



## **Experience of Care Surveys**

### **Aggregate Report**

#### **Prepared for Lehigh County**

#### **2010-2011 Contract Year**

**August 26<sup>th</sup> 2011**

#### **Introduction:**

At the request of Lehigh County in the 2010-2011 contract year, Magellan completed 100 face to face Experience of Care Interviews with consumers and families who were discharged from the following levels of care: Psychiatric Rehabilitative Services, Residential Treatment, Certified Peer Support and Behavioral Health Rehabilitative Services (BHRS, STAP and BHRS After School). All interviews were completed within 30 days of discharge.

In August 2010 the CMC team developed an Experience of Care survey which incorporated the following domains:

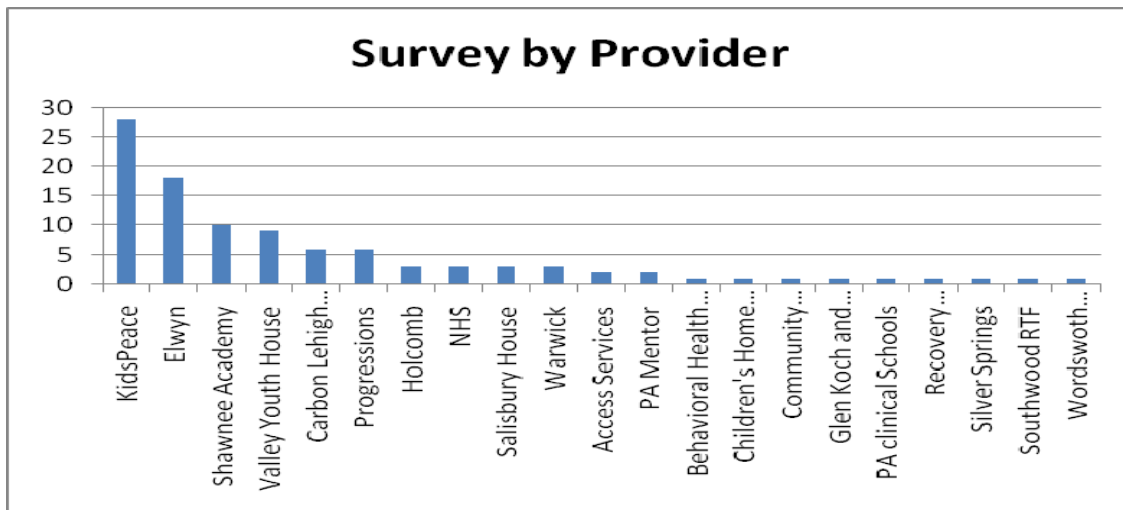
- Access
- Appropriateness
- Outcomes
- Participation in Treatment
- Overall Assessment/Satisfaction

Following approval of the survey tool by Lehigh County HealthChoices, Magellan's Clinical Team began conducting the interviews in September 2010. By the end of June 2011, 102 face to face surveys were completed with HealthChoices consumers and families. In the time frame of September 2010 to June 2011 there were a total of 235 discharges from the four identified levels of care. Consumers and families were contacted for consent to complete the surveys and appointments were made based on the availability of the consumers and families. The majority of the interviews were conducted in consumer/family homes. The team members who completed the surveys also assisted with ancillary case management while completing the surveys. Some examples include: educating a mother how to apply for medical assistance, linkage to PH-MCO's special needs departments and assistance with navigating the Magellan of PA website.

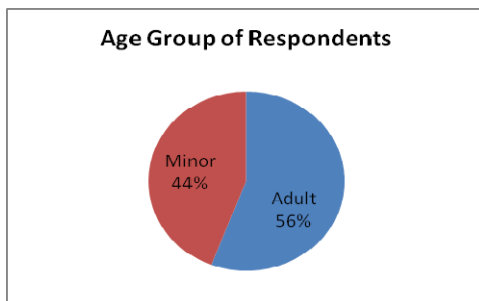
# Overall Aggregate Data Outcomes

## I. Aggregate Outcome

- *Providers surveyed.*
  - KidsPeace
  - PA Mentor
  - Behavioral Health Associates
  - Children's Home of Reading
  - Community Solutions
  - Glen Koch and Associates, Inc.
  - PA Clinical Schools
  - Recovery Partnership
  - Silver Springs
  - Southwood RTF
  - Wordsworth Academy
  - Access Services
  - Elwyn
  - Shawnee Academy
  - Valley Youth House
  - CLIU #21
  - Progressions
  - Holcomb
  - NHS
  - Salisbury House
  - Warwick
  - NHS Human Services

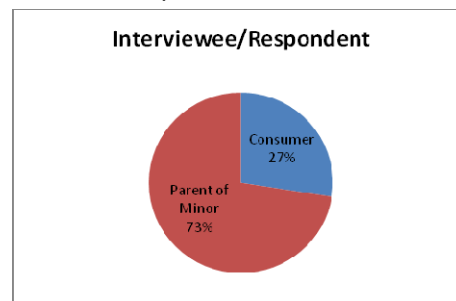


- *Person selected for interview*



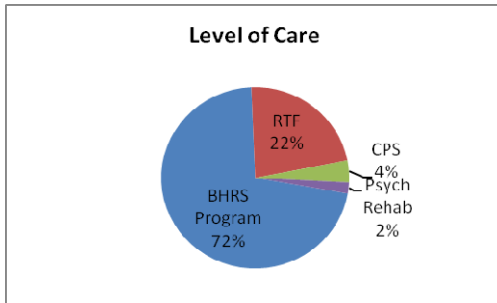
Adult	57
Minor	45
Grand Total	102

- *Interviewee/Consumer*



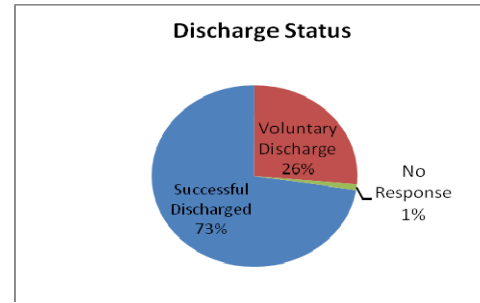
Consumer	28
Parent of Minor	74
Grand Total	102

- **Levels of Care surveyed**



BHRS Program	73
RTF	23
CPS	4
Psych Rehab	2
Total	102

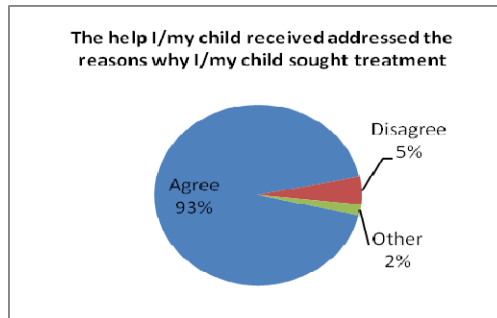
- **Discharge Status**



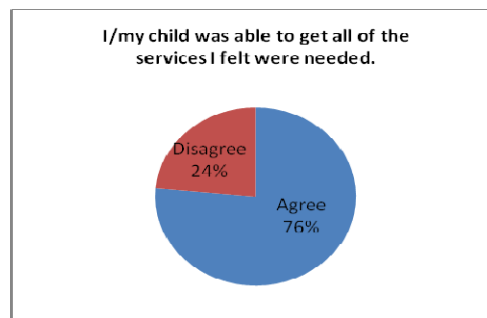
Successfully Discharged	74
Voluntary Discharge	27
No Response	1
Grand Total	102

## II. Survey Questions Results

1. The help I/my child received addressed the reasons why I/my child sought treatment
2. I/my child was able to get all of the services I felt were needed.

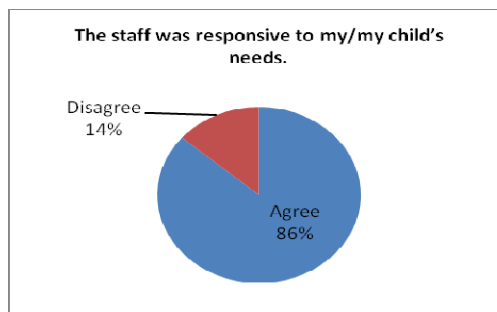


Agree	95
Disagree	5
Other	2
Grand Total	102

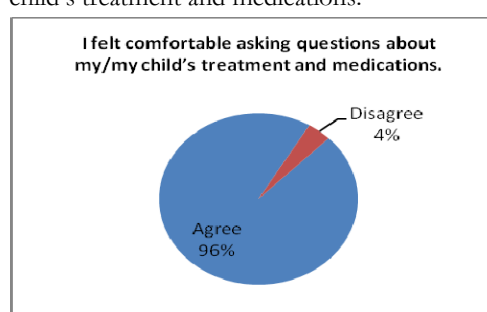


Agree	78
Disagree	24
Grand Total	102

3. The staff was responsive to my/my child's needs.
4. I felt comfortable asking questions about my/my child's treatment and medications.

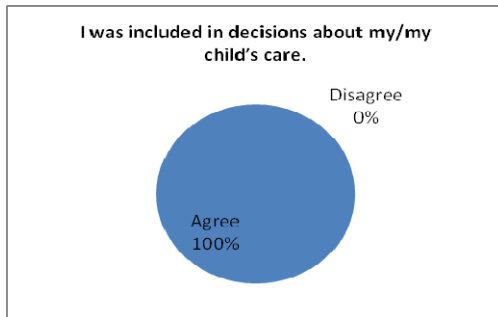


Agree	88
Disagree	14
Grand Total	102

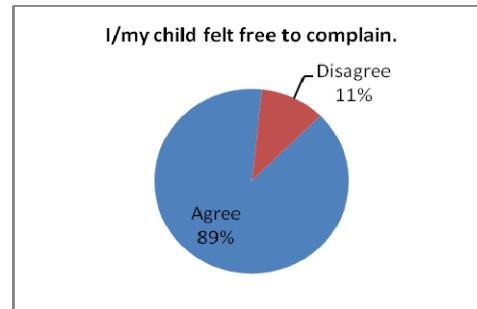


Agree	98
Disagree	4
Grand Total	102

5. I was included in decisions about my/my child's care. 6. I/my child felt free to complain.

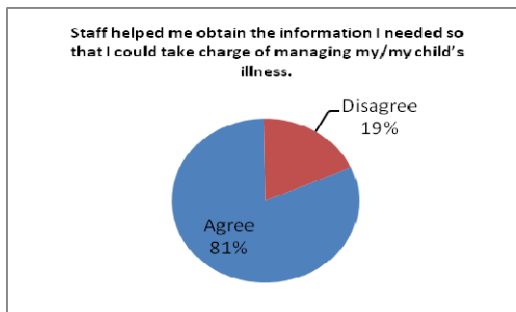


Agree	102
Disagree	0
Grand Total	102

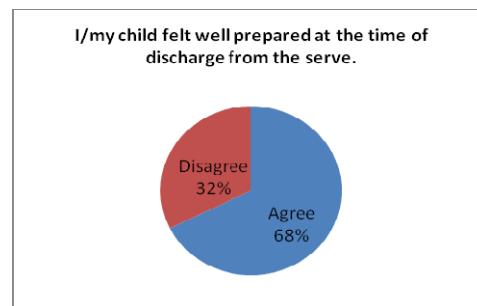


Agree	91
Disagree	11
Grand Total	102

7. Staff helped me obtain the information I needed so that I could take charge of managing my/my child's illness. 8. I/my child felt well prepared at the time of discharge from the <Program/Agency/Facility Name>.

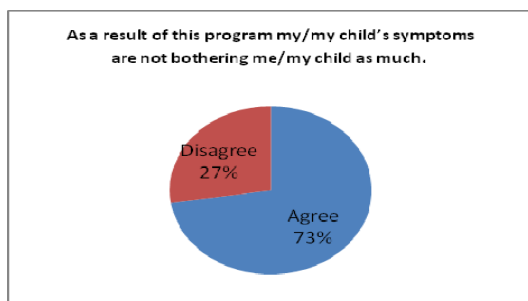


Agree	83
Disagree	19
Grand Total	102

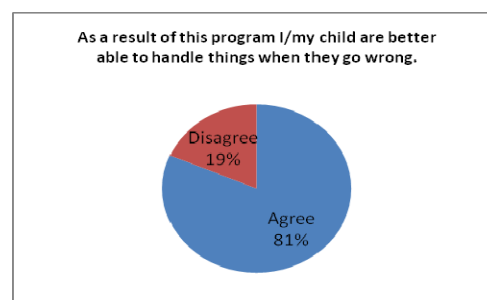


Agree	69
Disagree	33
Grand Total	102

9. As a result of this program my/my child's symptoms are not bothering me/my child as much. 10. As a result of this program I/my child are better able to handle things when they go wrong.

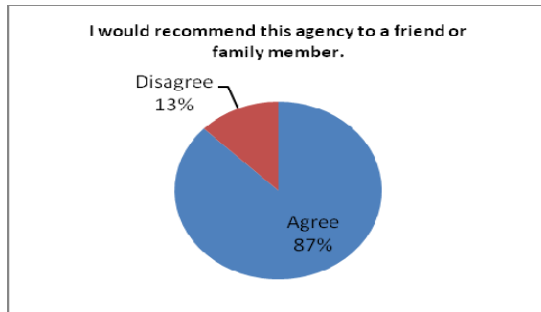


Agree	74
Disagree	28
Grand Total	102



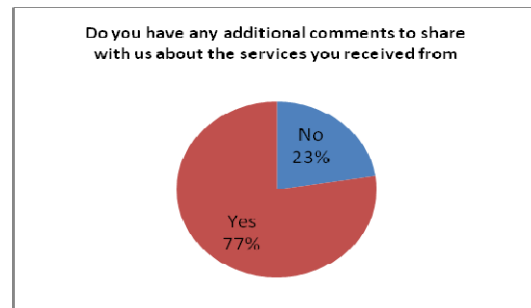
Agree	83
Disagree	19
Grand Total	102

11. I would recommend this agency to a friend or family member.



Agree	89
Disagree	13
Grand Total	102

12. Do you have any additional comments to share with us about the services you received from <Agency>.



No	23
Yes	79
Grand Total	102

## Levels of Care Outcome Agregate Data

### I. Behavioral Health Rehabilitation Services (BHRS) Outcomes

1. Person selected for the interview

Adult	43
Minor	30
Grand Total	73

2. Interviewee/Respondent

Consumer	7
Parent of Minor	66
Grand Total	73

3. BHRS Providers that were surveyed by member or member's families

- KidsPeace (27)
- Elwyn (18)
- Valley Youth House (8)
- CLIU #21 (6)
- Progressions (6)
- Holcomb Associates (3)
- Access Services (2)
- Behavioral Health Associates (1)
- Community Solutions (1)
- Glen Koch and Associates, Inc. (1)

4. Discharge Status

Successfully Discharged	56
Voluntary Discharge	16
(blank)	1
Grand Total	73

#### A. Survey Questions Results

1. The help I/my child received addressed the reasons why I/my child sought treatment

Agree	71
Disagree	2
Grand Total	73

2. I/my child was able to get all of the services I felt were needed.

Agree	60
Disagree	13
Grand Total	73

3. The staff was responsive to my/my child's needs.

Agree	69
Disagree	4
Grand Total	73

4. I felt comfortable asking questions about my/my child's treatment and medications.

Agree	72
Disagree	1
Grand Total	73

5. I was included in decisions about my/my child's care.

Agree	73
Disagree	0
Grand Total	73

6. I/my child felt free to complain.

Agree	69
Disagree	4
Grand Total	73

7. Staff helped me obtain the information I needed so that I could take charge of managing my/my child's illness.

Agree	65
Disagree	8
Grand Total	73

8. I/my child felt well prepared at the time of discharge from the <Program/Agency/Facility Name>.

Agree	54
Disagree	19
Grand Total	73

9. As a result of this program my/my child's symptoms are not bothering me/my child as much.

Agree	53
Disagree	20
Grand Total	73

10. As a result of this program I/my child are better able to handle things when they go wrong.

Agree	61
Disagree	12
Grand Total	73

11. I would recommend this agency to a friend or family member.

Agree	68
Disagree	5
Grand Total	73

12. Do you have any additional comments to share with us about the services you received from <Agency>.

No	17
Yes	56
Grand Total	73

## II. Residential Treatment Facility (RTF) Outcomes

1. Person selected for the interview

Adult	8
Minor	15
Grand Total	23

2. Interviewee/Respondent

Consumer	15
Parent of Minor	8
Grand Total	23

3. RTF Providers that were surveyed by member or member's families

- Shawnee Academy (10)
- NHS (3)
- Warwick (2)
- Children's Home of Reading (1)
- KidsPeace Kids Hope (1)
- MCC Warwick House (1)
- PA Clinical Schools (1)
- Silver Springs (1)
- Southwood RTF (1)
- Valley Youth House-Warminster (1)
- Wordsworth (1)

4. Discharge Status

Successfully Discharged	16
Voluntary Discharge	7
(blank)	0
Grand Total	23

### A. Survey Questions Results

1. The help I/my child received addressed the reasons why I/my child sought treatment

Agree	18
Disagree	3
Other	2
Grand Total	23

2. I/my child was able to get all of the services I felt were needed.

Agree	18
Disagree	8
Grand Total	23

3. The staff was responsive to my/my child's needs.

Agree	13
Disagree	10
Grand Total	23

4. I felt comfortable asking questions about my/my child's treatment and medications.

Agree	20
Disagree	3
Grand Total	23

5. I was included in decisions about my/my child's care.

Agree	23
Disagree	0
Grand Total	23

6. I/my child felt free to complain.

Agree	17
Disagree	6
Grand Total	23

7. Staff helped me obtain the information I needed so that I could take charge of managing my/my child's illness.

Agree	14
Disagree	9
Grand Total	23

8. I/my child felt well prepared at the time of discharge from the <Program/Agency/Facility Name>.

Agree	11
Disagree	12
Grand Total	23

9. As a result of this program my/my child's symptoms are not bothering me/my child as much.

10. As a result of this program I/my child are better able to handle things when they go wrong.

Agree	16
Disagree	7
Grand Total	23

Agree	17
Disagree	6
Grand Total	23

11. I would recommend this agency to a friend or family member.

Agree	16
Disagree	7
Grand Total	23

12. Do you have any additional comments to share with us about the services you received from <Agency>.

No	2
Yes	21
Grand Total	23

### III. Certified Peer Support (CPS) Outcomes

1. Person selected for the interview

Adult	4
Grand Total	4

2. Interviewee/Respondent

Consumer	4
Grand Total	4

3. CPS Providers that were surveyed by member or member's families

- PA Mentor (2)
- Recovery Partnership (1)
- Salisbury House (1)

4. Discharge Status

Successfully Discharged	
Voluntary Discharge	
(blank)	
Grand Total	

#### A. Survey Questions Results

1. The help I/my child received addressed the reasons why I/my child sought treatment

Agree	4
Disagree	0
Grand Total	4

2. I/my child was able to get all of the services I felt were needed.

Agree	4
Disagree	0
Grand Total	4

3. The staff was responsive to my/my child's needs.

Agree	4
Disagree	0
Grand Total	4

4. I felt comfortable asking questions about my/my child's treatment and medications.

Agree	4
Disagree	0
Grand Total	4

5. I was included in decisions about my/my child's care.

Agree	4
Disagree	0

6. I/my child felt free to complain.

Agree	3
Disagree	1



Grand Total 4

Grand Total 4

7. Staff helped me obtain the information I needed so that I could take charge of managing my/my child's illness.

Agree 3  
Disagree 1  
Grand Total 4

8. I/my child felt well prepared at the time of discharge from the <Program/Agency/Facility Name>.

Agree 2  
Disagree 2  
Grand Total 4

9. As a result of this program my/my child's symptoms are not bothering me/my child as much.

Agree 3  
Disagree 1  
Grand Total 4

10. As a result of this program I/my child are better able to handle things when they go wrong.

Agree 4  
Disagree 0  
Grand Total 4

11. I would recommend this agency to a friend or family member.

Agree 3  
Disagree 1  
Grand Total 4

12. Do you have any additional comments to share with us about the services you received from <Agency>.

No 2  
Yes 2  
Grand Total 4

#### IV. Psychiatric Rehabilitation Services (PRS) Outcomes

1. Person selected for the interview

Adult 2  
Grand Total 2

2. Interviewee/Respondent

Consumer 2  
Grand Total 2

3. PRS Providers that were surveyed by member or member's families

- Salisbury House (2)

4. Discharge Status

Voluntary Discharge 2  
Grand Total 2

##### A. Survey Questions Results

1. The help I/my child received addressed the reasons why I/my child sought treatment

Agree 2  
Disagree 0  
Grand Total 2

2. I/my child was able to get all of the services I felt were needed.

Agree 2  
Disagree 0  
Grand Total 2

3. The staff was responsive to my/my child's needs.		4. I felt comfortable asking questions about my/my child's treatment and medications.	
Agree	2	Agree	2
Disagree	0	Disagree	0
Grand Total	2	Grand Total	2
5. I was included in decisions about my/my child's care.		6. I/my child felt free to complain.	
Agree	2	Agree	2
Disagree	0	Disagree	0
Grand Total	2	Grand Total	2
7. Staff helped me obtain the information I needed so that I could take charge of managing my/my child's illness.		8. I/my child felt well prepared at the time of discharge from the <Program/Agency/Facility Name>.	
Agree	1	Agree	2
Disagree	1	Disagree	0
Grand Total	2	Grand Total	2
9. As a result of this program my/my child's symptoms are not bothering me/my child as much.		10. As a result of this program I/my child are better able to handle things when they go wrong.	
Agree	2	Agree	2
Disagree	0	Disagree	0
Grand Total	2	Grand Total	2
11. I would recommend this agency to a friend or family member.		12. Do you have any additional comments to share with us about the services you received from <Agency>.	
Agree	2	No	2
Disagree	0	Yes	0
Grand Total	2	Grand Total	2

### Summary Aggregate Data:

- There were 74 families and 28 consumers who participated in the experience of care surveys.
- Ninety-three percent of the families and consumers felt that the help they received addressed the reasons why they sought out treatment.
- Ninety-six percent felt comfortable asking questions about treatment and medication.
- Ninety-seven percent felt that they were included in decisions about treatment.
- Eighty-nine percent felt free to complain.

- Sixty-eight percent felt that they were well prepared at the time of discharge.
- Eighty-seven percent would recommend the agency to a friend or family member.

#### **Summary Provider Specific Data and Comments:**

- One hundred percent of consumers and families in BHRS, RTF, CPS and Psych Rehab felt that they were included in decisions about treatment.
- Seventy three percent of the consumers and families in BHRS felt that they or their child were well prepared at the time of discharge.
- Ninety-three percent of the consumers and families in BHRS would recommend the agency to a friend or family member.
- Eighty six percent of the consumers and families discharged from RTF felt comfortable asking questions about treatment and medication.
- Sixty percent of the consumers and families in RTF felt that the staff helped them obtain the information they needed to take charge of managing their illness.
- One hundred percent of consumers who received CPS services felt that as a result of the service they are better able to handle things when they go wrong.
- The daily report cards from the BHRS After School Programs are beneficial to the families. Many parents commented that this was a good communication method to learn about the child's treatment on a daily basis.
- Several consumers and families stated that they were not aware of the complaint process at the provider level or with Magellan.
- There were some consumers and families who were not informed of why medications were being prescribed and changed by the psychiatrist.
- Throughout the surveys there were many positive comments about specific staff members.

#### **Next Steps Magellan:**

- A copy of the survey results and survey will be sent to each of the Providers.

- Results of the experience of care surveys will be shared with Lehigh County Stakeholders at Community Health Care Alliance Meetings, BHRS Workgroup, Recovery Committee, Short Term RTF Workgroup and BHRS Pilot Workgroup.
- Several families referred to STAP as camp; this will be addressed with the STAP providers at the meeting in October. STAP is a therapeutic program with specific treatment plan goals for each child/adolescent that attends the program.

**Next Steps/Recommendations Providers:**

- If needed Providers will be asked to submit a corrective action plan to address quality of care concerns identified during the surveys.
- Providers will be encouraged to complete similar surveys within their own agencies.
- Providers should have the complaint process for their agency and Magellan as part of the intake process.
- Providers should provide the consumers and families with tours of programs and information about the program and expectation for the consumers, families and staff.
- Psychiatrists need to explain medications to consumers and families before prescribing the medications or making changes to the medication.

**Notes:** BHRS results include: BHRS, MST, FFT, STAP and BHRS Afterschool.

Children and adolescents in the BHRS After School program were discharged because the program ends in June for the summer months.

Shawnee Academy closed their RTF Program March 31<sup>st</sup> 2011. Several of the consumers and families that completed the survey were discharged due to the closure of the program. If after care was not set up prior to discharge Magellan's Clinical team assisted the consumer or family with securing after care and a quality of care concern was completed for that specific provider.