

Member Satisfaction Surveys 2007 Report Summary

CBHNP conducts surveys annually to determine how well CBHNP is meeting the needs of Members and Providers. The survey process and reports were completed by Polk-Lepson Research Group, Inc. Detailed information is available in the individual reports of full surveys, which can be requested from the CBHNP Quality Improvement Department.

The Member Survey tool used is the Experience of Care and Health Outcomes Survey (ECHO™), Managed Behavioral Health Organization version 3.0H, standard items plus additional supplemental items. Both English and Spanish-language versions were made available to Members. Adult and child/adolescent results are analyzed separately.

The following is a summary of the most recently summarized results:

CBHNP provided Polk-Lepson Research Group with the names and addresses of 12,001 adult Members who received services during 2006. From these, a random over-sampling of 2840 Members were selected to receive a survey. A total of 201 surveys were returned as undeliverable. At the termination of data collection, 461 surveys were returned. Not counting the undeliverable surveys, this is a response rate of 17.5%, which compares favorably to last year's response rate of 15.8%. The maximum margin of error with a sample of 461 is +/- 4.6 percentage points at the 95% confidence level. This means the answers that would be obtained from all adult clients in 2006 would be within this range of the sample's answers 95% of the time.

CBHNP provided Polk-Lepson Research Group with the names and addresses of 6081 adolescent (14-17) and 3043 child (0-14) Members who received services during 2006. From these, a random over-sampling of 720 adolescent Members and 1440 child Members were selected to receive a survey. The numbers of child, adolescent, and adult surveys were proportionate to the percentage of all child, adolescent, and adult Members receiving services in 2006. Per state confidentiality regulations, surveys were mailed directly to adolescents, but for children were mailed to parent/guardian. A total of 153 adolescent and child surveys were returned as undeliverable. At the termination of data collection, 400 surveys were returned. Not counting the undeliverable surveys, this is a response rate of 19.9%, which compares favorably to last year's response rate of 16.8%. The maximum margin of error with a sample of 400 is +/- 4.9 percentage points at the 95% confidence level. This means the answers that would be obtained from all adult clients in 2006 would be within this range of the sample's answers 95% of the time.

CBHNP continued interventions in four prior Member satisfaction survey question areas based on barrier analysis:

- **Information Received**
 - Barrier: There is a lack of in-person and/or clear written materials available for Members outside of the basic Member Handbook.
 - Recommended Intervention(s) included:

- Development with CABHC of an approved ISPT handout or Parent Handbook that includes a description of the levels of care in the HealthChoices service delivery system.
 - Children’s Information Specialists continue to provide information on levels of care at each initial ISPT meetings
 - Development of a Parent Series – the Parent Series 2-part series explaining CBHNP, its role, and the available services. Content is completed and approved. The training includes both a CBHNP and parent presenter. These will be held at a minimum of 3 sites across the territory.
 - Interventions Completed:
 - A brochure describing services that are available was completed and distributed by CBHNP to providers.
 - Development of a “Key Resources” brochure was initiated to further educate Members about services and available resources.
 - Clinical Information Specialists verbally provide the same Level of Care information at each initial ISPT meeting.
 - The full Parent Training Series continued development for final review and approval by CABHC and OMHSAS for implementation, led by the Manager of Consumer & Family Affairs.
 - In early 2008, substance abuse posters provided in both English and Spanish were developed and distributed to counties who placed them in churches, libraries, and other locations of their choice. In July, 2008, additional posters were delivered to 125 primary care physician sites in the Capital Area. The posters were well received and resulted in only two refusals.
- **Delays in Treatment**
 - Barrier: The BHRS authorization and ISPT (Inter-Agency Service Planning Team) scheduling system included processing delays by CBHNP in the scheduling of the meetings and by providers in sending in needed evaluations. This also included staffing problems by CBHNP in the Spring-Summer of 2005.
 - Recommended Intervention(s) included:
 - An evaluation of CBHNP Clinical Department practices regarding the scheduling of initial ISPT meetings
 - When applicable, invitation of chosen providers to participate and be present at the ISPT meetings
 - CBHNP will hire all open slots and be fully staffed for Children’s Information Specialists and ISPT schedulers
 - The implementation of Specialized Evaluators will include a quality requirement of turnaround time for evaluations
 - Interventions Completed:
 - Full monitoring of the BHRS process (from initial request through start of services) continues to be monitored for delays.

- **Customer Service**
 - Barrier: There has not been company-wide customer service training or recovery philosophy.
 - Recommended Intervention(s) included:
 - Implementing specific customer service training for CBHNP staff interacting with Members via a train-the-train model using available external specific customer service training.
 - Implementing the Family Perspective series of employee training using parents and consumers as trainers for staff.
 - Interventions Completed:
 - All Audit tools have been updated to include recovery related measures.
 - Providers were advised that including recovery in treatment will be a focus during the year.
 - A QI Quick Tip was developed related to recovery topics
 - Stipend program was revised to broaden the availability of recovery related trainings.
 - All level of care provider meetings included a review of recovery related topics.

- **Cultural Needs and Hispanic Members**
 - While not tied to a specific survey question, the identified Barrier has been language and the limited availability of Spanish-language providers.
 - Recommended Intervention(s) included:
 - Coordination with Anthony House, Manager of Consumer & Family Affairs regarding additional feedback from the Hispanic community, particularly in Dauphin, Lancaster, & Lebanon counties (those identified as +5% Spanish-speaking preference)
 - The continued monitoring of Spanish-speaking providers in the network by Provider Relations
 - Consultation with Latino community provider agencies on provider experience of HealthChoices services and any additional satisfaction data collected
 - Interventions Completed:
 - General issues related to language needs are referred to the Manager of Consumer & Family Affairs. Materials such as new brochures and training materials are translated into Spanish. Provider Relations continued to assess language proficiencies at provider sites and reports them to QIC.

Information Received

Adults

In four of the areas, the percentage of Members usually or always receiving information has increased since the 2006 report. The noted increases may be a result of interventions resulting from the 2006 analysis (e.g. receiving information on self-help or support groups and how to manage one's condition).

	2007	2006	2005
<i>Rights as a patient</i>	87.8%	83.6%	84.9%
<i>Managing one's condition</i>	73.7%	70.7%	78.6%
<i>Different kinds of counseling available</i>	59.7%	51.3%	55.0%
<i>Self-help or support groups</i>	53.5%	41.3%	52.2%

Children and Adolescents

For children and adolescents, improvements are noted from 2006. The only decrease involves adolescents being told about self-help or support groups.

	2007	2006	2005
Discussed goals of treatment (child survey only)	91.8%	90.1%	87.8%
Rights as a patient	90.7%	87.9%	85.7%
Managing one's condition	79.5%	72.5%	71.3%
Different kinds of counseling available	72.8%	68.8%	64.7%
Self-help or support groups (adolescent survey only)	40.0%	57.5%	41.0%

Delays in Treatment

Adults

For 2007, 44% of the Members needed approval for counseling or treatment. This is a small increase from preceding years – 2006 indicated 40% and 2005 indicated 38%. The 2007 results show that 74% indicated that the wait was not a problem, which is also an increase from previous years. There has been a fluctuation in the percentage of Members for which the delay was a small problem: 19.4% in 2005; 31.5% in 2006; 26% in 2007.

Children and Adolescents

Over half of the Members (57.2%) needed approval for counseling or treatment. Of these 60% reported that any delays waiting for approval were not a problem, showing improvement from last years 54%. In 2007, 16% report delays were still a big problem, which is a significant improvement from 2006 results (24.2%).

Although the percentage reporting delays continues to improve, this is a critical need area for Members. Interventions have focused primarily on children's services. While overall membership dropped by approximately 1,000 Members during 2007, the number of children presenting with a need for service continues to increase. Efforts have been made to bring additional Behavioral Health Rehabilitation Service providers into the network, as well as to expand the territories of existing providers in order to meet child Member

needs. It is positive to see that fewer child / adolescent Members report problems in this area, but unfortunately when there is a delay it is still seen as a big problem.

Customer Service

Adults

Just over ¼ of Members (26.2%) called Member Services for information or help. Of those, 58.5% report that getting the needed help was not a problem. This percentage increased significantly from 2006 when 40.4% stated it was not a problem. At the same time, the percentage indicating getting the information was a big problem decreased from 28.1% in 2006 to 18.9% in 2007 (2005 was 14.8%).

Children and Adolescents

For children and adolescents, 26.3% called customer service for information or help. Over half of these (53%) report getting the needed help was not a problem. This matches last year's findings.

Previous recommended and completed interventions for reconsideration include the following:

1. Implement specific customer service training for CBHNP staff interacting with Members via a train-the-train model using available external specific customer service training.
2. Implement the Family Perspective series of employee training using parents and consumers as trainers for staff.

Cultural Needs and Hispanic Members

In the child / adolescent responses, many ratings assigned by Latino Members have increased (21.7%) since the 2006 Report (14.8%). This may indicate that the interventions focused on increasing Spanish-speaking provider and CBHNP staff, additional Spanish-language materials, and work with Latino community agencies may be having a positive impact.

Individual reports of full surveys can be requested from the CBHNP Quality Improvement Department by contacting:

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