

Lackawanna/Luzerne/Susquehanna/Wyoming Counties
Child Partial Hospitalization
Annual Report
July 2017-June 2018

Prepared for
Northeast Behavioral Health Care Consortium
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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
8	23	5	1	37

What is your relationship with the child receiving services?					
Child/Adolescent	Parent/Guardian	Foster Parent	Caseworker	Grandparent	Total
28	7	0	0	2	37

Your child's gender is?		
Male	Female	Total
18	19	37

How old is the child receiving services?					
3-6 yrs	7-9 yrs	10-13 yrs	14-17 yrs	18-21 yrs	Total
1	3	5	27	1	37

How would you identify your racial background?						
Caucasian/White	African American	Latino/Hispanic	Asian	Native American	Other	Total
26	3	3	0	0	5	37

Length of time receiving current services.						
0-5 Months	6-12 Months	1-3 Years	4-6 years	7-9 Years	10+ Years	Total
20	10	6	1	0	0	37

Survey Results

2017-2018 NBHCC Child Satisfaction Trends	Total for All Providers of Partial Hospitalization Services
Behavioral Health Services	100%
Treatment Staff	80%
Cultural Competency	97%
Involvement with Treatment and Services	85%
Empowerment	75%
Interagency Team Meetings	89%
General Satisfaction	94%
Satisfaction with Partial Hospitalization Services	80%

*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.

Empowerment

Questions	Yes	Unsure	No	No Reply	Total
Are you aware of your/your child's/adolescent's rights regarding the services you receive from this provider?	28	2	7	0	37
Are your/your child's/adolescent's treatment goals stated in your/your child's/adolescent's own words?	25	8	4	0	37
Do you know how to make a complaint and where to direct your/your child's/adolescent's concerns?	27	5	5	0	37
Have you/your child/adolescent been informed about additional services that may be helpful?	27	2	8	0	37
Have you/your child/adolescent been informed about support groups within the community?	23	0	13	1	37
Are you familiar with Child/Adolescent Service System (CASSP) Principles?	20	3	14	0	37

Question	Yes	Unsure	No	N/A	Total
If you/your child/adolescent are/is taking medications for mental health or drug and alcohol difficulties, were you told about the side effects?	23	3	7	4	37

Question	Face-to-Face	Mail	Telephone	Total
Survey was completed by:	28	0	9	37