

ADULT MENTAL HEALTH SERVICES SATISFACTION SURVEY

Administered by Acentra Health for the West Virginia Department of Human Services (DoHS) Bureau for Behavioral Health (BBH)

This survey is for **individuals aged 18 and older** who received mental health or co-occurring behavioral health services at any point **between October 2024 and now**. Please help BBH make services better by answering some questions about your experiences. Your answers are confidential and will not influence the services you receive.

Thank you for your time completing the survey, which will take about 10 minutes.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	1	2	3	4	5	9
2. If I had other choices, I would still get services from this agency.	1	2	3	4	5	9
3. I would recommend this agency to a friend or family member.	1	2	3	4	5	9
4. The location of services was convenient (parking, public transportation, distance,	1	2	3	4	5	9
5. Staff were willing to see me as often as I felt it was necessary.	1	2	3	4	5	9
6. Staff returned my call in 24 hours.	1	2	3	4	5	9
7. Services were available at times that were good for me.	1	2	3	4	5	9
8. I was able to get all the services I thought I needed.	1	2	3	4	5	9
9. I was able to see a psychiatrist when I wanted to.	1	2	3	4	5	9
10. Staff here believe that I can grow, change and recover.	1	2	3	4	5	9
11. I felt comfortable asking questions about my treatment and	1	2	3	4	5	9
12. I felt free to complain.	1	2	3	4	5	9
13. I was given information about my rights.	1	2	3	4	5	9
14. Staff encouraged me to take responsibility for how I live my life.	1	2	3	4	5	9
15. Staff told me what side effects to watch out for.	1	2	3	4	5	9
16. Staff respected my wishes about who is and who is not to be given information about my treatment.	1	2	3	4	5	9
17. I, not staff, decided my treatment goals.	1	2	3	4	5	9
18. Staff were sensitive to my cultural background (race, religion, language, etc.)	1	2	3	4	5	9
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	1	2	3	4	5	9
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line,	1	2	3	4	5	9

As a Direct Result of Services I received:						
	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
21. I deal more effectively with daily problems.	1	2	3	4	5	9
22. I am better able to control my life.	1	2	3	4	5	9
23. I am better able to deal with crisis.	1	2	3	4	5	9
24. I am getting along better with my family.	1	2	3	4	5	9
25. I do better in social situations.	1	2	3	4	5	9
26. I do better in school and/or work.	1	2	3	4	5	9
27. My housing situation has improved.	1	2	3	4	5	9
28. My symptoms are not bothering me as much.	1	2	3	4	5	9
29. I do things that are more meaningful to me.	1	2	3	4	5	9
30. I am better able to take care of my needs.	1	2	3	4	5	9
31. I am better able to handle things when they go wrong.	1	2	3	4	5	9
32. I am better able to do things that I want to do.	1	2	3	4	5	9
For questions 33-36 please answer for relationships with persons other than your mental health provider(s)						
33. I am happy with the friendships I have.	1	2	3	4	5	9
34. I have people with whom I can do enjoyable things.	1	2	3	4	5	9
35. I feel like I belong in my community.	1	2	3	4	5	9
36. In a crisis, I would have the support I need from family or friends.	1	2	3	4	5	9

Please answer the following questions to let us know how you are doing.

37. Are you currently (still) getting mental health services from this Provider? ☐ Yes ☐ No

38. How long have you received mental health services from this Provider?

- ☐ a. Less than a year (less than 12 months) (go to Question 39)
- ☐ 1 year or more (at least 12 months) (go to Question 42)

42. Were you arrested during the last 12 months?

☐ Yes ☐ No

43. Were you arrested during the 12 months prior to that?

☐ Yes ☐ No

44. Over the last year, have your encounters with the police...

- ☐ a. been reduced (for example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program)
- ☐ b. stayed the same
- ☐ c. increased
- ☐ d. not applicable -I had no police encounters this year or last year

39. Were you arrested since you began to receive mental health services?

☐ Yes ☐ No

40. Were you arrested during the 12 months prior to that?

☐ Yes ☐ No

41. Since you began to receive mental health services, have your encounters with the police...

- ☐ a. been reduced (for example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program)
- ☐ b. stayed the same
- ☐ c. increased
- ☐ d. not applicable -I had no police encounters this year or last year

45. Are you currently (still) receiving mental health services?

- ☐ Yes
- ☐ No

46. How long have you received mental health services?

- ☐ One time
- ☐ More than one time but less than a year (less than 12 months)
- ☐ One year or more (12 months or more)

47. In what county did you primarily receive services? If you mainly received services by phone or in your home, please select your home county. _____

48. Did you receive services from a Comprehensive Behavioral Health Center or Certified Behavioral Health Clinic? Please check all that apply.

- ☐ Appalachian Community Health Center
- ☐ EastRidge Health Systems
- ☐ FMRS Health Systems
- ☐ HealthWays
- ☐ Mountain Laurel Integrated Healthcare
- ☐ Northwood Health Systems
- ☐ Potomac Highlands Guild
- ☐ Prestera Health Services
- ☐ Seneca Health Services
- ☐ Southern Highlands Community Mental Health Center
- ☐ Healthy Minds Clarksburg/United Summit Center
- ☐ Valley HealthCare System (Marion, Monongalia, Preston, or Taylor County)
- ☐ Westbrook Health Services
- ☐ None of these
- ☐ I don't know

49. Please list any other behavioral health provider agency or agencies that served you.

50. What has been the most helpful thing about the services you received?

51. What could be improved about the services?

Please tell us a little more about yourself for statistical purposes.

52. Are you of Hispanic or Latino origin?

- ☐ Yes
- ☐ No

53. What is your race? Please check all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black (African American)
- ☐ Native Hawaiian or Pacific Islander
- ☐ White (Caucasian)
- ☐ Other - Please describe _____

54. What is your age range?

- ☐ 18-27
- ☐ 28-43
- ☐ 44-59
- ☐ 60-78
- ☐ 79+

55. What is your sex?

- ☐ Female
- ☐ Male
- ☐ Prefer not to answer

56. Do you have Medicaid insurance?

- ☐ Yes
- ☐ No

57. Do you have insurance other than Medicaid?

- ☐ Yes
- ☐ No

58. Do you have any other feedback you'd like to share? Your input is important to us and could help improve behavioral health services in West Virginia.