

Fourth Quarter

INDIVIDUAL/FAMILY SATISFACTION TEAM REPORT

To

**Behavioral Health Services of
Somerset and Bedford Counties**

April – June 2008

July 15, 2008

Mental Health Association
540 East Washington Street
Chambersburg, PA 17201

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Method

I/FST Background

The Individual/Family Satisfaction Team (I/FST) is a program of the Mental Health Association. Behavioral Health Services of Somerset and Bedford Counties (BHSSBC) contracts with the Mental Health Association's I/FST to survey individuals who receive behavioral health services through HealthChoices. BHSSBC oversees the implementation of HealthChoices by Community Behavioral Healthcare Network of Pennsylvania (CBHNP).

The State of Pennsylvania Department of Public Welfare outlines goals for Consumer/Family Satisfaction Teams (Guidelines for Consumer Satisfaction Teams and Member Surveys, Appendix L, State of Pennsylvania, Department of Public Welfare, Commonwealth of Pennsylvania, 2004). These goals include helping to ensure that, through analysis of survey data, problems with service access, delivery and outcome are identified and resolved. A vital focus is to warrant that the service system is consistent with the principles of recovery in adults, resilience in children, and aligns with the core principles of the Community Support Program, the Child and Adolescent Service System Program, and Drug and Alcohol Treatment.

I/FST surveyors receive extensive training, meeting all requirements of Appendix L (e.g. specific training in confidentiality, cultural competence, and the behavioral healthcare system for mental health, substance abuse treatment, and children and youth). Surveyors participate in monthly professional development staff meetings, and receive individualized training as needed.

In addition, surveyors must have personal or family experience with the behavioral health system. For instance, qualifications to survey family members include having children who are using or have used the publicly-funded behavioral healthcare system. Qualifications to survey youth include having used the publicly-funded behavioral healthcare system prior to the age of 18. Qualifications to survey participants in substance abuse treatment include having participated oneself, or being a close family member of someone who has. Qualifications to survey adults participating in mental health treatment include having participated oneself in publicly-funded services or being a close family member of someone who has. This personal experience enriches the survey interview process, because surveyors deeply understand the issues of access, treatment experience, and recovery.

Survey Procedure

Survey Development

The Mental Health Association's I/FST surveys are developed in partnership with stakeholders, including individuals and agency staff. The I/FST Advisory Committees in

both Bedford and Somerset Counties reviewed the survey and contributed to its development. Surveys include questions designed to assess aspects of service delivery (e.g. choices, convenience, accessibility, etc.); treatment (e.g. planning, perception of effectiveness, etc.); recovery orientation, and overall satisfaction. The survey used this quarter was developed in 2007 and has been utilized for three quarters. This has provided enough time and experience to identify aspects which have been confusing to surveyors or to respondents. These elements have been addressed, and revised versions of the three surveys have been authorized for use beginning July 2008.

Participant Recruitment

A member contact list is provided by BHSSBC, and includes individual names, providers, and contact information for members using behavioral health services. It does not include the names of people receiving substance abuse treatment services, per confidentiality guidelines. The contact list is divided into the following groups: adults receiving services; family members or guardians whose children receive services, and youth ages 14 through 21 who receive services. Lists are given to the appropriate I/FST surveyors who qualify to survey that particular group.

Participants are then contacted by surveyors via phone. The surveyors focus on conducting face to face interviews with the participant. These interviews are offered at the participant's local provider, the I/FST office, or the participant's home. If completing a survey face to face is inconvenient for the individual, the surveyor then offers to conduct the survey over the phone.

Prior to beginning each survey, I/FST surveyors review an 'informed consent' form with the participants, and answer any questions they may have about the survey. Then, the participants sign the consent form (or provided their verbal consent over the phone). The form outlines the participant's right to:

- Participate voluntarily.
- Skip any questions they do not want to answer.
- End the survey at any time.
- Be assured their responses are confidential, stored securely, and cannot be traced back to the individual respondent.

Each consent form is signed and dated by the surveyor as a witness.

At the end of the survey interview, the member is asked if they desire immediate attention on any specific managed care concern or provider issue raised during the interview. If yes, the member is advised that such a referral to BHSSBC will require a release of certain information and the member must consent to that release. If the release is obtained, the surveyor completes a Member Problem Report, which is given to the Program Coordinator. The Program Coordinator reviews the report and forwards it to BHSSBC. If the issue is critical, the information is given to BHSSBC within 24 hours of receipt. If the member wishes to remain anonymous, the general concerns are

passed on to BHSSBC, but without the member's contact information and opportunity to receive personal attention to the issue. A blank Member Problem Report form is in the Appendix.

This quarter, I/FST implemented a quality audit procedure. Each month a random survey from each surveyor is pulled and the respondent contacted by the Program Coordinator. The respondent is asked three very brief questions inquiring whether or not they felt the survey was too long, if they were satisfied with the interview process, and how they felt about being contacted. This quarter all comments were positive. One hundred percent of respondents to the quality audit did not object to the length of the survey or the number of questions asked. Comments about surveyors included, "he did a good job," "very friendly", and "they seemed to really care." Quality audits will be ongoing each month.

Data

All signed informed consents, as well as completed paper surveys, are stored in locked filing cabinets. Informed consents are separated from the completed surveys to ensure survey answers cannot be traced back to individual participants without their express consent. Completed surveys are entered into the SNAP software program, which provides the ability to analyze the data. Computers for this purpose are password protected. Data is analyzed once per quarter, and a report of findings is issued quarterly to BHSSBC.

Barriers to Implementation

(1) Outreach to Participants in Substance Abuse Treatment Services

In collaboration with BHSSBC, the I/FST developed an approach to survey participants in substance abuse treatment services in compliance with the specialized confidentiality laws applying to these services. This method involved developing 'consent to release contact information' forms that were given to treatment providers to include in their participants' intake packets. This would allow the agency to provide BHSSBC with participant names and phone numbers to give to the I/FST so that surveys could be scheduled and conducted with participants. Provider contact was initiated and agreements to include releases in the intake packets were given.

The first barrier encountered was that by the time the releases were given to BHSSBC, they had expired and the dates to contact were no longer valid. We then changed the date to indicate the consent would be valid for an entire year from start of service. The second barrier encountered was that very few of these releases were received by BHSSBC from providers. Then, when contact by I/FST was attempted, none of the individuals were able to be reached after repeated attempts. Thus, there were no surveys of participants in substance abuse treatment services completed this quarter.

Plans to Address this Barrier:

Appendix L allows for the surveying of participants in substance abuse treatment services without signed 'consent to release information' forms if the surveys are done anonymously with responses reported in the aggregate. Therefore, in the next quarter, I/FST will contact substance abuse treatment providers to arrange regular opportunities for participants in Intensive Outpatient and Outpatient groups to meet with a surveyor in a private, one-to-one setting. Participant names will not be asked or recorded. The 'informed consent' form will be reviewed to make sure participant rights regarding the survey are protected, and then signed only by the surveyor to attest that they reviewed it with the anonymous participant. Surveyors will be stationed in private rooms at the treatment agency at pre-arranged times. Agency staff will encourage participants receiving services through CBHNP funding to access this opportunity before or after group. It is anticipated that this effort will result in participation of people receiving these services so that this essential voice in individual satisfaction with treatment will be heard.

(2) Face-to-Face Surveys

The percentage for face-to-face surveys this quarter was low at five percent.

Plans to Address this Barrier: It is anticipated that implementing the strategy for outreach to participants using substance abuse treatment services will have the added benefit of increasing face-to-face percentages. In addition, surveyor training will again focus on skills to improve techniques for asking for face-to-face surveys, including offering to meet at a provider's office prior to a participant's already-scheduled appointments.

(3) Data Entry Errors

A July program audit of paper copies of surveys that were done April through June 2008 revealed 93 family surveys, 25 youth surveys, and 164 adult surveys. This is one additional adult survey than was reported to BHSSBC in the monthly reports. In addition, five June surveys done on the last day of the month (and reported to BHSSBC in the June report) were erroneously not entered into the database for adult surveys. The database for adults for this quarter, April – June, has 157 viable records. The un-entered surveys account for five, and two more were deleted from the database because they were only partially completed by the respondent. In addition, there were 93 paper records of family surveys, but one was deleted from the database, again due to partial completion.

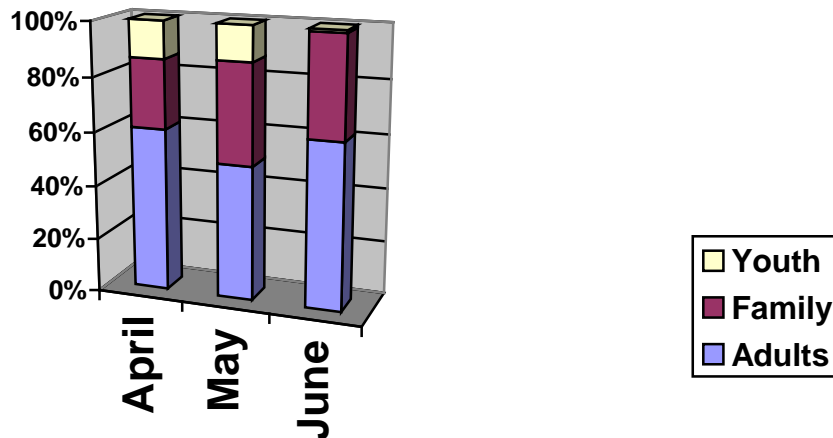
Plans to Address this Barrier: Survey totals given to BHSSBC for monthly reports will not be issued until the Program Coordinator has personally audited the surveys and ensured that database records match a monthly audit of paper surveys. If there are minimally completed surveys, those will be destroyed and not reported in the monthly totals.

Survey Results

Number of Surveys by Respondent Group and Month

I/FST exceeded its survey goal this quarter.

Surveys Completed by Month



	April	May	June
Youth	14	10	1
Family	26	29	38
Adults	62	39	63

Total:

The total number of surveys obtained for the quarter was 274. This is 25 surveys (1.10%) more than the contractual target of 249 for the quarter.

Number of Surveys by County in SNAP database program for this quarter:

	Bedford	Somerset	Not Identified *	TOTAL
Adults	97	60		157
Families	44	47	1	92
Youth	15	10	0	25
TOTAL	156	117	1	274

*The category “not identified” represents either surveyor error in failing to mark the county of the respondent on the survey or a data entry error of skipping that field in the software.

Thirteen of these surveys (5%) were conducted face-to-face.

Impressions

Adults

- Adults expressed high satisfaction with access to services, with the exception of having a choice of provider, which remained lower again this quarter at 70%.
- Satisfaction with treatment was up from last quarter.
- Satisfaction with providers’ recovery orientation was very high. Encouragement to participate in peer support was the lowest in the category, at 81%.
- Outcomes of treatment indicators show a fairly adequate level of satisfaction. The lowest agreement was in feeling more hopeful about the future and in the belief that one can recover.

Family Members

- Satisfaction with providers’ recovery-oriented practices was extremely high, with responses falling between 95 and 100 percent agreement.
- Satisfaction with treatment by CBHNP differed widely by county, with Somerset families expressing far less satisfaction in the area of respectful treatment by CBHNP over the phone.
- The most frequently used services for children were Therapeutic Staff Support, followed by Behavior Specialist Consultant, and then home based services.
- Unfortunately, 23% of respondents said they waited thirty days or more to see a provider.

Youth

- Themes of lower satisfaction with the amount and types of inclusion and choice in the treatment process appeared throughout the youth surveys.
- Youth did not express high levels of agreement that they are experiencing positive outcomes because of participation in treatment.
- Youth did express high levels of satisfaction with the respect shown both for them and for their privacy by staff.

Overall Satisfaction Scores

Another method of viewing participant satisfaction has been added to the quarterly report format: the “overall satisfaction scores”. This gives additional information and ways of comparing satisfaction between participant groups in four key areas.

The surveys for each category of respondents (adults, family, and youth) contain a series of statements on a 5-point Likert-type scale which are designed to assess satisfaction in four key areas: access to services, treatment experiences, the recovery orientation of agency staff, and perceived outcomes as a direct result of participation in treatment. The responses, ranging from strongly agree to strongly disagree, were assigned a numerical value from 1 (strongly disagree) to 5 (strongly agree). This made it possible to get an average “satisfaction score” for these areas. The results are shown in the following table:

	Adults	Family Members	Youth
Access to Services	3.97	4.05	3.93
Treatment Experiences	3.96	4.03	3.86
Recovery Orientation of Staff	4.02	4.11	4.10
Outcomes of Treatment	3.94	3.94	3.77
TOTAL	3.97	4.03	3.92

From this information, it appears that family members are the most satisfied overall, and in all categories but “outcomes of treatment”, where they share the same score with adults. All three respondent groups were the least satisfied with outcomes of treatment, and the most satisfied with the recovery-orientation of staff.

Participant Information

Gender

	Male	Female
Adults	51	105
Family Member Respondents	12	80
Family Survey Children of Focus	74	18
Youth	11	14

As can be seen from the chart above, females represented 73% of the survey respondents interviewed. However, when it came to the gender of the children of focus in family member surveys, 80% of the children receiving services were male.

Ethnicity

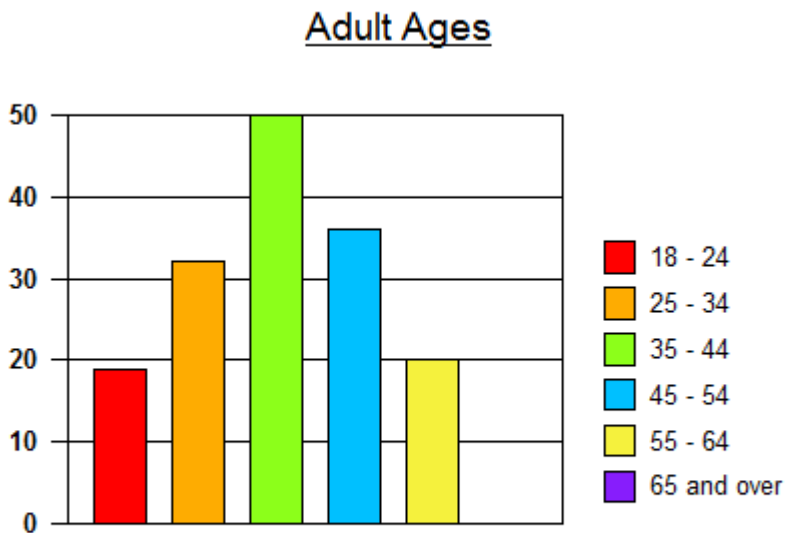
All but two adults interviewed reported their race as Caucasian. One reported his/her race as African American and one as American Indian/Alaskan Native.

Of family members interviewed, 96% were Caucasian, 2% African American, and 2% American Indian/Alaskan Native. They reported their children's race as 94% Caucasian, 4% African American, and 2% American Indian/Alaskan Native.

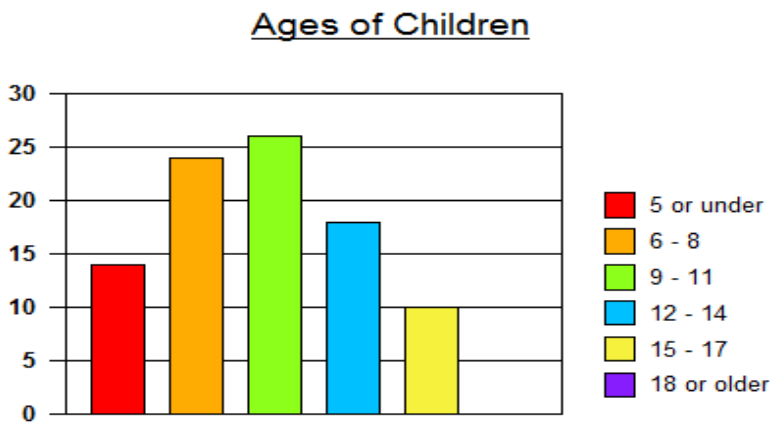
Of the youth, 88% reported their race as Caucasian, 4% as American Indian/Alaskan Native, 4% as Jamaican, and 4% as mixed race.

Age

The following graph shows the ages represented by adult survey respondents.

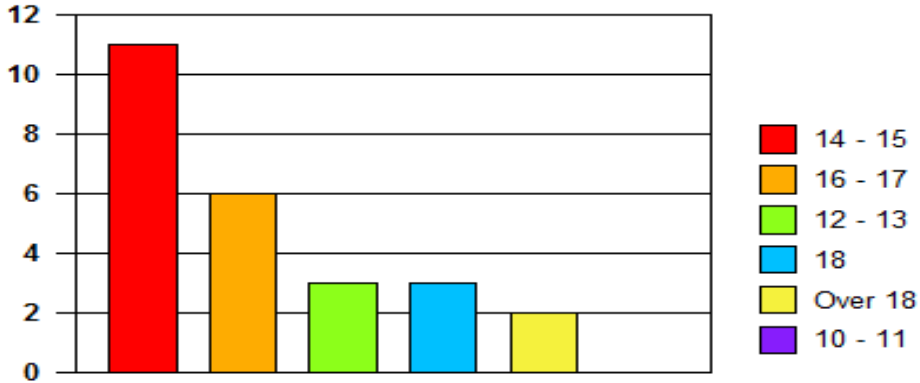


Ages of the children of focus in family surveys follow. Note that every age category was represented.



This next graph shows the ages of youth participants from highest represented category to least represented. As can be seen, no youth under 12 years of age were interviewed. All other age categories, from 12 to over 18 were represented.

Ages of youth



Type of Service

The following table shows the numbers of respondents receiving each service type:

	Primarily Mental Health	Primarily Substance Abuse Treatment	Both Mental Health and Substance Abuse Treatment
Adults	150	0	7
Children of Family Members	90	0	1
Youth	23	0	2

Satisfaction with CBHNP

The percentage of respondents who answered in the affirmative (yes) to these statements is listed in the following table:

	Adult	Family	Youth
I have received a copy of the member handbook from CBHNP.	62%	85%	
I have received a notice of privacy practices from CBHNP that describe how my personal information may be used and shared with others, and how I can obtain access to this information.	73%	93%	
When I call CBHNP, staff treats me respectfully.	47%	80%	
I am aware of my right to file a complaint or grievance about CBHNP's decisions or service.	80%	94%	
If I have a complaint or grievance against CBHNP, I know how to file it.	50%	83%	
I have used CBHNP's complaint and grievance process.	10%	34%	
I am aware that this company (CBHNP) works with my treatment provider to decide what types of services I get.			64%
I know who to go to if I disagree with the company's decisions about my treatment and want to file a complaint or grievance.			52%

There is a marked difference between respondent groups. Family members express the most information about, and usage of, CBHNP's practices. Only about half the individuals, whether adults or youth, know how to file a complaint or grievance. It appears that family members are more aware of the process, likely because they have had more occasion to use it (34%) and become familiar.

Adults in the two counties differed significantly on all but one of these indicators (respectful treatment by CBHNP staff). Fewer Somerset residents responded in the affirmative on all the other statements, with responses ranging from 6% fewer who were aware of their right to file a complaint or grievance, to 14% fewer who knew how to file a complaint or grievance. Interestingly, 14% of Bedford adults said they had used CBHNP's complaint and grievance process compared to 3% of Somerset adults.

Family members in the two counties differed widely on the following: 17% fewer Somerset families felt they were treated respectfully when they called CBHNP; 14% fewer Somerset families knew how to file a complaint or grievance; and 16% more Somerset families had filed a complaint or grievance than had Bedford families.

Of concern is that Somerset family members continue to be less satisfied with the treatment they receive over the phone from CBHNP. Last quarter, only 69% (as opposed to Bedford's 83%) felt treated respectfully. This quarter, 72% (compared with 89% for Bedford) felt treated respectfully. This may be an area for further investigation to determine factors impacting this.

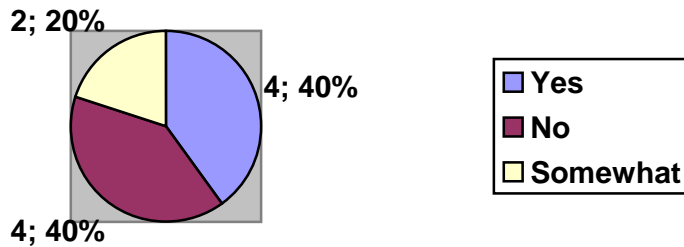
ADULTS	Bedford	Somerset
I have received a copy of the member handbook from CBHNP.	65%	58%
I have received a notice of privacy practices from CBHNP that describe how my personal information may be used and shared with others, and how I can obtain access to this information.	76%	63%
When I call CBHNP, staff treats me respectfully.	46%	47%
I am aware of my right to file a complaint or grievance about CBHNP's decisions or service.	83%	77%
If I have a complaint or grievance against CBHNP, I know how to file it.	56%	42%
I have used CBHNP's complaint and grievance process.	14%	3%

FAMILIES	Bedford	Somerset
I have received a copy of the member handbook from CBHNP.	89%	83%
I have received a notice of privacy practices from CBHNP that describe how my personal information may be used and shared with others, and how I can obtain access to this information.	96%	92%
When I call CBHNP, staff treats me respectfully.	89%	72%
I am aware of my right to file a complaint or grievance about CBHNP's decisions or service.	96%	94%
If I have a complaint or grievance against CBHNP, I know how to file it.	91%	77%
I have used CBHNP's complaint and grievance process.	27%	43%

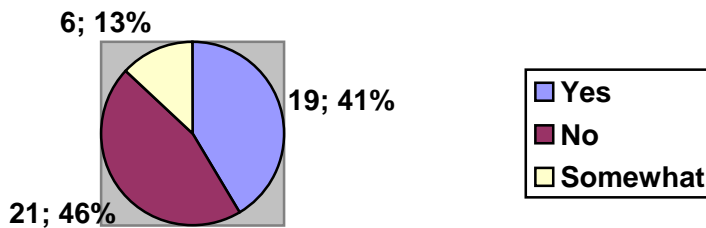
Satisfaction with the complaint and grievance process (if used):

16 adults said they had used the processes, while only 10 responded to the question about their level of satisfaction with the processes. 32 family members said they had used the processes, but 46 responded to the question about satisfaction with the processes. Next quarter, the survey is constructed to reduce or eliminate the possibility of confusion on these questions.

Adult Satisfaction with Complaint/Grievance Process



Family Member Satisfaction with the Complaint/Grievance Process



When asked why they were, or were not satisfied with the outcome, these were some comments:

Adults:

- "Filed the paperwork and everything went OK"
- "I got what I wanted"

Family Members:

- Takes too long to get services after hearing from CBHNP.
- Went through three different steps to get services.
- "I was able to achieve the help for the kids that I need."

Responses to Required DPW Questions

Adult Questions

NOTE: Not all adults answered every question.

In the last 12 months, were you able to get the help you needed?	Bedford County	Somerset County	Both Counties
Yes (always)	73	49	122
Sometimes	9	5	14
No (never)	12	4	16
			152
Were you given the chance to make treatment decisions?			
Yes (always)	76	37	113
Sometimes	15	17	32
No (never)	3	5	8
			153
What effect has the treatment you received had on the quality of your life?			
Much better	29	37	66
A little better	46	13	59
About the same	16	9	25
A little worse	1	0	1
Much worse	1	0	1
			152

Family Questions

NOTE: Not all family members answered every question.

In the last 12 months, did you have problems getting the help your child needed?	Bedford County	Somerset County	Both Counties *county was not identified on 1 survey
Yes (always)	6	13	19
Sometimes	8	5	13
No (never)	27	29	*57
			89
Were you and your child given the chance to make treatment decisions?			
Yes (always)	33	37	*71
Sometimes	9	8	17
No (never)	1	2	3
			91
What effect has the treatment your child received had on the quality of your child's life?			
Much better	16	20	36
A little better	22	19	*42
About the same	3	7	10
A little worse	0	1	1
Much worse	0	0	0
			89

Youth Questions

NOTE: Not all youth responded to every question.

In the last 12 months, did you have problems getting the help you needed?	Bedford County	Somerset County	Both Counties
Yes (always)	3	4	7
Sometimes	6	3	9
No (never)	5	3	8
			24
Were you given the chance to make treatment decisions?			
Yes (always)	6	5	11
Sometimes	7	4	11
No (never)	1	0	1
			23
What effect has the treatment you received had on the quality of your life?			
Much better	3	4	7
A little better	7	4	11
About the same	3	2	5
A little worse	0	0	0
Much worse	0	0	0
			23

Adult Survey Results

Adults received services from the following agencies. In the case of Bedford-Somerset MHMR, sometimes respondents indicated Bedford MHMR, sometimes Somerset MHMR, and sometimes just MHMR. This ambiguity will be eliminated by survey design for next quarter.

- ACRP: 3
- Bedford-Somerset MHMR: 142
 - Bedford MHMR: 63
 - Somerset MHMR: 45
 - Bedford-Somerset MHMR: 34
- Dr. Koban Outpatient Clinic: 1
- Juniata River Center: 1
- Nulton Diagnostic: 8
- Pile Psychiatric Services: 1
- Somerset Hospital Behavioral Health Outpatient Services (Dr. Tang): 1

The most frequently cited were Bedford-Somerset MHMR (142); Nulton Diagnostic (8); and ACRP (3).

There was a good representation from people who had been receiving services for various amounts of time:

0 – 6 months:	13% of respondents
6 months – 1 year:	15% of respondents
1 to 2 years:	25% of respondents
2 to 3 years:	10% of respondents
4 + years:	37% of respondents

Access to Services

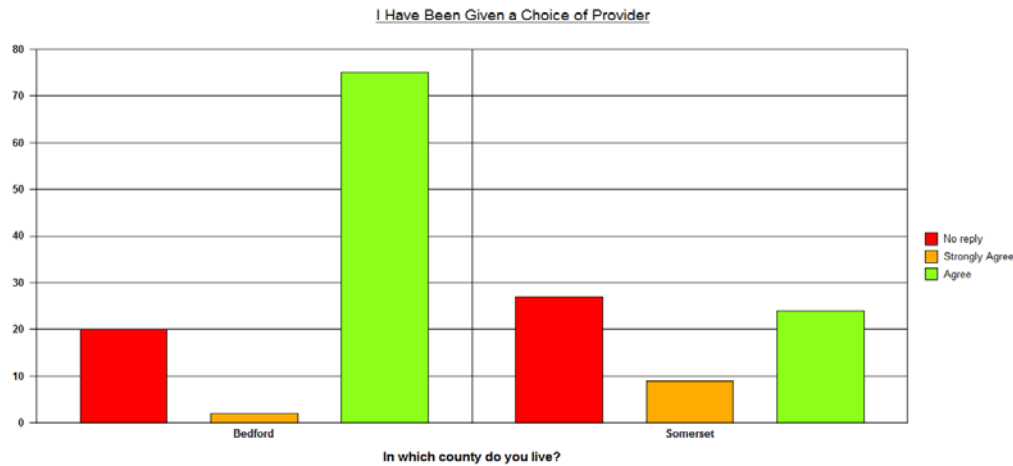
Most people (69%) reported getting an appointment with their provider within seven days after receiving approval for services from CBHNP. 62% said they were offered an appointment within the first seven days. However, 10% had to wait over a month, and reported that their first offered appointment was over a month. Since only 6% chose voluntarily to be put on a waiting list to see the provider of their choosing, there were obviously still a few people waiting involuntarily for as long as 30 days or more.

As with last quarter, there was generally a high degree of satisfaction in this area. For instance:

- 97% said the rooms where they met were clean and inviting.
- 96% felt services were available at convenient times.
- 96% said the staff treated them with respect and courtesy.

However, a significant number of people did not feel they were given a choice of treatment providers. Last quarter, 69% said they had been given a choice of treatment

providers, and this quarter 70% responded likewise. The difference in responses by county is shown in the following chart:



Respondents were asked if they had any problems that caused them to discontinue services with their treatment agency. Eight percent said they had, and several more used the opportunity to express dissatisfaction in the following areas: insurance, transportation, missed appointments, and dissatisfaction with their practitioner. Sample comments include:

- "I have transportation, but not gas money for the car."
- "I lost my Access card, so I could not get counseling."
- "Sometimes I have to cancel my appointments due to health problems"
- Confidentiality has been broken.

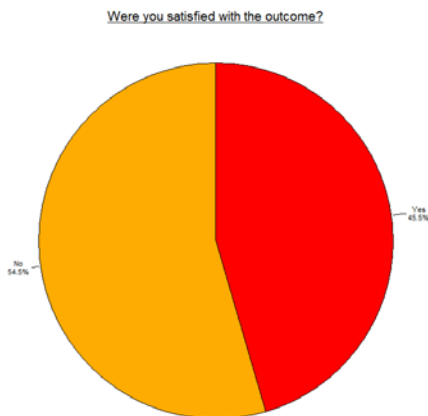
Further comments were offered about access to services or suggestions for improvement:

- "They need to be more understanding and not just leave people without any service."
- They need more doctors.
- "Medicare will not allow counseling."
- "No room for improvement, getting excellent care."
- "Sometimes counseling appointments are later than scheduled."
- They could be more punctual at appointment times.
- "I have never been included in meetings"

Treatment Experiences

Satisfaction in this area is up from last quarter, with the range of participants responding in the affirmative to specific indicators ranging from 85% (I have been given information about my rights) to 93% (I have enough time with my treatment provider; I feel comfortable asking questions about my treatment). There were no particular areas of

concern that stood out. Eleven participants reported having made a complaint or filed a grievance against their treatment agency. Their satisfaction with the results is shown in the following chart:



Recovery Orientation

Respondents report a high level of agreement that their treatment agency uses recovery-oriented practices. All but one indicator achieved 94% of agreement or higher. For instance, 97% of respondents said staff treated them as an individual. The lowest level of agreement, at 81%, was in staff encouragement of participants to use peer support. However, this is up 2% from last quarter.

Outcomes of Treatment

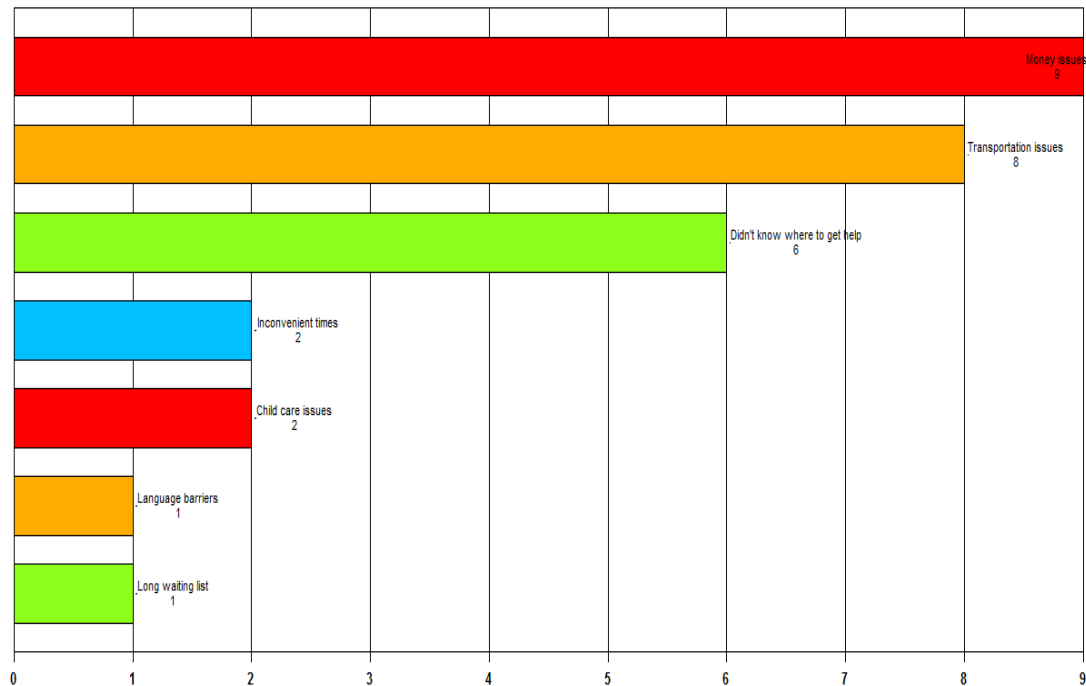
The responses to each indicator are listed in the chart below. Responses ranged in agreement rates between 84% and 92%. While all indicators show a fairly adequate level of agreement, the lowest agreement was in feeling more hopeful about the future and in the belief that one can recover. The highest was in willingness to recommend the agency to a friend or family member.

Absolute Analysis % Respondents	Base						
		Strongly Agree	Agree	I'm Neutral	Disagree	Strongly Disagree	Not Applicable
Base	923	118 12.8%	682 73.9%	58 6.3%	57 6.2%	1 0.1%	7 0.8%
I deal more effectively with daily problems.	154	18 11.7%	115 74.7%	9 5.8%	11 7.1%	- -	1 0.6%
I feel more hopeful about the future.	154	17 11.0%	112 72.7%	12 7.8%	12 7.8%	- -	1 0.6%
I believe I can recover.	154	18 11.7%	111 72.1%	12 7.8%	12 7.8%	- -	1 0.6%
I feel my behavioral health care is more stabilized.	153	19 12.4%	111 72.5%	15 9.8%	6 3.9%	- -	2 1.3%
In the last 12 months, I was able to get the help I needed.	154	18 11.7%	120 77.9%	4 2.6%	10 6.5%	1 0.6%	1 0.6%
I would recommend this agency to a friend or family member.	154	28 18.2%	113 73.4%	6 3.9%	6 3.9%	- -	1 0.6%

Services Still Needed

In response to the question, “If you weren’t able to get behavioral health help in the last twelve months, what stopped you?” participants responded:

Barriers to Getting Behavioral Health Help



Participants were asked what services they need but aren't getting, and they cited specifics that fell into these general categories: counseling, insurance, and psychiatrists. Sample comments include:

- "I need more counseling."
- "I need to have more time with the therapist."
- "Yes, I'm having trouble keeping medical assistance."
- "Art therapy"

Additional Compliments and Concerns:

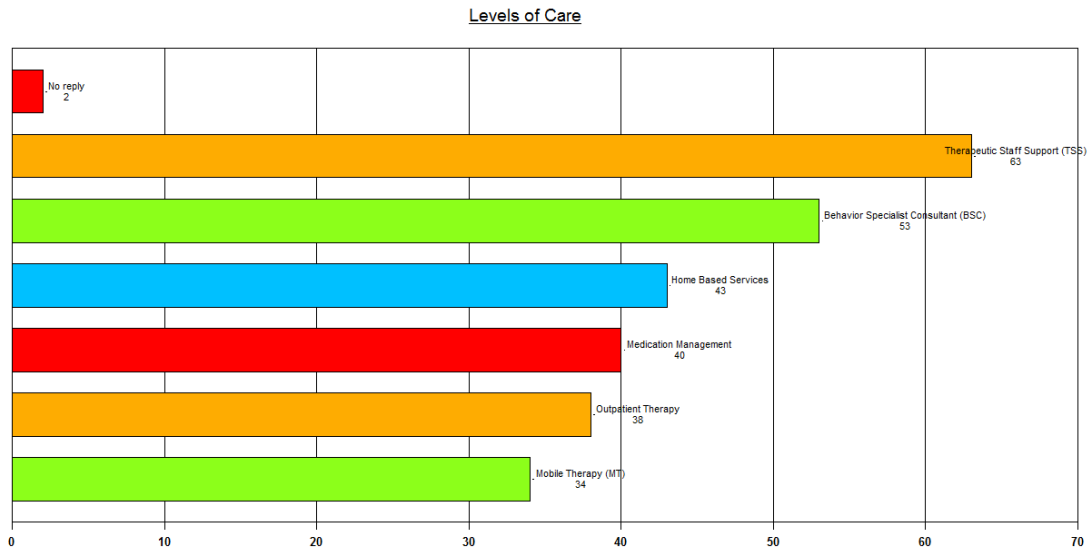
- "I think I need more counseling now. I'm just hanging in there now--just hanging on."
- "They are always there when you need them."
- "I felt program helped but stopped when I felt I was better."
- "I feel better than I ever have."
- "I like my MH/MR worker. Only get to see her once a month and would like to see her more."
- "The appointments with the doctor are shorter than I would like. It is an in and out situation to get prescriptions filled. He doesn't take time to know what's going on."
- "More physicians need to be involved. There are too few of them that participate."
- "I think they are helpful."

- "The staff is really nice."

Family Member Survey Results

Levels of Care

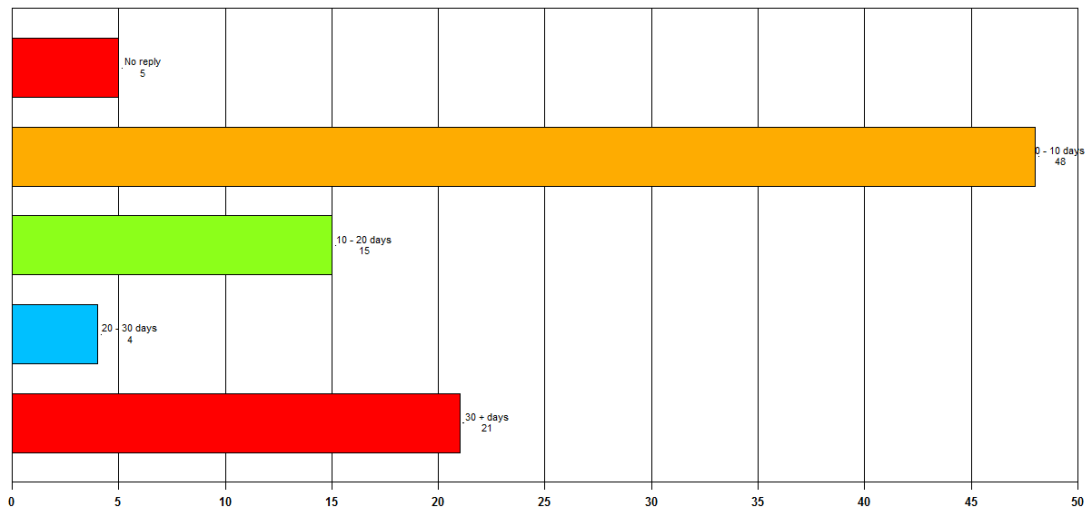
The types of support families report their children receiving are shown in the following graph:



Access to Services

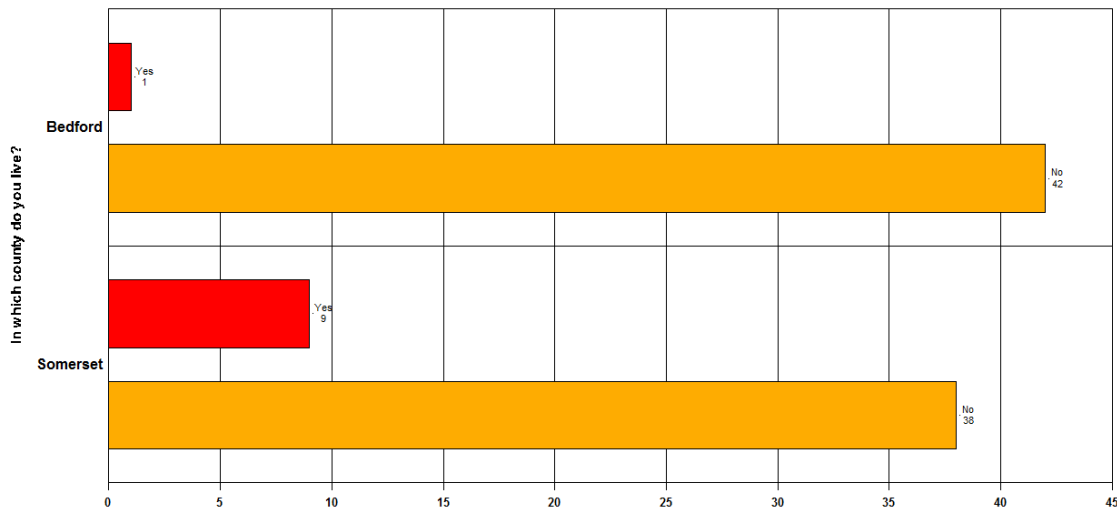
Slightly over half of families said services started within ten days of receiving approval from CBHNP. However, a significant percentage (23%) waited thirty days or more. It is worth noting that only 11% voluntarily chose to be put on a waiting list to see a provider other than the one first offered. The following graph illustrates start times after CBHNP approval:

Services Start Within 10 Days of Approval



The following graph shows the difference by county for families choosing to be put on a waiting list to see the provider of their choice:

Choosing to Wait by County



Speculation as to why more Somerset families chose to be put on a waiting list includes the fact that there may be more providers for Somerset families to choose from. In future surveys it would be important to ask why families are choosing to wait.

High levels of satisfaction in this area included:

- 96% of respondents felt staff treated their family with courtesy and respect.
- 96% said services were available at convenient times.
- 95% said they had not had any problems that had caused them to discontinue service with their child's treatment agency.

Areas of lower satisfaction included:

- 83% felt they had been given a choice of providers.
- 83% felt they had been authorized a sufficient amount of service to meet their child's needs.
- 88% said authorizations were processed on time so that services to their child were not interrupted.

However, these percentages are up significantly from last quarter, when only 72% said they had been given a choice of providers, and 77% felt they had been authorized a sufficient amount of time.

There was no difference between Bedford and Somerset responses regarding reliable transportation. Two respondents from each county indicated a problem in this area.

Comments on access to services included:

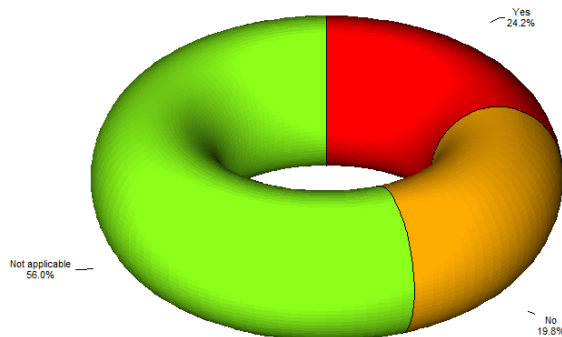
- "They do their treatment plan during treatment times."
- "Understaffed—when her child's TSS worker was off no one took her place"
- "Don't know what is available."

Treatment Experiences

Forty family members said they had filed a complaint or grievance against their treatment agency. This number seems high, and may be inflated in that families who filed a grievance with CBHNP about reduced service hours may have thought they were filing the grievance against their treatment agency. In fact, the additional comments supplied had mostly to do with reduction in service hours. The survey design for next quarter, along with additional surveyor training to insure families understand the question, should produce more confidence in the results.

The following graph shows the satisfaction of those who reported filing a complaint or grievance against their treatment agency:

Satisfaction with Results of Complaint/Grievance



Comments about their satisfaction with the process included:

- Not getting any where with CBHNP with service--her son needs help.
- "Because the problem was more hers than services."
- Because she won her case.
- She wasn't coming to the house enough times (Behavioral Specialist).
- They do their best for his child.

Recovery Oriented Practices

Satisfaction in this area was extremely high, with families reporting between 95% and 100% agreement that their child was treated with respect, staff focus on their child's strengths, their child is treated as an individual, and staff are sensitive to their cultural background.

Because three respondents did not agree that staff were sensitive to their family's cultural background, a cross tabulation was done to see if lack of competence with minority ethnicity might have been a factor. As is evidenced in the following chart, the three respondents who disagreed with the statement were of the majority ethnicity in both counties (Caucasian). Thus, other factors of culture not delineated in the survey obviously impacted that response.

Absolute Respondents	Base	Missing	Staff are sensitive to our cultural background.					
		No reply	Strongly Agree	Agree	I'm Neutral	Disagree	Strongly Disagree	Not Applicable
Base	93	2	9	77	-	3	-	2
Missing								
No reply	1	1	-	-	-	-	-	-
What do you consider your race to be?								
Caucasian	88	1	9	73	-	3	-	2
African American	2	-	-	2	-	-	-	-
Hispanic American	-	-	-	-	-	-	-	-
American Indian/Alaskan Native	2	-	-	2	-	-	-	-
Asian / Pacific Islander	-	-	-	-	-	-	-	-

Outcomes of Treatment

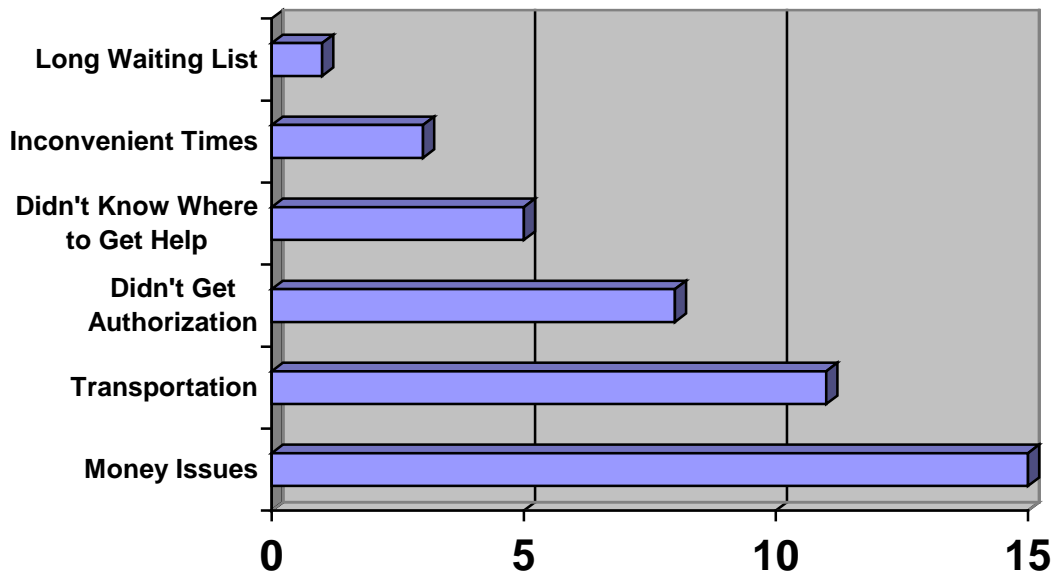
The responses in this category differed widely by county this quarter, except for willingness to recommend the treatment agency, which was high in both counties. Last quarter, the responses were fairly close. This year, the average percentage of people agreeing with the statements as a whole in this category improved significantly for Bedford. Bedford increased from an average of 80% to 90%. Somerset decreased slightly from an average of 77% to 76%.

The following table shows the percentage of families by county who agreed with the following statements this quarter:

	Bedford	Somerset
My child deals more effectively with daily problems.	86%	68%
My child feels more hopeful about the future.	84%	66%
I believe my child can recover.	91%	79%
I feel my child's behavioral health care is more stabilized.	95%	66%
In the last 12 months, I was able to get the help I needed for my child.	93%	83%
I would recommend this agency to a friend or family member.	93%	94%

Services Still Needed

Families were asked to state what barriers they had encountered to getting behavioral health help for their child in the past year. The following graph illustrates those:



Note: The survey allows only one box to be checked in this category, so families had to cite additional barriers in the “other” section. These have been added to the totals to produce this graph.

Families reported services they needed but are not getting. The following are examples:

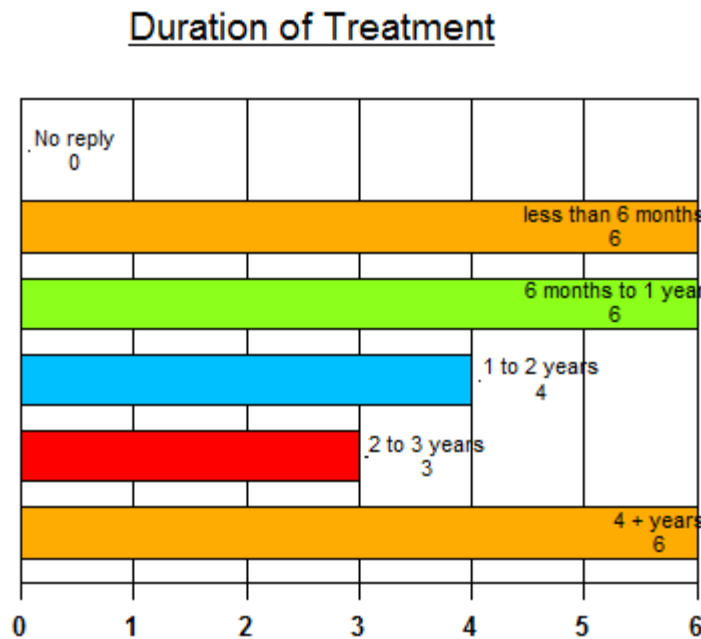
- He needs more TSS hours also help for his ADD.
- He could use more TSS hours and they were reduced--also outpatient therapy. Speech therapy. Also a male TSS worker.
- Speech therapy.
- He needs TSS in the summer.
- "I am in Bedford, and I travel to ACRP in Johnstown because there were no doctors in area--need more child doctors."
- "Need more child psychologists."
- "Don't know what all is out there."
- "I had to wait 4-5 weeks for CBHNP to get services."
- "Mobile Therapy--I have to drive 45 minutes to get him there, and I might have to make some changes."

Additional Compliments and Concerns

- "They need for the staff to do paperwork after the child's treatment, not during."
- "[Agency] really helped me when the school wouldn't. They boosted his self-esteem, he is social now. I would highly recommend them. They were concerned and listened to him."
- "[Agency] doctor questioned me. Autism was not his area and he wanted to change meds."
- "Her behavior is better."
- "His behavior is better."
- "When I filed a grievance it took two years to get what the children need."
- "They were very helpful and I can see a big difference."
- "My son is just going to a family doctor but needs services."
- "I am satisfied with services"

Youth Survey Results

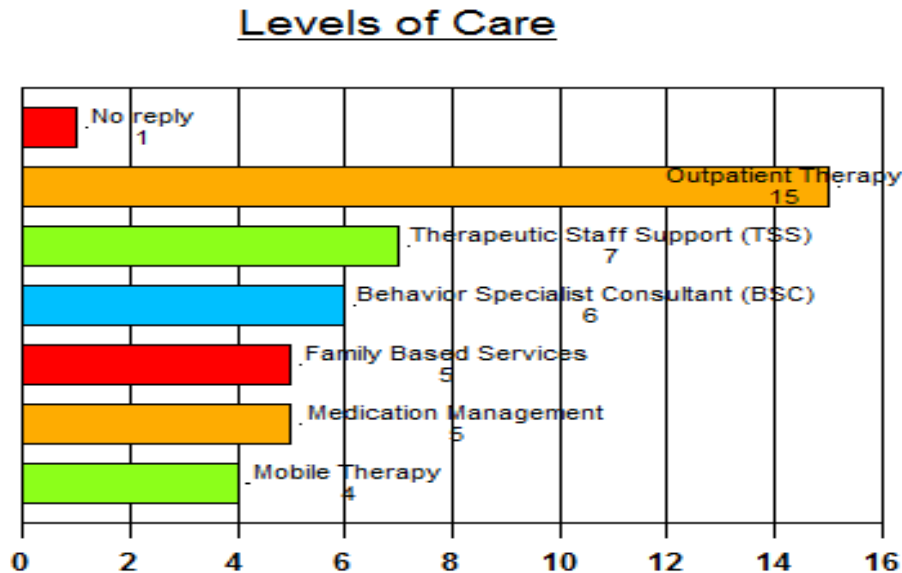
The twenty-five youth participating in this survey represented a range of experience in the mental health system as far as duration of service with their current treatment agency, as shown by the following graph:



While 80% said they were able to get an appointment within two weeks of requesting one, 8% (two youth) said it took over 30 days.

Levels of Care

Youth identified the types of services they received, and they are shown in the following graph in order from most frequently cited, to least.



Treatment Agency

The following agencies provided services focused on during the survey by the youth participants:

Bedford-Somerset Mental Health:	14
Nulton Diagnostic:	5
ACRP:	1
Children's Behavioral Health:	1
Family Behavior Resources:	1
Laurel Springs:	1
Somerset YAP:	1
Youth Advocate Program:	1

Access to Services

The greatest satisfaction in this area was shown by these indicators:

- 92% of youth say they meet with their provider at places that are easy for them to get to.
- 92% say they are treated with respect and courtesy.
- 92% say the places where they meet are clean and inviting.
- 88% said they hadn't had any problems that caused them to stop using their provider.

It appears, however, that meeting times are not always convenient to the youths' schedules, with 80% of youth agreeing that they were. Of more concern in this:

- 76% of youth have a choice of providers they can see for their service.
- 76% of youth feel they get the right amount of help—not too much or too little.

The percentages for these two questions are down considerably from last quarter, when the average agreement for these questions was 91%. Last quarter, 26 youth were surveyed, and this quarter 25 were surveyed. One youth offered an additional comment, which may illuminate this area further:

"They would not talk to me and would not listen."

Treatment Experiences

The highest indicators of satisfaction in this area were:

- 88% of youth felt they had enough time with their provider during most sessions.
- 88% felt comfortable asking questions about treatment.

The areas of lowest satisfaction were these:

- 80% said they were asked what their goals were for treatment, and some of their ideas were included.
- 80% said they knew how to make a complaint to their provider if needed.
- 80% said they felt free to complain without fear of retribution.

Again, it would appear that improvement in services by increasing youth choice and inclusion in the treatment planning process would produce higher levels of satisfaction, which in turn could be expected to increase investment in, and thus positive outcomes of, treatment. Another element of choice is the freedom to complain about services within an agency's formal process without fear. This consumer right could be more actively addressed with youth.

Recovery Orientation

Interestingly, family member satisfaction in these areas was much higher at 98% than that of youth. Youth satisfaction averaged 88%, and was 91% in this topic area last quarter.

Agreement with indicators of an agency's recovery orientation was expressed this quarter via the following:

- 92% agreed they were treated with respect.
- 92% agreed their privacy was respected.
- 88% said they were treated as an individual, not just part of the group. One youth strongly disagreed.
- 88% said staff helped them be responsible for meeting their goals.
- 84% said staff were sensitive to their cultural background.
- 84% said staff focus on their strengths. One youth strongly disagreed.

Outcomes of Treatment

Satisfaction in this area was 12 percent lower than last quarter, with an average for youth on all indicators of 69% this quarter, and 81% last quarter. Family members this quarter reported an average of 15% higher in this area when describing treatment benefits to their children than did youth.

It may be useful in the future to create a subgroup of surveys of just family members and their children to compare the differences between responses within families of caregivers and youth and responses between unrelated groups of family members and youth. This would enable us to more fully explore whether it tends to be true that adults feel their children are receiving more benefit than the children themselves see.

The highest level of agreement in this area was that 84% of youth would recommend their treatment agency to a friend or family member. The lowest was that only 60% of youth felt they handled day to day problems better. Sixty-eight percent said they didn't get in trouble as often, and that they think good things are going to happen for them more often. Sixty-four percent said they managed their strong feelings, like anger, better.

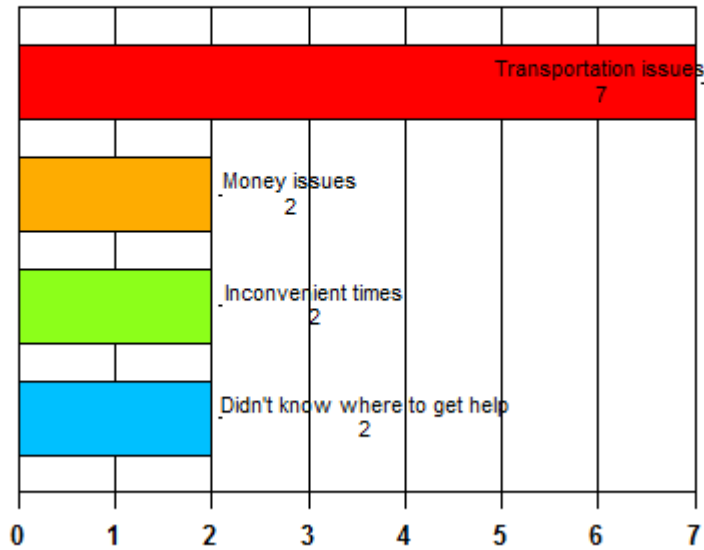
Services Still Needed

Youth were asked what services they needed but weren't getting:

- Legal advice and a legal advocate
- "A doctor that listens to me."

They were also asked what kept them from getting the help they needed. Their responses are illustrated in the following graph:

Barriers to Service



Other reasons youth were unable to get help during the past year were reflected in these quotes:

- "I did not want help."
- "They don't talk to me."

Additional Compliments and Concerns

- "It was a good experience and it really helped out."
- "They're OK."
- "Family Based Services are "Sweethearts."
- "I think they are a really good group."
- "The people there are very friendly and I felt comfortable there."
- "I would like a doctor that talks to me."
- "It has helped me greatly."
- Wants to be more involved in treatment.