

Lackawanna/Luzerne/Susquehanna/Wyoming Counties  
Child Mental Health Inpatient  
Annual Report  
July 2017-June 2018

Prepared for  
Northeast Behavioral Health Care Consortium  
August 2018

## **Introduction**

The HealthChoices Program, overseen by the Department of Public Welfare's Office of Mental Health and Substance Abuse Services, has been implemented to ensure that Medical Assistance recipients receive quality care and timely access to mental health and/or drug and alcohol services. The goal of the Advocacy Alliance's (TAA) Consumer and Family Satisfaction Team (CFST), in keeping with the intent of the HealthChoices Program, is to ensure early identification and resolution of problems related to service access, timeliness of service delivery, and appropriateness of services and treatment outcomes. The CFST also wants to ensure that this is accomplished through a process that holds respect, dignity, and hopefulness as integral to the overall provision of services.

The CFST is comprised of consumers of mental health and/or substance abuse services, persons in Recovery or family members, and family members of children and adolescents with serious emotional disturbances and/or substance abuse disorders. The CFST is dedicated to the belief that individuals' and families' Recovery and Resiliency processes are directly related to their satisfaction with the services they receive. The CFST gathers information through face-to-face, telephonic or focus group discussions with adult and older adolescent Members and/or family members of children and adolescent members receiving mental health and/or substance abuse services through Community Care Behavioral Health Organization (CCBHO).

Following the Department of Public Welfare's Appendix L, guidelines for consumer/family satisfaction teams and member satisfaction surveys, the information gathered by the CFST is used to make recommendations for system improvements and includes a feedback loop that informs service providers how services can effectively support Recovery for adults and resiliency in children and adolescents.

## **Process**

CFST produces provider specific/level of care specific quarterly and annual reports. On quarterly basis, providers receive reports which include responses for each question and a cumulative total that includes all provider responses for the specific level of care. Quarterly, CFST continues to color code reports for providers who have 10 or more surveys completed with a specific level of care. Red indicates that individuals expressed 79% or less level of satisfaction, yellow indicates that individuals expressed 80%-85% level of satisfaction, and green indicates 86%-100% level of satisfaction.

Annual reports are produced at the end of the contract year and include the results of all of the surveys that were completed from July 2017 thru June 2018. Annual reports include provider specific satisfaction levels and cumulative network satisfaction levels for each section of the survey tool. If responses to a section fall below 80% level of satisfaction, the report will include the provider's results for all questions of that section of the survey tool. Annually, CFST continues to color code reports. Red indicates individuals expressed 79% or less satisfaction, yellow indicates individuals expressed 80%-85% level of satisfaction, and green indicates 86%-100% level of satisfaction. The CFST will meet with providers annually to review report findings, discuss positive results, and opportunities for improvement.

## Demographics

Please check the county in which you live.				
Lackawanna	Luzerne	Susquehanna	Wyoming	Total
4	16	4	0	24

What is your relationship with the child receiving services?					
Child/Adolescent	Parent/Guardian	Foster Parent	Caseworker	Grandparent	Total
23	1	0	0	0	24

Your child's gender is?		
Male	Female	Total
13	11	24

How old is the child receiving services?					
3-6 yrs	7-9 yrs	10-13 yrs	14-17 yrs	18-21 yrs	Total
0	0	1	21	2	24

How would you identify your racial background?						
Caucasian/White	African American	Latino/Hispanic	Asian	Native American	Other	Total
14	5	4	0	0	1	24

Length of time receiving current services.						
0-5 Months	6-12 Months	1-3 Years	4-6 years	7-9 Years	10+ Years	Total
23	0	0	1	0	0	24

## Survey Results

2017-2018 NBHCC Child Satisfaction Trends	Total for All Providers of Mental Health Inpatient Services
Behavioral Health Services	N/A*
Treatment Staff	70%
Cultural Competency	89%
Involvement with Treatment and Services	62%
Empowerment	59%
Interagency Team Meetings	93%
General Satisfaction	84%
Satisfaction with Mental Health Inpatient Services	75%

\*No one contacted CCBH.

### Survey Results

Color	Definition
	Individuals expressing 79% or less level of satisfaction.
	Individuals expressing 80%-85% level of satisfaction.
	Individuals expressing 86%-100% level of satisfaction.

### Treatment Staff

Questions	Always	Usually	Sometimes	Rarely	Never	Don't Know	Total
Do you feel your Treatment Staff actively listens to you/your child/adolescent?	9	5	9	0	0	1	24
Do you feel your Treatment Staff treats you/your child/adolescent with dignity and respect?	14	3	5	0	1	1	24
Do you feel your Treatment Staff supports your/your child's/adolescent's hopes for your/your child's/adolescent's recovery and wellness?	16	2	4	0	2	0	24
Do you feel your Treatment Staff respects your/your child's/adolescent's confidentiality?	17	1	2	0	3	1	24
Do you feel your Treatment Staff helps you build upon your/your child's/adolescent's strengths?	14	1	7	0	1	1	24
Do you feel your Treatment Staff treats you like an equal partner by your/your child's/adolescent's staff in making decisions while you/your child is in placement?	12	2	5	1	1	3	24

## Involvement with Treatment and Services

Questions	Always	Usually	Sometimes	Rarely	Never	Didn't Answer	Total
Are you involved in creating your/your child's/adolescent's treatment goals?	17	1	4	1	0	1	24
Are you/your child/adolescent actively working toward these goals with the support of staff?	13	3	5	2	0	1	24
Do you feel staff consider you/your child/adolescent as an equal partner in making decisions about your/your child's/adolescent's treatment?	13	1	7	1	2	0	24
If you choose, do you feel staff encourage your/your family's involvement within treatment planning?	10	5	2	2	2	3	24

Question	Yes	Unsure	No	Didn't Answer	Total
Do you have a copy of your/your child's/adolescent's treatment plan?	5	5	13	1	24

## Empowerment

Questions	Yes	Unsure	No	Didn't Answer	N/A	Total
Are you aware of your/your child's/adolescent's rights regarding the services you receive from this provider?	14	3	7	0	0	24
Are your/your child's/adolescent's treatment goals stated in your/your child's/adolescent's own words?	16	7	1	0	0	24
Do you know how to make a complaint and where to direct your/your child's/adolescent's concerns?	12	4	8	0	0	24
Have you/your child/adolescent been informed about additional services that may be helpful?	14	1	9	0	0	24
Have you/your child/adolescent been informed about support groups within the community?	11	1	12	0	0	24
Are you familiar with Child/Adolescent Service System (CASSP) Principles?	6	1	17	0	0	24
If you/your child/adolescent are/is taking medications for mental health or drug and alcohol difficulties, were you told about the side effects?	14	1	7	1	1	24

## Mental Health Inpatient

Questions	Yes	Unsure	No	Didn't Answer	Total
Is the building where you receive services clean?	16	3	4	1	24
Is the building where you receive services safe?	20	1	2	1	24
Is the building where you receive services comfortable?	14	5	4	1	24
Upon your arrival to the unit, were you introduced to staff?	16	2	6	0	24
Upon your arrival to the unit, were you explained unit policies?	14	5	5	0	24
Upon your arrival to the unit, were you offered a meal, snack or beverage?	20	1	3	0	24
Upon your arrival to the unit, were you given a tour of the unit?	12	2	10	0	24
Upon your arrival to the unit, were you introduced to roommate?	13	2	6	3	24
Upon your arrival to the unit, were you informed of phone policy?	16	1	7	0	24

Question	In the community	At the facility	Total
Where was this survey completed?	7	17	24

Questions	Yes	No	Didn't Answer	N/A	Total
Do you have a case manager?	14	10	0	0	24
If yes, was your case manager involved in your admission to the mental health unit?	7	5	2	10	24
Have you been discharged or do you have a discharge date?	9	15	0	0	24

Questions	Yes	Unsure	No	Didn't Answer	N/A	Total
Did you feel you were ready for discharge?	8	1	0	0	15	24
Were you part of a developing your discharge plan?	8	1	0	0	15	24
Did you have a follow-up treatment appointment within seven days?	0	1	2	1	20	24
Was your follow-up appointment scheduled at a time that is convenient for you?	0	0	2	1	21	24
Did you have transportation to your follow-up appointment?	0	0	2	1	21	24
Did you attend your follow-up appointment?	0	0	2	1	21	24
When you were discharged did you receive a Warm line Card?	0	0	2	1	21	24

Question	Face-to-Face	Mail	Telephone	Total
Survey was competed by:	16	0	8	24