

Member Satisfaction Surveys 2008 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 20474 adult Members who received services during 2007. From these, a random over-sampling of 3,200 Members were selected to receive a survey. A total of 1,019 surveys were returned as undeliverable. At the termination of data collection, 653 surveys were returned. Not counting the undeliverable surveys, this is a response rate of 29.9%, which compares favorably to last year's response rate of 17.5% and 15.8% in 2006. The maximum margin of error with a sample of 653 is +/- 3.8 percentage points at the 95% confidence level. This means the answers obtained from all adult clients in 2007 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 4,129 adolescent (14-17) and 7,469 child (0-14) Members who received services during 2007. From these, a random over-sampling of 625 adolescent Members and 1,175 child Members were selected to receive a survey. A total of 573 adolescent and child surveys were returned as undeliverable. At the termination of data collection, 276 surveys were returned. Not counting the undeliverable surveys, this is a response rate of 22.5%, which compares favorably to last year's response rate of 19.9%. The maximum margin of error with a sample of 276 is +/- 5.9 percentage points at the 95% confidence level. Therefore, answers obtained from all adult clients in 2007 would be within this range of the sample's answers 95% of the time. The numbers of child, adolescent, and adult surveys were proportionate to the percentage of all child, adolescent, and adult Members receiving services in 2007. Per state confidentiality regulations, surveys were mailed directly to adolescents; children's surveys were mailed to parent / guardian.

The survey process also included outreach to Members receiving substance abuse services. Due to confidentiality, surveys could not be mailed directly to substance abuse service recipients. To account for and include them in the survey findings, a cover letter to the Member about the survey was provided for all substance abuse providers with instructions on distributing them to Members. The survey results for 2008 include responses from all regions of operations. Reports prior to 2008 reflect results for the five county capital area only.

The CBHNP Quality Improvement Committee (QIC) recommended priority interventions in four prior Member satisfaction survey question areas. Two of the areas, Delays in Treatment and Customer Service, relate to CBHNP UM processes. Results of the survey were reviewed by QIC with the following barriers and subsequent interventions noted:

- **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:
 - Development of a “Key Resources” document was initiated to further educate Members about services and available resources.
 - A “Points of Access” insert was developed in conjunction with CBHNP’s Our Values brochure to inform Members of county specific resources.
 - Children’s Information Specialists (CIS) verbally provide the same Level of Care information at each initial ISPT meeting.
 - A handout explaining all levels of care available to children was prepared and approved for distribution by CIS’s. This was recently included in a Member newsletter as well.
 - The full Parent Training Series was developed and presented for final approval by CABHC and OMHSAS for implementation, led by the Manager of Consumer & Family Affairs.
 - In early 2008, substance abuse awareness 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.
 - Significant improvements were made to the Member Handbook, expanding information provided to Members, offering it in Braille, and making a TDD version available.

- **Information Received**

- Barrier: There is a lack of self help and support group information and access.

- Recommended Intervention(s) included:
 - Develop and provide resource material and information to Members and families about self help and support groups (MH and SA).
 - Identify actual geographic and / or topic areas where supports are not available or lacking.
 - Maintain database of groups that can provide assistance.
 - Include information in updated Member handbooks
 - Include information in Member newsletters
 - Use Stakeholder Steering Committees to identify and implement other interventions
- Interventions Completed: N/A. Initial implementation.

- **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-trainer 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.
 - Family Perspective trainings were provided during 2008 by Consumers and Family Members and were mandatory for all CBHNP staff.
 - Customer Service trainings – Select Member Services Specialist staff were sent for customer services training, as a train the trainer. They subsequently provided training for the remaining MSS staff.
 - Recovery Trainings –
 - 3 QI Quick Tips to providers were completed on recovery in 2008
 - Training was provided at PCPA conference with Providers
 - Select CCM’s receive external recovery training as needed
 - In 2007 – the QI department received recovery training

- **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. Specifically, 173 individual sites (26%) offer access to Spanish speaking staff; 54 sites (8%) also report having at least one Spanish speaking psychiatrist, and 117 sites (17%) report having at least one Spanish speaking therapist. No complaints or internal serious issues have been identified.

Information Received

Adults

The percentage of Members usually or always receiving information increased in 2007. The 2008 current report shows similar results, with the exception of “Rights as a patient”. While this particular measure showed a slight decrease, it remains a strong performance area at just over 85% satisfaction. Although the self-help / support groups rating was unchanged, improvements occurred in two areas—managing one’s condition and information about different kinds of counseling available. Continued improvements, consistency in ratings and improved ratings may be a result of interventions resulting from the 2006 and 2007 analysis.

	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
<i><u>Rights as a patient</u></i>	85.4%	87.8%	83.6%	84.9%
<i><u>Managing one’s condition</u></i>	77.5%	73.7%	70.7%	78.6%
<i><u>Different kinds of counseling available</u></i>	61.6%	59.7%	51.3%	55.0%
<i><u>Self-help or support groups</u></i>	53.5%	53.5%	41.3%	52.2%

Children and Adolescents

For children and adolescents, improvements were noted in 2007 in all areas except self help and support groups. The same results are evident in the 2008 survey. While the improvement in four of the five measures is important, the decrease continued in adolescents being told about self-help or support groups; the drop in satisfaction for this measure is by a significant margin.

	2008	2007	2006	2005
Discussed goals of treatment (child survey only)	93.1%	91.8%	90.1%	87.8%
Rights as a patient	92.9%	90.7%	87.9%	85.7%
Managing one's condition	80.2%	79.5%	72.5%	71.3%
Different kinds of counseling available	74.7%	72.8%	68.8%	64.7%
Self-help or support groups (adolescent survey only)	26.4%	40.0%	57.5%	41.0%

Delays in Treatment

Adults

During 2008, over a third of the Members (37.1%) needed approval for counseling or treatment, a decrease from 44% in 2007 as well as 2006 (40%) and 2005 (38%). Of these, 64.0% reported that any delays waiting for approval were not a problem, an improvement from previous results. Previous years show a fluctuation in the percentage where delay was a small problem: 19.4% in 2005; 31.5% in 2006; 26% in 2007. However, 2008 is consistent with 2007 with the results showing the same percentage. The number of Members identifying delays as a big problem is 9.9% for 2008, a significant improvement from previous years (2005 – 22.6%; 2006 – 14.5%; 2007 - 14.7%).

Children and Adolescents

A total of 45.3% of the members needed approval for counseling or treatment. This is a decrease from 57.2% who needed approval in 2007. Almost two-thirds of these members (64.1%) indicated that delays due to waiting for approval were not a problem. This is an improvement from both 2007 (59.7%) and 2006 (54.2%). A total of 14.7% said getting the necessary approval was a big problem. This is similar to 2007 (15.9%). The improvement from 2006 (24.2%) continues.

Interventions focusing primarily on children's services appear to be having a positive impact. While it is positive to see continuous improvement in this area, any delay to treatment is viewed as a significant problem. Efforts will continue to improve access to Behavioral Health Rehabilitation Service providers and services to meet child Member needs.

Customer Service

Adults

A total of 17.0% of Members called customer service for information or help in 2008, a decrease from 26.2% in 2007. The ability to obtain the information desired was described as not a problem by 52.5% of the Members, slightly lower than 2007 (58.5%) however still above the 2006 rating of 40%. The percentage of respondents who feel receiving the information was a big problem has again decreased from year: In 2005 14.8% described it as a big problem; 2006 - 28.1%; 2007 - 18.9%; 2008 - 13.8%. However, the percentage describing it as a small problem increased from 22.6% in 2007 to 33.8% in 2008.

Children and Adolescents

A total of 19.0% of child and adolescent Members called customer service for information or help in 2008. The ability to obtain the information desired was described as not a problem for 61.0% of the members. This is an improvement from 2007 (52.7%) and 2006 (52.5%).

Cultural Needs and Hispanic Members

Representation in the Child/Adolescent survey by Latino Members showed a remarkably high response rate. 19.4% of respondents were identified as Hispanic while only 0.06% of total network enrollees are identified as Hispanic (as of 7/1/08). 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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