

**CBHNP Satisfaction Surveys
2002 Report Summary**

CBHNP conducts surveys once a year with both providers and Members to determine how well CBHNP is meeting the needs in managed care. For 2002, 4 different surveys were completed:

1. MHSIP (Mental Health Statistics Improvement Program) Adult Survey, Version 1.1, Feb. 2000 – 28 items.
 - a. The response rate for this survey was 8.5% (209 of 2467). The mailing sample was a random selection of 50% of the total population of Members who had at least 1 claim in Contract Year 1, 10/1/01-9/30/02.

2. MHSIP (Mental Health Statistics Improvement Program) Youth Services Survey (YSS) & Youth Services Survey for Families (YSS-F), June 2001 – 21 items.
 - a. The response rate for this survey was 12% (271 of 2278). The mailing sample was the total population of Youth Members who had at least 1 claim in Contract Year 1, 10/1/01-9/30/02.

3. Member Satisfaction with CBHNP Survey – 11 items plus additional Yes-No questions, internally developed.
 - a. The response rate for this survey was 9.5% (450 of 4743). The sample was the total population of Members who had at least 1 claim in Contract Year 1, 10/1/01-9/30/02, and who had a contact with CBHNP.

4. CHCS (Center for Health Care Strategies) Clinical and Administrative Provider Satisfaction Survey – 38 items for clinical staff; 15 items for administrative staff. (This is the same Provider Opinion Survey that OMHSAS uses as part of its Early Warning Program).
 - a. The survey was distributed to 494 provider sites, with 122 surveys being returned for a response rate of 25%.

The survey process and reports were completed by CBHNP staff and analyzed in the CBHNP Quality Improvement Committee (QIC) on September 3, 2003 in order to assist in the refinement of the Quality Improvement Program and Work Plan for the upcoming 2003-04 Contract Year. The QIC evaluated all surveys and responses and determined the following 3 areas of relative dissatisfaction were consistent with other aspects of the QI Program and were the recommended priority areas:

Psychiatry Access

The QIC noted that the MHSIP Adult Survey asked directly about psychiatry access, but that the Youth / Family survey did not. Given the known nationwide and regional shortage of child psychiatry services, it was assumed that child psychiatry access is likely producing at least as much dissatisfaction as the Adult survey indicated. CABHC has produced a Monitoring Report Summary on January 31, 2003, entitled Access Standard Compliance to Psychiatric Evaluations. The QIC recommended that the 2003-04 Work Plan include specific study of psychiatry access, by County and by Age Group, where possible, to further evaluate the extent of the problem and produce additional data on wait times for this important service.

Provider Choice

The QIC discussed the four points of access for HealthChoices members. Members may access services by going directly to a provider, the Base Service Unit (BSU)/Single County Authority (SCA), a crisis intervention unit or emergency room, or by calling CBHNP Capital Area member Services. It was noted that the Member Satisfaction with CBHNP survey produced convergent results with the CSS, Inc. Consumer / Family Satisfaction Team surveys in that the Satisfaction Rates and member awareness of provider choice / alternatives are low. The QIC recommended that the 2003-04 Work Plan include means of identifying additional interventions (e.g., specific member communication; Member Services additional training; broader distribution of Provider listings) to target Provider Choice, particularly since this remains a performance incentive area for CBHNP.

Health Outcomes vs. Experience of Care (service) indicators

The QIC noted that for both Adult member satisfaction with providers (MHSIP) and Youth/Family satisfaction with providers (YSS & YSS-F), the surveys consistently showed lower satisfaction on items that reflected health outcomes categories (e.g., self-reported level of symptoms, and functional status in school/work, family, and social settings) compared to experience of care or provider service areas (e.g., liking services / providers, convenience, comfort and input into treatment). The QIC recommended that the CBHNP Satisfaction Survey feedback to providers stress the point that positive outcomes such as school /vocational improvement, housing issues, crisis response, and basic symptom improvement should not be assumed but measured and assessed on an ongoing basis.

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

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