Background Information

The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) conducted a survey from June 24 through July 12, 2013 to assess consumers’ perception of care of services received from mental health, substance abuse, or developmental disability service providers. The results of the survey are used by local and state agencies to assess and improve the quality of services provided to consumers, as well as to satisfy state and federal requirements to report consumer perception of care.

Methodology

DMH/DD/SAS allocated 1,450 surveys to Alliance Behavioral Healthcare LME/MCO with instructions to disseminate the survey materials to providers contracted with the MCO. Providers were to, in turn, distribute the survey materials to LME/MCO consumers, and return the completed surveys to the LME/MCO by July 12, 2013. To meet state and federal standards, Alliance Behavioral Healthcare was required to return at minimum of 400 completed surveys.

Providers
Providers eligible to participate were those that served at least 25 LME/MCO consumers and provided and billed for publically funded services within 60 days of the survey’s administration. The 30 providers who received surveys were randomly selected from a list of eligible providers generated from claims data for the months of May and June of 2013.

Consumers
Eligible participants were any active LME/MCO consumer who received publically funded services, Medicaid or IPRS, for behavioral health issues during the past 12 months. The number of surveys providers received varied from 20-140 based proportionally on the unduplicated client count LME/MCO consumers served by the participating providers.

Survey Instrument
Three survey instruments were used in the FY2014 administration:
1. The 2013 North Carolina Consumer Perception of Care Survey (Adults, all ages)
2. The 2013 North Carolina Consumer Perception of Care Survey (12-17 years of age)
3. The 2013 North Carolina Consumer Perception of Care survey for Families (YSS, families of children 0-11 years of age)

Surveys were distributed in both Spanish and English for each of the three instruments.
Each instrument included the following four sections:

I. **Background Information**: consumer demographic information, primary reason for seeking services, length of time served by provider, help seeking practices (Adults and Adolescents), number of hospitalizations (Adults and Adolescents), height and weight (Adults only)

II. **Perception of Care**: consumer perception of care, provider staff, and quality of life outcomes related to services received

III. **MCO/Network Provider**: consumer perception of routine and emergent services provided by MCO staff

IV. **Comments**: additional consumer feedback and request for follow-up from DMH/DD/SAS

Consumers 18 years and older were asked to respond to an additional section that addressed consumer physical health:

V. **Physical Health**: general perception of health, recent routine physical and/or dental examinations, medical conditions, tobacco use, physical activity

Consumers used a five-item Likert-type scale to demonstrate their level of agreement with the surveys’ statements (e.g., “Strongly Agree”, “Agree”, “I am Neutral”, “Disagree”, “Strongly Agree”, “N/A”). The survey instrument also included yes/no, multiple choice, and short answer questions to best capture the consumers’ background information, physical health, and perception of the MCO/network provider.

**Consumer Privacy**

Identifying consumer information (ex. name, social security number) was not included in any of the survey material. Providers were asked to offer consumers a sealable envelope and privacy while completing their surveys. Providers were also instructed to assure consumers that survey participation is voluntary and their responses will have no repercussion on the services they receive.
Findings

Twenty-nine providers returned 563 completed consumer surveys during the designated collection period, with a 38.7% response rate. The following is a summary of the participants’ feedback.

Child/Parent

I. Background Information:

Ninety-six parents responded on behalf of their children. The majority of children engaged in services had relatively new relationships with their providers, with over one-half of consumers receiving services with their current provider for 5 months or less.

Twenty-one percent (21%) of parents reported seeking health services for their children through the emergency department (ED) for physical health care, with an average of 3 visits per consumer. Two consumers reported using ED services for mental health care for a total of 3 visits.

Figure 1. Parent Response to survey question, “How long has your child been receiving services here, at this provider site, for his/her current problem?” (N=95)
II. Perception of Care:
Participants reported overwhelming satisfaction with the services their children receive from providers. “Strongly Agree” and “Agree” were the top-two responses for 100% of questions addressing consumer satisfaction with providers.

![Pie chart: Overall, I am Satisfied with the Services my Child Received]

Figure 2. Parent response to survey statement, “Overall I am satisfied with the services my child received” (N=95)

Parents reported feeling involved in their children’s treatment with 76% of parents responding that they helped select their children’s services and treatment goals. Participants expressed high satisfaction with providers’ rapport with consumers and their families, especially in terms of feeling “understood” and “respected” by provider staff.

III. MCO/Network Provider:
When asked if they received a consumer handbook in the mail within 14 days of starting services with Alliance Behavioral Healthcare, 41% of consumers reported that they did not.

For those individuals who contacted the LME/MCO for an emergency related to mental health, 43% responded that a network provider did not see them within 2 hours. Likewise, 41% reported not being seen by a network provider for urgent (but not emergent) services within 48 hours of contacting Alliance Behavioral Healthcare. However, 85% of consumers seeking routine appointments with providers were seen within 14 calendar days of communicating with Alliance Behavioral Healthcare staff.

Parents noted that that cost/ availability of transportation, availability of telephone access, and cost of services were the most common barriers to treatment for their children.
Adolescent

I. Background Information:
Ninety-seven adolescents submitted Perception of Care Surveys. Adolescent participants tended to have more established relationships with their providers, with 50% reporting that they have received services from their current provider for over a year.

More than half of adolescent participants (61%) reported voluntarily engaging in services. Those who felt forced into treatment reported that they were “pressured by family to go to treatment” (16%), their treatments were “court ordered” (16%), or an outside agent, such as their school or social worker, encouraged them to seek treatment.

![Adolescent Response to question, “Did you voluntarily come for service” (N=95)](image)

Twenty percent (21%) of adolescents reported seeking ED services for physical health care, with an average of 2 visits per consumer within the last 12 months. Nineteen percent (19%) of adolescents also reported visiting the ED for mental health care, with an average of 3 visits within the past 12 months. Two (2) consumers disclosed seeking ED treatment for substance abuse in the past 12 months, averaging one visit per consumer.
II. Perception of Care:
Adolescent consumers expressed high satisfaction with their service providers. “Strongly Agree” and “Agree” were the number one and two responses for 100% of all statements related to service providers. However, adolescents felt they were included less in choosing their services than either parent or adult survey participants.

There was wider response variation with regard to questions addressing consumer quality of life. More so than children or adults, adolescents reported higher rates of dissatisfaction with their relationships with friends, family, and work/school life.

Figure 4. Adolescent response to question statement, “I helped to choose my services” (N=96)

Figure 5. Adolescent Response to survey statement, “I am satisfied with my family life right now” (N=95)
III. MCO/Network Provider:  
When asked if they received a consumer handbook in the mail within 14 days of starting services with Alliance Behavioral Healthcare, 51% of adolescent participants said that had not.

For those individuals who contacted Alliance Behavioral Healthcare for an emergency related to mental health or substance use, 52% responded that a network provider did not see them within 2 hours.

Likewise, 66% reported not being seen by a network provider for urgent (but not emergent) services within 48 hours of contacting Alliance Behavioral Healthcare.

Seventy-two percent (72%) of adolescent participants seeking routine appointments with Alliance Behavioral Healthcare providers noted that they were seen within 14 calendar days of speaking to LME/MCO staff.

Adolescents reported that that cost/availability of transportation, availability of telephone access, and providers’ office hours were their most common barriers to treatment.
Adults
I. Background Information:
Three-hundred-seventy (370) adults submitted Consumer Perception of Care Surveys. Unlike child and adolescent consumers, adult participants generally maintained long-term relationships with their providers. More than half (69%) of participants reported being with their current provider for at least 6 months, and 49% stated they have received services from their provider for over a year.

The majority of adult participants reported voluntary engagement in services. About one third (26%) felt pressured into help-seeking practices by friends and family or were court ordered to enter treatment.

![Figure 7. Adult response to survey question, “Did you voluntarily come to service?" (N=70)](image)

"Did You Voluntarily Come to Service?"
- Yes: 74%
- Other: 4%
- No, I was pressured by my family to come for services: 3%
- No, my treatment was court ordered: 2%

Adult consumers relied on ED services significantly more than children and adolescents. In the past 12 months, about a third (37%) of adult participants reported seeking ED services for physical health care, averaging 3 visits per person; 16% reported visiting the ED for mental health care, averaging 3 visits per person. Only 5% of adult participants reported visiting the ED for self-reported care related to substance use. However, these consumers averaged 3 visits each for the past 12 months.

II. Perception of Care:
Adult consumers reported high degrees of satisfaction with their current service providers. As was the case for parent/child survey participants, all survey statements addressing issues of perception of care received “Strongly Agree” and “Agree” as the most frequent responses. Nearly all adults –86%–stated that given other choices, “[they] would still get services from
[their provider] agency”; and 90% “would recommend [their provider agency] to a friend or family member”.

Adult participants expressed feeling well supported by agency staff. They reported that they received services that were appropriate for their individual needs at times that were convenient for their schedule and were able to communicate with providers in a timely manner.

Most notably, adult consumers felt that because of the services received with their current provider, they enjoyed a higher quality of life. Consumers reported improved relationships with family members, feeling more in control of their lives, and also reported a decrease in the severity of symptoms related to their illnesses.

III. Physical Health:
Overall, the majority of adult participants believed that they were in good health with only one third of participants reporting that their health was fair to poor. In the past 12 months, nearly three-fourths (71%) of adult consumers were able to visit a medical doctor for routine physical exam and slightly over half (51%) of consumers visited a dentist for routine care.

"In General Would You Say Your Health is _____?"

Figure 8. Adult consumer response to survey question, “In general would you say your health is _____?” (N=354)

Despite the generally positive self-assessment of consumer health, there were several negative health behaviors reported by consumers. Nearly half (48%) of the participants admitted to smoking every day and another 10% reported smoking at least some days throughout the week. Additionally, based on the consumers’ reported height and weight, more than two-thirds of participants have a Body Mass Index (BMI) Score that place them in an unhealthy weight range.
IV. MCO/Network Provider:
When asked if they received a consumer handbook in the mail within 14 days of starting services with Alliance Behavioral Healthcare, 48% of adult participants said that had not. For those individuals who contacted Alliance Behavioral Healthcare for an emergency related to mental health or substance use, over half (52%) responded that a network provider did not see them within 2 hours.

For adult participants in need of urgent (but not emergent) services, 45% reported not being seen by a network provider for within 48 hours of contacting Alliance Behavioral Healthcare.

Seventy percent (70%) of adult consumers seeking routine appointments with LME/MCO providers noted that they were seen within 14 calendar days of speaking to Alliance Behavioral Healthcare staff.

Cost/availability of transportation, cost of medication, and cost of services were adult respondents’ most frequently reported barriers to treatment.

Figure 9. Distribution of adult participants’ BMI Range as calculated by self-report of height and weight (N=319)
Conclusions

1. Alliance Behavioral Healthcare had a successful return rate of this survey with 563 (of 1,450) surveys returned for a 38.7% return rate.

2. A high percentage of all respondents indicated satisfaction with services overall, and that they would continue with their current providers and refer to friends or family if asked. A high percentage also indicated feeling respected by and understood by their providers.

3. A moderate percentage of consumers are utilizing the ED for physical health care services. According to consumer self-report, 21% of children, 16% of adolescents, and 37% of adult participants have visited the ED at least once in the past 12-months primarily for physical health treatment. Adult consumers are also seeking ED treatment in large numbers for behavioral health problems. Sixteen percent (16%) of adult consumers reported receiving treatment for mental health symptoms within the past 12-months and 5% visited the ED for health problems around substance use. Both of these consumer groups visited the ED an average of 3 times in the past year.

**Recommendation:** Alliance Behavioral Healthcare should develop strategies to engage consumers in continuous and integrated treatment to reduce health care emergencies. Alliance may consider a collaboration effort with hospital emergency department staff to improve discharge planning in order to direct consumers to more appropriate levels of care as well as to reduce inappropriate hospital admissions.

**Strategies:**

1. Each county will have a local crisis collaborative with representation from local hospitals/EDs, the MCO, Law Enforcement, EMS, Crisis Facilities, network providers, shelters and other key stakeholders that meets monthly to identify and address issues and barriers and develop collaborative plans and agreements. The groups will receive data reports regarding the use of the crisis system and identify trends and needs.

2. In collaboration with inpatient facilities in Cumberland County, develop a 24/7 crisis and assessment center that can receive consumers on IVC. Funding has been allocated for this project and implementation is underway.

3. Expand facility based crisis/non-hospital detoxification beds in Cumberland County from 8 to 16 beds. Ensure 24 hours access to this facility. Funding has been allocated and planning is underway.

4. Improve connections to outpatient and follow-up psychiatric services for consumers leaving the EDs and inpatient services.

   a. Develop an open access outpatient/psychiatric clinic in Cumberland County. Will improve post ED and inpatient connection to aftercare. Funding has been allocated and hiring and limited appointments have been offered and should be fully operational within 4 months.
b. Expand use of open access and walk-in clinics in the four Alliance communities with a goal of discharge follow-up available within 24 hours. (See Local Initiative on Open Access)

c. Implement Wake Crisis Facility/ACTT pilot Alliance wide. Currently, the crisis facility in Wake County contacts ACTT providers directly when they have determined that a consumer has a history of accessing crisis and inpatient services. The ACT teams come to the assessment center before the consumer leaves to enhance engagement.

d. Improve the rate in which EDs and crisis facilities contact Alliance Access and Information Center to determine if consumers presenting at these facilities are linked with providers or need a provider post discharge.
   i. Provide education and continued outreach to EDs and crisis facilities
   ii. Ensure accurate call coding in the Alliance MIS system to better track all calls from these facilities in order to report progress and ensure facilities are following established protocols.
   iii. Ensure each community has Alliance ED liaisons who are available to assist in the linkage of high utilizers to services and to assist EDs with system navigation
   iv. Ensure each local inpatient unit has an assigned Alliance liaison to assist with discharge planning and better community linkage

4. Communication with consumers new to services should be given more information with their welcome letter. Since nearly half of the respondents indicated not receiving a consumer handbook, a brochure or other document should accompany the letter.

**Recommendation:** Alliance staff to send a one page brochure with the welcome letter that describes rights and responsibilities, in addition to the information about the Alliance Behavioral Healthcare website.

**Strategy:** As of November 1, 2013, a one page brochure is now accompanying the welcome letter to consumers.

5. Access to care within timelines required by contract need to be improved, per self-report of consumers. Almost half (43%) indicated they were not seen within 2 hours due to an emergent request, and 41% were not seen by provider for an urgent request within 48 hours.

**Recommendation:** Alliance staff to review barriers to being seen for appointments. Some are due to lack of telephone access, costs and availability of transportation. In addition, review internal processes with providers to ensure that appointments are
being scheduled appropriately and that mobile crisis is seeing consumers within the 2 hour window of time.

**Strategy:** Alliance staff has worked with providers in the network to improve timely access to treatment services. There are now several providers in the Alliance catchment area that offer walk-in and same day appointments—meaning on the day a consumer contacts Alliance seeking services they can be seen. Additionally, several of these providers also offer same day access to a prescriber, so not only can they receive a comprehensive assessment, treatment can begin on the very same day. Results are already showing improvements as in early spring 2013, it took an average of 17 days in Wake County for a consumer to receive an outpatient assessment; whereas, since August 2013, the average time is now 4 days. Alliance will continue to support providers in the transition to an open access model of care and reduce administrative burdens where possible.

**Next Steps**

1. Results of the Consumer Perception of Care Survey will be discussed with the Alliance Behavioral Healthcare Continuous Quality Improvement (CQI) Committee before end of December 2013 to develop an internal plan to address identified issues and recommendations.
2. Results will be shared with the Alliance Behavioral Healthcare Provider Advisory Committee and CFAC.
3. Strategies will be tracked and included in the Annual Gaps and Needs Assessment.