alcohol Services of Beaver Valley,  Gateway Baden  \_\_\_\_ Half-Way House: Moffett, or Rutter\_\_\_\_\_ |
| \_\_\_\_ Drop-in Center (**Phoenix Center** )  \_\_\_\_Dual Diagnosis Treatment Team (DDTT) |  |
| \_\_\_\_Emergency/Crisis WPIC |  |
| \_\_\_\_ Forensic-Assertive Community Treatment (F-**ACT**) |  |
| \_\_\_\_ Friday Night Friends | **CHILDREN’S/TRANSITION AGE MENTAL HEALTH SERVICES** |
| \_\_\_\_ Friendship Room | \_\_\_\_ Behavioral Health Rehabilitation Services **(BHRS) (Parent/Child)** |
| \_\_\_\_ Inpatient | \_\_\_\_Case Management **(Parent or Child)** |
| \_\_\_\_Intensive Outpatient (IOP)  \_\_\_\_Long Term Structured Residence (LTSR) | \_\_\_\_Emergency/Crisis **(Parent or Child)**  **\_\_\_\_**YES PROGRAM GATEWAY  \_\_\_\_YYAP PROGRAM GATEWAY |
| \_\_\_\_Outpatient Treatment | \_\_\_\_ Family Based Mental Health Services **(Parent/Child)** |
| \_\_\_\_Personal Care Resocialization Program | \_\_\_\_ HELP Team Presley Ridge |
| \_\_\_\_Psychiatric Rehabilitation (**Aurora Program**)  ­­­­\_\_\_\_Peer Support, MHA | \_\_\_\_ Independent Evaluator  \_\_\_\_ Outpatient **(Parent / Child)** |
| \_\_\_\_Stone Harbor |  |
| \_\_\_\_Representative Payee | **COMMUNTIY OUTREACH & SUPPORT**  \_\_\_\_ROOTS |
| \_\_\_\_Vocational Rehabilitation (**BCRC**) | ­­­­­\_\_\_\_TRAILS |
| \_\_\_\_ Warm Line |  |
| \_\_\_\_ WIN (Working with Individual Needs) |  |

Name (**Print)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Name**/**Age** (**If Applicable)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
   
 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/ Zip code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_