

Member Satisfaction Surveys

2006 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.

Member Satisfaction Surveys

The Member Survey 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 were analyzed separately.

The following is a summary of the most recent available results:

CBHNP provided Polk-Lepson Research Group with the names and addresses of 9373 adult Members who received services during 2005. From these, a random over-sampling of 2935 Members were selected to receive a survey. A total of 463 surveys were returned as undeliverable. At the termination of data collection, 391 surveys were returned. Not counting the undeliverable surveys, this is a response rate of 15.8%, which compares favorably to last year's response rate of 9.8%. The maximum margin of error with a sample of 391 is +/- 5.0 percentage points at the 95% confidence level. This means the answers that would be obtained from all adult clients in 2005 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 2289 adolescent (14-17) and 4506 child (0-14) Members who received services during 2005. From these, a random over-sampling of 676 adolescent Members and 4506 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 2005. Per state confidentiality regulations, surveys were mailed directly to adolescents, but for children were mailed to parent/guardian. A total of 81 adolescent and 187 child surveys were returned as undeliverable. At the termination of data collection, 303 surveys were returned. Not counting the undeliverable surveys, this is a response rate of 16.8%, which compares favorably to last year's response rate of 11.0%. The maximum margin of error with a sample of 303 is +/- 5.0 percentage points at the 95% confidence level. This means the answers that would be obtained from all adult clients in 2005 would be within this range of the sample's answers 95% of the time.

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. Barrier Analysis by QIC noted the following barriers and subsequent interventions:

- **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) include:
 - 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 to provide information on levels of care at each initial ISPT meetings
 - Development of a Parent Series – the Parent Series is a 2-part series that will explain CBHNP, its role, and the available services. Content is under development and there will be both a CBHNP and a parent presenter. These will be held at a minimum of 3 sites across the territory.
- Interventions Completed:
 - 10/1/05 – Draft Children's Services Overview document submitted for county and state approval.
 - 10/1/05 – Clinical Information Specialists verbally provide the same Level of Care information at each initial ISPT meeting.
 - 4/1/06 – 3-part Parent Series presentation approved and completed at 3 pilot sites across the territory. Manager of Consumer & Family Affairs scheduled ongoing parent trainings.

- **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) include:
 - 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:
 - 1/1/06 – Revised BHRS "Exception" Reporting established. All phases of BHRS process from initial request through start of services is now monitored for delays.

- 10/1/05 – Providers pre-chosen by Members are now present at initial ISPT meetings.
 - 10/1/05 – Open slots for Children’s Information Specialists and ISPT Schedulers were hired and filled.
- **Customer Service**
 - Barrier: There has not been company-wide customer service training or recovery philosophy.
 - Recommended Intervention(s) include:
 - implement specific customer service training for CBHNP staff interacting with Members via a train-the-train model using available external specific customer service training.
 - implement the Family Perspective series of employee training using parents and consumers as trainers for staff.
 - Interventions Completed:
 - 9/1/05 - Train-the-trainer model was instituted for this area. Two CBHNP trainers were identified and completed customer service training on 8/16/05. Staff customer service training was completed on 5/3/06 and 5/10/06.
 - 9/1/05 – Annual Family Perspectives training was instituted. The first 2005 training was *Raising a Child with Autism* and completed with staff on 9/28/05. 2006 Training in *Family Adolescent Crises* is scheduled with Clinical Department staff.
- **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) include:
 - 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:
 - These general issues were referred to the Manager of Consumer & Family Affairs. Additional materials were translated into Spanish, and CBHNP sought clarification from best use of terminology from OMHSAS and the Spanish-American Civic Association. Provider Relations continued to assess language proficiencies at provider sites and report to QIC.

As 2006 was the second annual administration of the ECHO™ survey, comparison to prior year results in these areas were completed. The following comparative results were evaluated:

Information Received

Adults

In three of the areas, the percentage of Members usually or always receiving information has decreased since the 2005 Report. The large decreases are related to receiving information on self-help or support groups and how to manage one’s condition.

	2005	2004
Rights as a patient	83.6%	84.9%
Managing one’s condition	70.7%	78.6%
Different kinds of counseling available	51.3%	55.0%
Self-help or support groups	41.3%	52.2%

Children and Adolescents

For children and adolescents, improvements have occurred since the 2005 Report. The most notable improvement involves adolescents being told about self-help groups.

	2005	2004
Rights as a patient	87.9%	85.7%
Goals of counseling (child survey only)	90.1%	87.8%
Managing one’s condition	72.5%	71.3%
Different kinds of counseling available	68.8%	64.7%
Self-help or support groups (adolescent survey only)	57.5%	41.0%

These findings are reasonable since the implemented interventions were clearly targeted to Child / Adolescent services, but not Adults. The QI Committee recommended that additional interventions be developed for adults, including a review of adult CBHNP information (e.g., Member Handbooks, service description brochures), similar to that which occurred for children.

Delays in Treatment

Adults

A total of 40.1% of the Members needed approval for counseling or treatment. Of these, 54.0% reported that any delays waiting for approval were not a problem. In the 2005 Report, 58.1% indicated that the wait was not a problem. There has been a significant increase in the percentage of Members for which the delay was a small problem. This percentage went from 19.4% in the 2005 Report to 31.5% in the 2006 Report.

Children and Adolescents

Over half of the Members (54.2%) needed approval for counseling or treatment. Of these 54.5% reported that any delays waiting for approval were not a problem. This is a substantial increase from 2004 when 44.0% indicated delays were a problem. However, for 24.2% of the Members, delays were still a big problem.

Interventions have focused primarily on children's services as historically there are known delays in service initiation for BHR services for children. It is positive to see that fewer child/adolescent Members are reporting problems in this area, but unfortunately when there is a delay, it is still seen as a big problem.

For adults, delays are likely related to inpatient care. CBHNP has seen no delays in authorization processes for emergent / urgent services. However, over the past year, CBHNP has encountered and is regularly tracking significant bed search and transportation delays from emergency rooms. Potentially, the adult population is reacting to these types of delays. The QI Committee recommended that interventions be developed related to Emergency Room delays for adults and to review children's services data further for any county-specific or level of care specific delays for children.

Customer Service

Adults

A fifth of Members (18.6%) called customer service for information or help. The ability to obtain the information desired was described as a big problem by 28.1% of Members. This is an increase from 14.8% in the 2005 Report. An increase in the percentage feeling it was a small problem also increased from 18.5% in the 2005 Report to 31.6% in the 2006 Report.

Children and Adolescents

A fourth of the clients (25.5%) called customer service for information or help. For over half of these clients (52.5%), getting the needed help was not a problem. Similar to delays waiting for treatment, the percentage for whom this was not a problem increased notably since the 2005 Report when 43.1% stated it was not a problem. At the same

time, the percentage indicating getting the information was a big problem increased from 25.0% in the 2005 Report to 26.1% in the 2006 report.

These are mixed results. Again it is positive that more Members are indicating this area is not a problem. However, for a substantial number, getting accurate information remains a big problem when it occurs. CBHNP has focused its intervention efforts on raising staff awareness and empathy and the process of customer service excellence. The QI Committee recommended that additional interventions be developed that are more focused on the content of Member requests, training in specific service information, and the accuracy and timeliness of responses, including the live auditing and rating of Member Services calls by supervisors.

Cultural Needs and Hispanic Members

In the child / adolescent responses, many ratings assigned by Latino Members have increased since the 2005 Report. 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. QI Committee recommended that further monitoring continue due to the smaller sample size associated with this sub-population.

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

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