

Consumer Family Satisfaction Team

139 Brighton Avenue

Rochester, PA 15074

Phone (724) 775-7650 Fax 724-775-0266

(Updated 8/2021)

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 services received in the **past 6 months**. The results of the survey used only to improve services.

Please complete the form below and return/fax to the above address or call the office and leave a message. If the survey is concerning 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 your interview is completed, this form is shredded.

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

___ I would like to participate in a telephone survey. Best time to call ___ AM/PM

___ I give permission for C/FST to leave a voicemail regarding this release form and survey.

Please check the services that you and/or your child have used in the Last 6 months.

ADULT Mental Health Services

- ___ Case Management
- ___ Community Residential Rehabilitation (CRR)
- ___ Drop-in Center (Phoenix Center)
- ___ Dual Diagnosis Treatment Team
- ___ Emergency/Crisis
- ___ FACT
- ___ Friday Night Friends
- ___ Friendship Room
- ___ Inpatient (HVHS Beaver or Kennedy Twp)
- ___ Intensive Outpatient
- ___ Long Term Structured Residence (LTSR)
- ___ Outpatient Services
- ___ Personal Care Resocialization Program
- ___ Psychiatric Rehabilitation (Aurora or EPIC)
- ___ Peer Support
- ___ Stone Harbour
- ___ Representative Payee
- ___ Vocational Rehabilitation (BCRC)
- ___ Warm Line
- ___ WIN (Working w/Individual Needs)

Adult Drug & Alcohol Services

- ___ Outpatient (ABC or other)
- ___ MAT (Medically Assisted Treatment)
- ___ Pinnacle
- ___ Clear Choices
- ___ Other _____
- ___ Outpatient Residential (Moffett, Rutter, other)
- ___ Detox (Gateway, Rhd, other)
- ___ Non-Hospital Rehab (Gateway, Rhd, other)

Social Service & Outreach

- ___ Trails Ministries
- ___ ROOTS/Deliverance Ministries

Child/Parent/Transition Age MH/D&A

- ___ IBHS (formerly BHRS)
- ___ Case Management (Parent or Child)
- ___ Emergency Crisis (Parent or Child)
- ___ Family Based Services (Parent or Child)
- ___ Independent Evaluator
- ___ MH Outpatient (Parent or Child)
- ___ D&A Outpatient (Parent or Child)
- ___ Transition Age Mobile Crisis (Pressley Ridge)

NAME (print) _____

Address _____

Town/City _____

Signature _____

Child's Name (if applicable) _____

Child's Age (if applicable) _____

Zip Code _____

Phone Number _____