



Report to the Quality & Access Sub-Committee

July 18, 2008

2007 Member Satisfaction Survey Results

Annual survey conducted by FactFinders, a marketing and opinion research firm located in Albany, New York

Focus of this survey is different from Mercer Member Survey:

- Mercer Survey focus is on member satisfaction with Customer Service and Peer Services.
- FactFinder Survey has broader scope

Scope of FactFinders Member Satisfaction Survey

- Overall satisfaction with CT BHP services
- Ratings of services from counselors
- Ratings of services by case managers
- Ratings of outpatient, inpatient, home-based and day treatment services
- Outcomes of services provided through CT BHP
- Ratings of Emergency Department services
- Ratings of crisis services
- Ratings of CT BHP toll-free telephone service

Sample

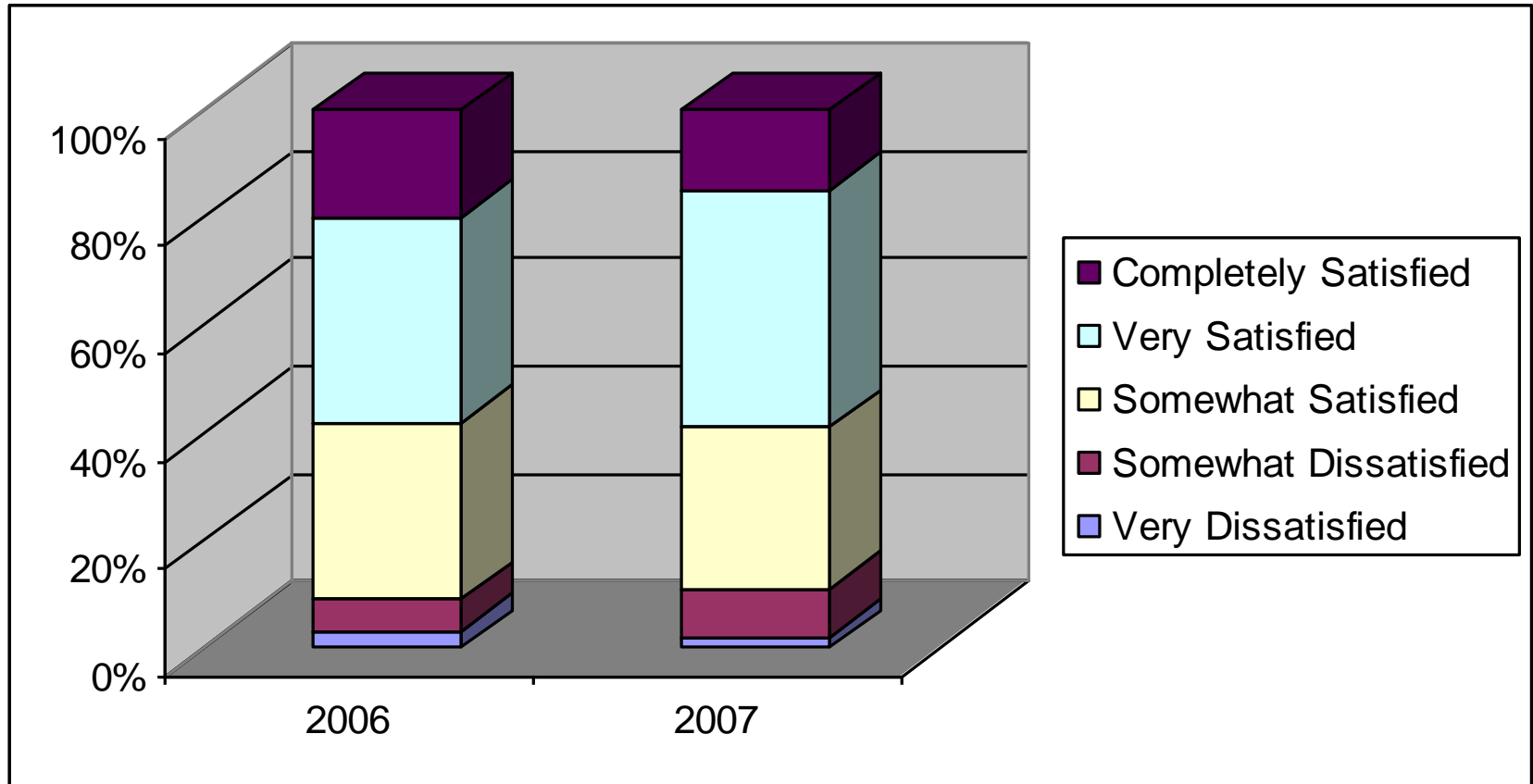
- Stratified random probability sample of members who received services through CT BHP during 2007
- 50 interviews for each of the four level of care segments (outpatient, inpatient, home-based, and day treatment)
- Attempted to sample satisfaction with RTC by arranging for interviews by phone directly with members, but unable to get beyond barriers.
 - Similar issues last year when DCF workers were interviewed as the guardians of these members
 - In order to allow for comparison of results from 2006 to 2007, removed data from RTC sample from 2006
- Members often used multiple levels of care
 - Were assigned to segment based on database designation
 - Each member assigned to one segment only

Method

- Interviews completed between 12/4/07 and 2/7/08
 - Telephonic interviews between 9AM and 9PM on weekdays
 - Questionnaire in English or Spanish
 - 12 members completed interview in Spanish
- Similar challenges encountered in 2007 to those in 2006
 - Members were often not successfully located with the contact information available in the database; multiple telephone calls were often required to locate the member
 - Persons designated to speak for members were often not at the same location as the member; connecting with these persons often required extensive use of callbacks before interviews could be completed

FINDINGS

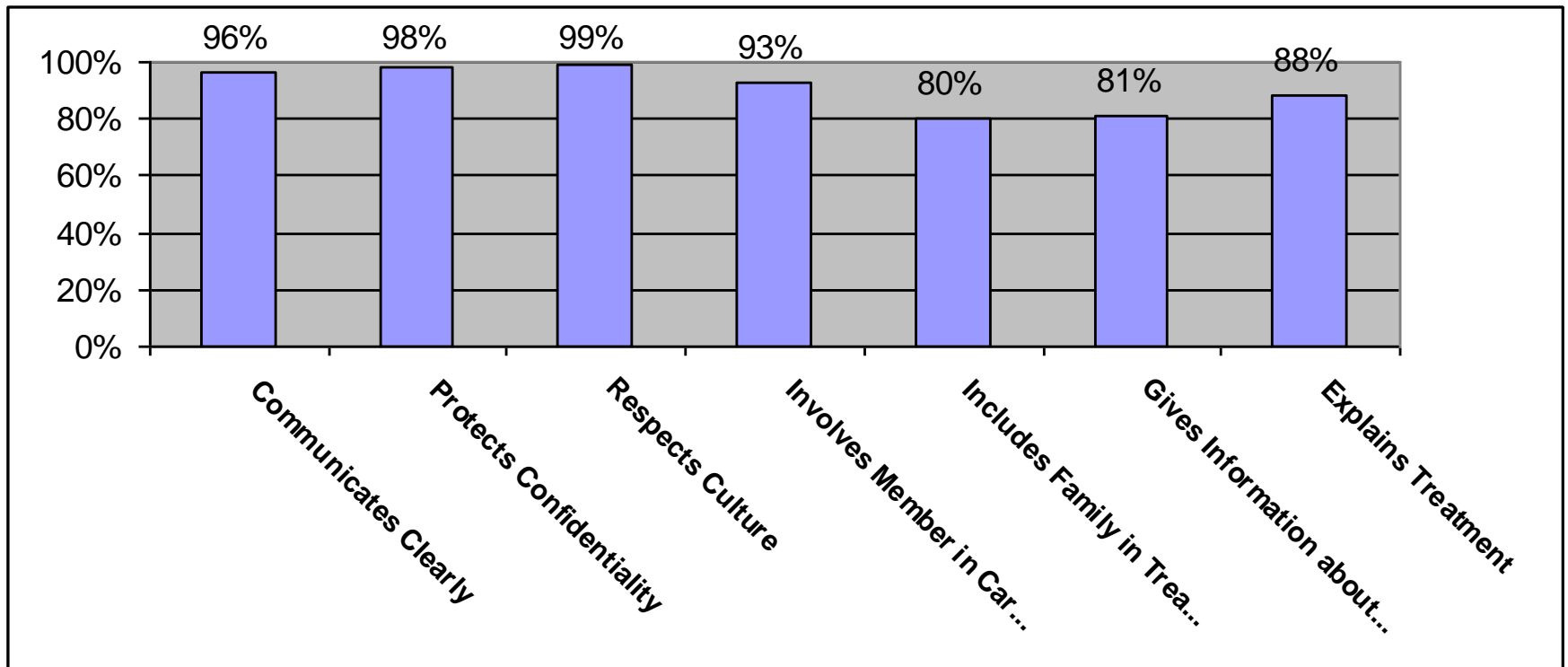
Overall satisfaction with CT BHP services



Ratings of services from counselors

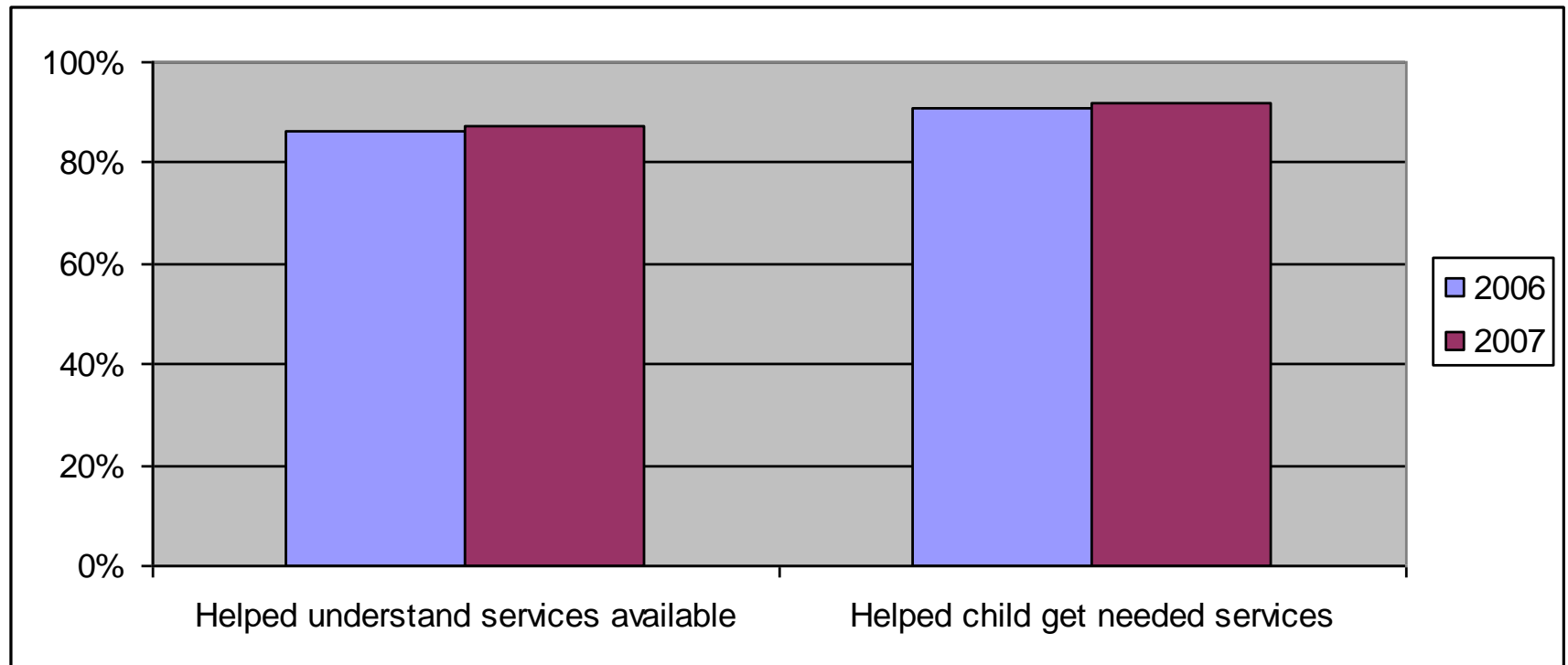
Extremely similar to 2006

- 60% rate quality of service from counselor as excellent or very good; 13% rate as fair or poor

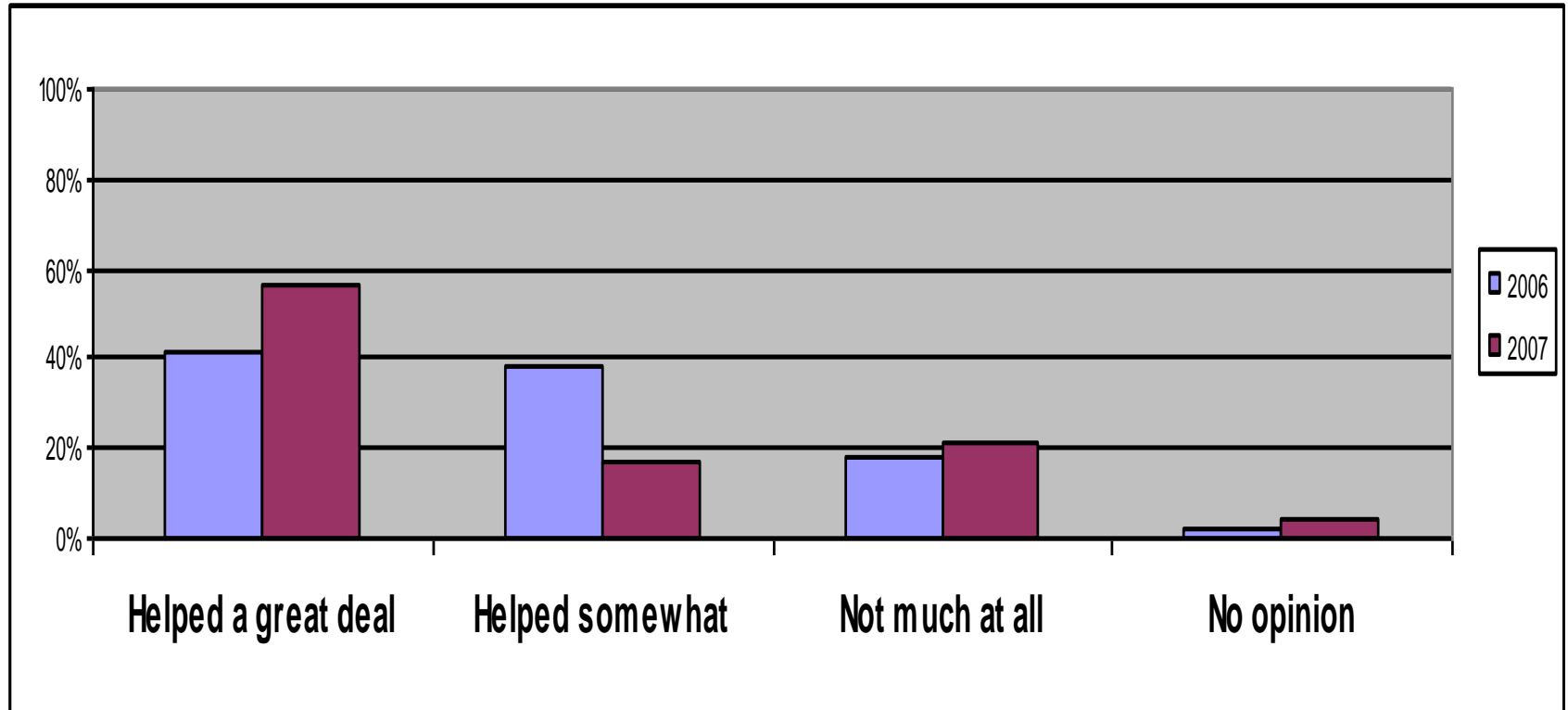


Ratings of services by case managers

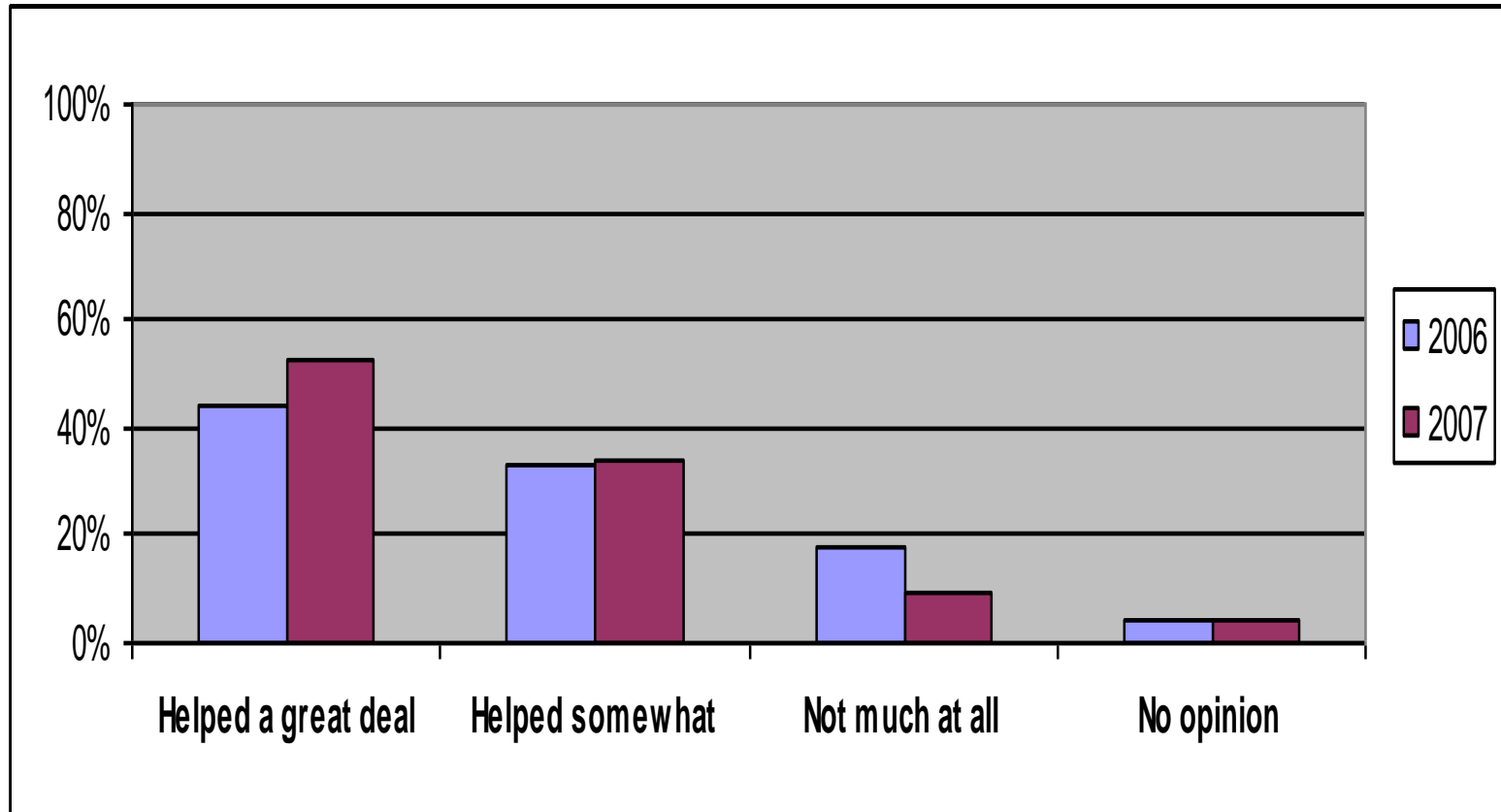
- Members who are receiving home-based services are most apt (54%) to report having a case manager, followed by members with Inpatient (42%), Day Tx (36%) and Outpatient (12%) care



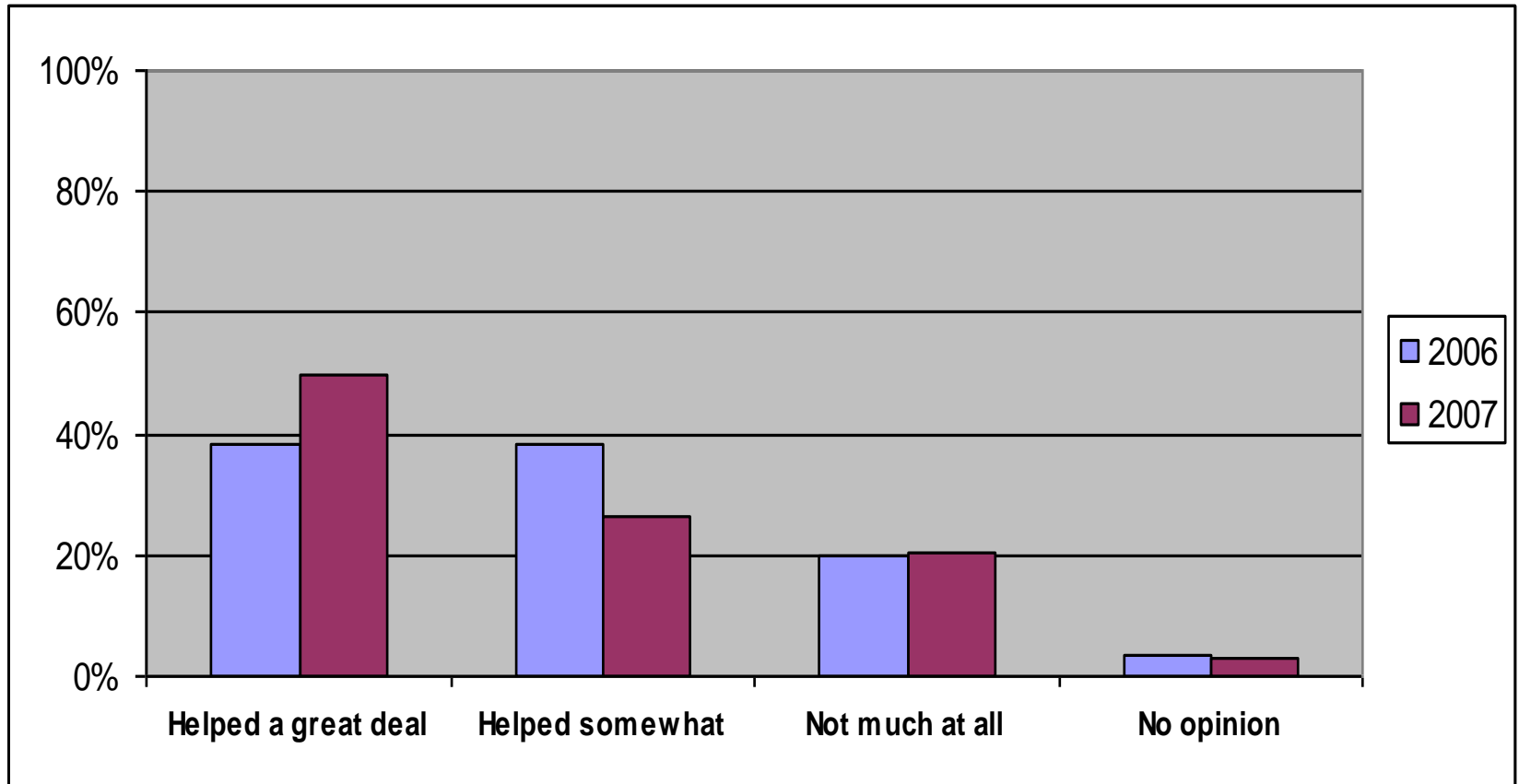
Ratings of Inpatient Services



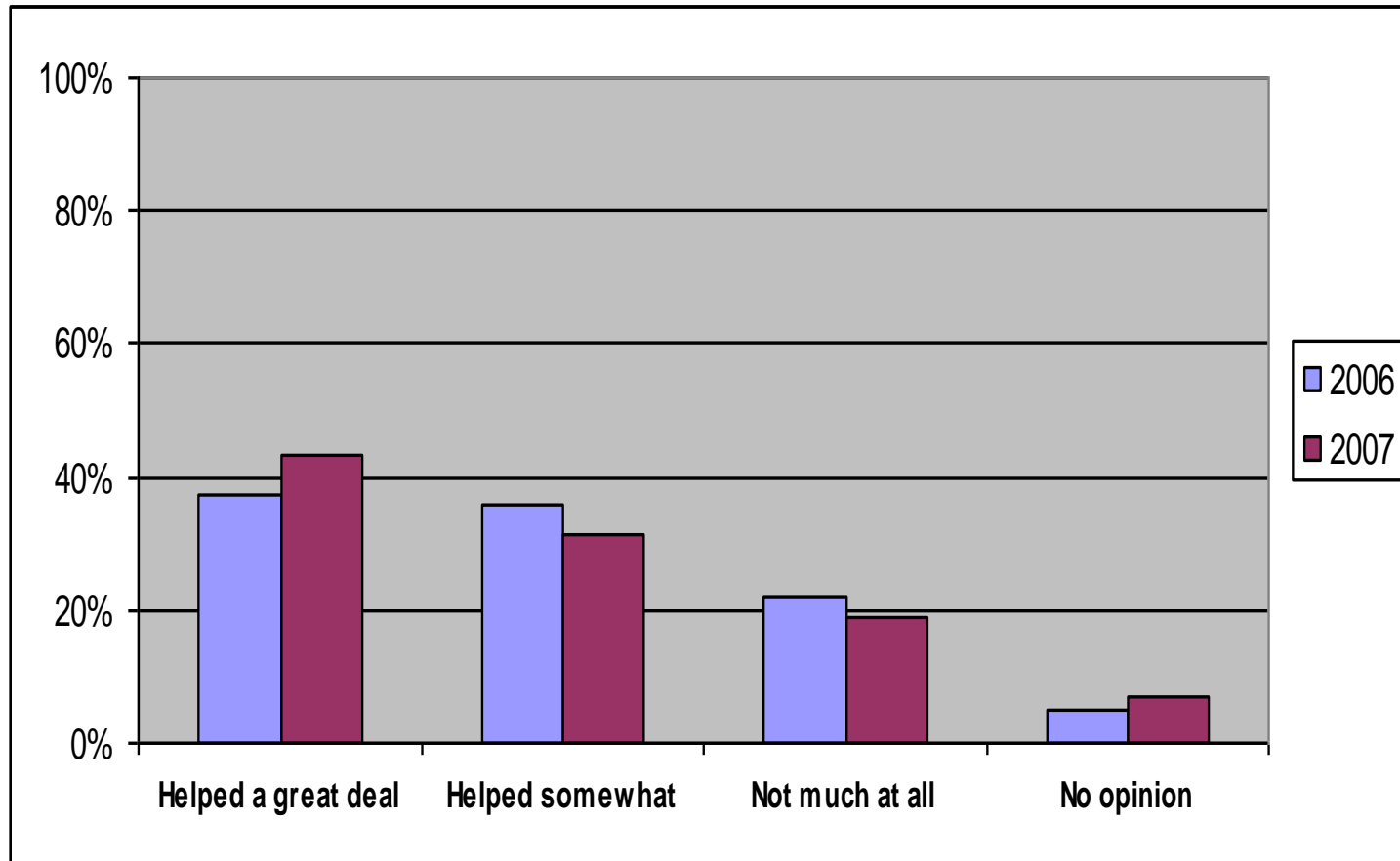
Ratings of Home-Based Services



Ratings of Day Treatment Services

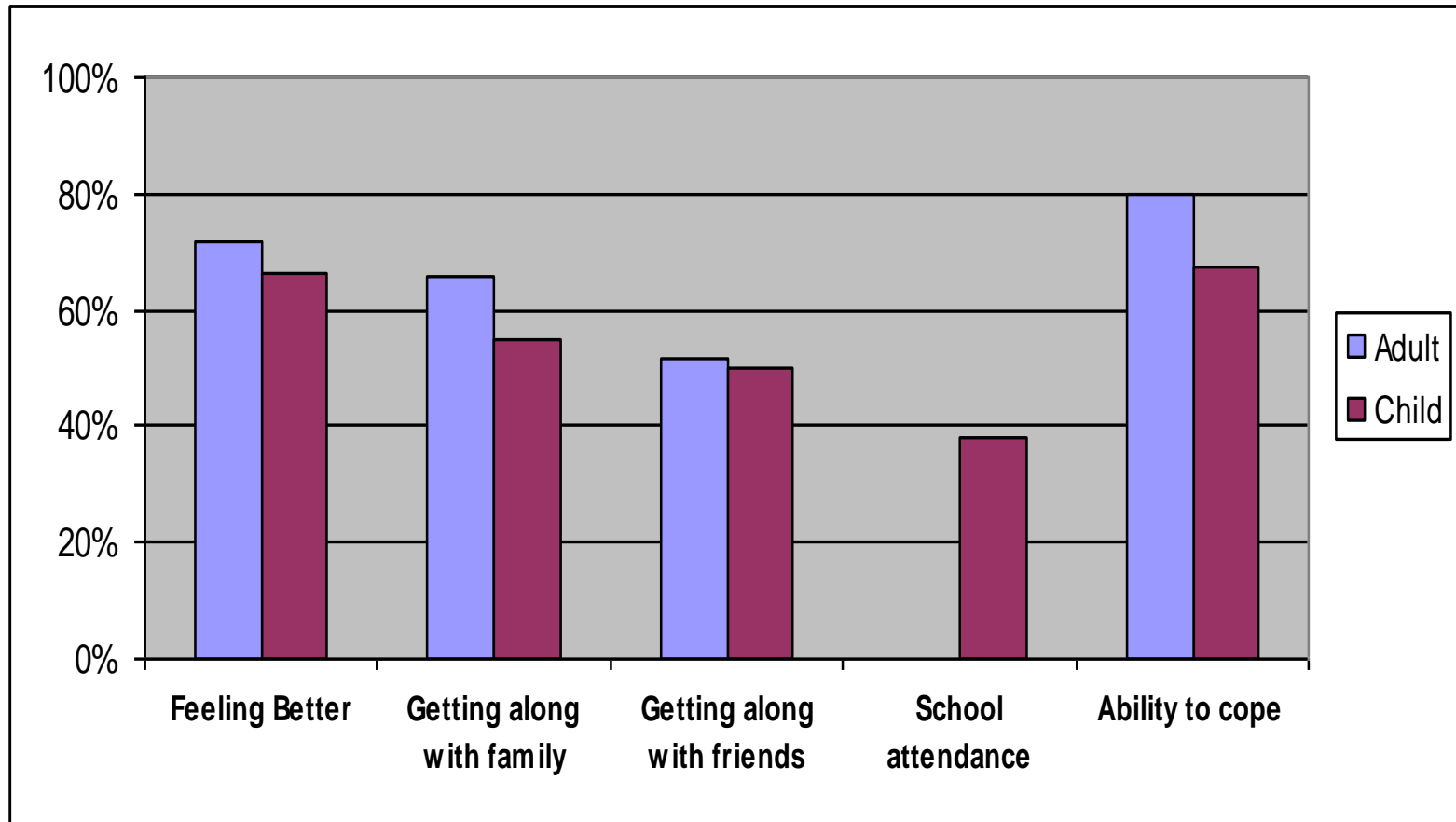


Ratings of Emergency Department Services



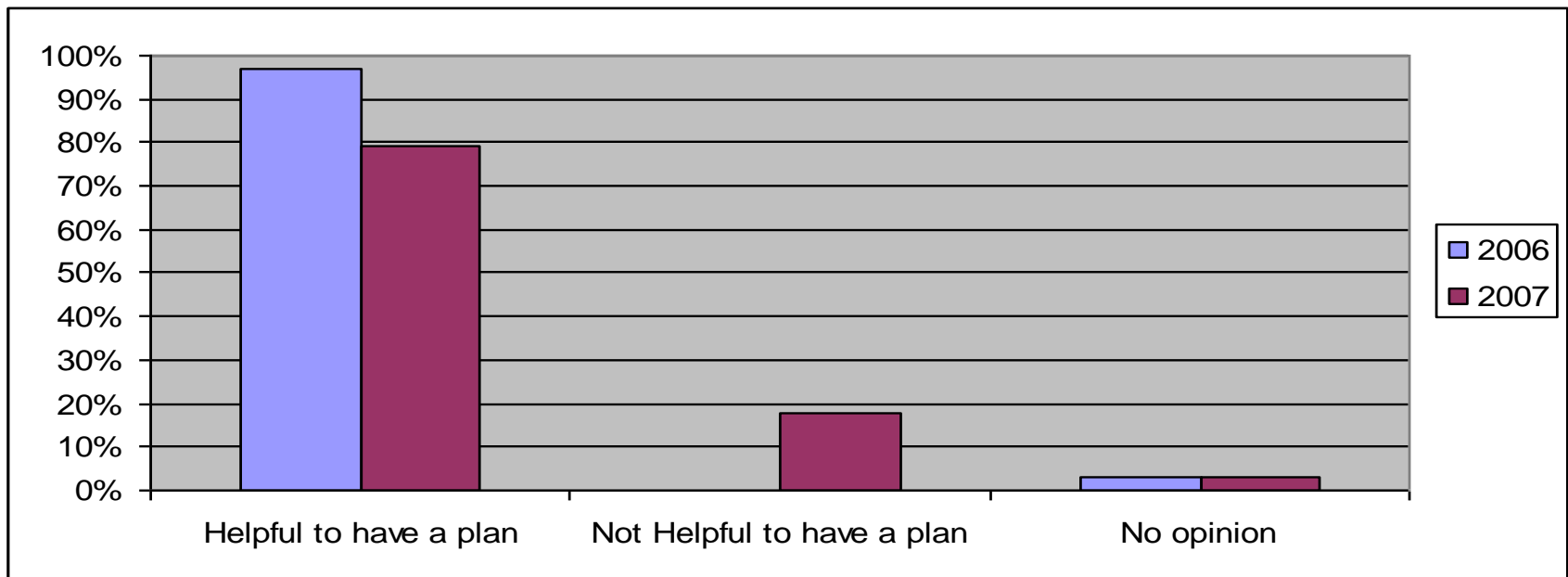
Outcome of Treatment

% Reporting Improvement



Crisis Plans

- 56% of members reported having a crisis plan
- Members receiving home based services most apt to have a plan (74%)

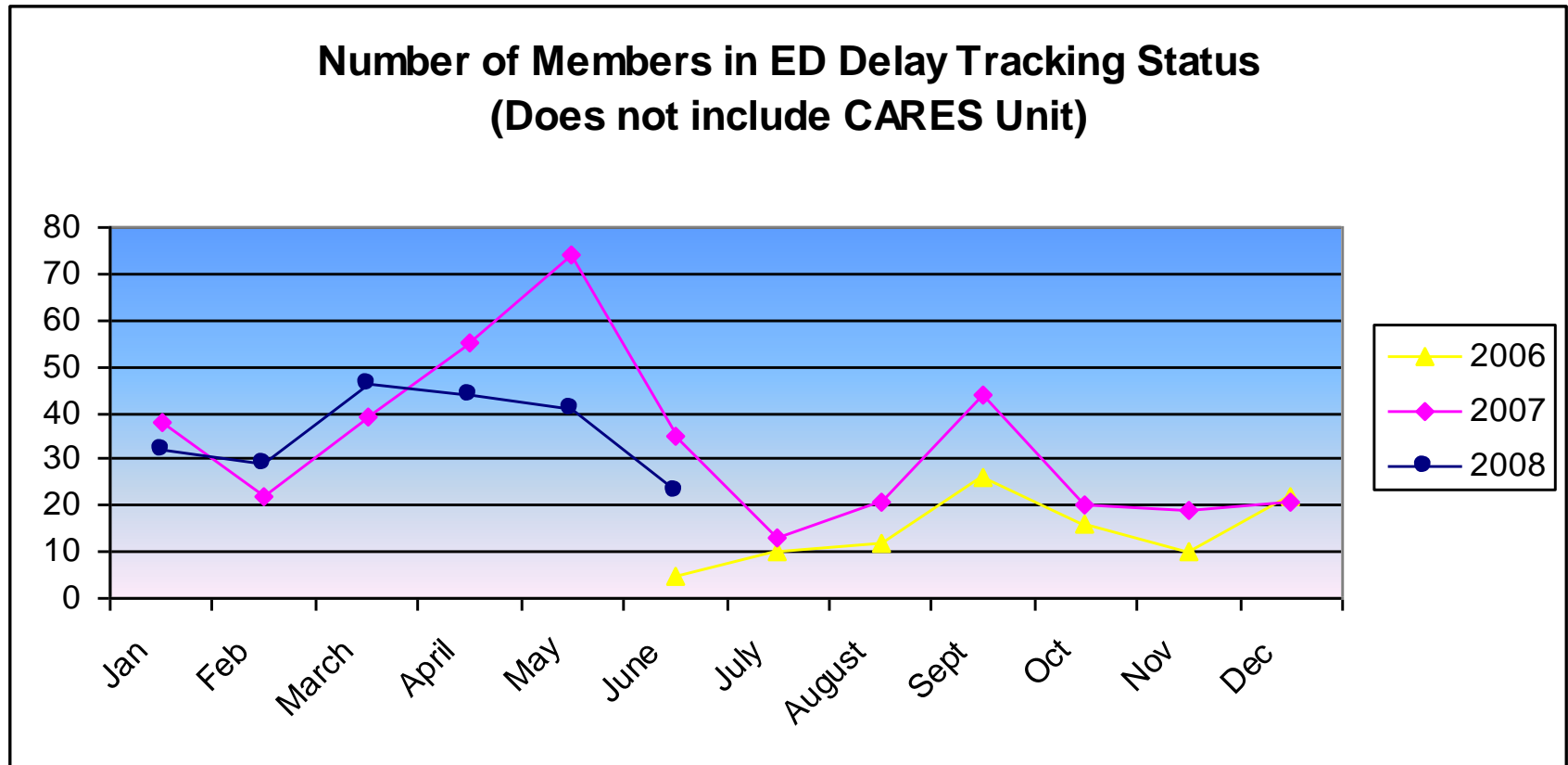


ED DELAY

ED Delay Update

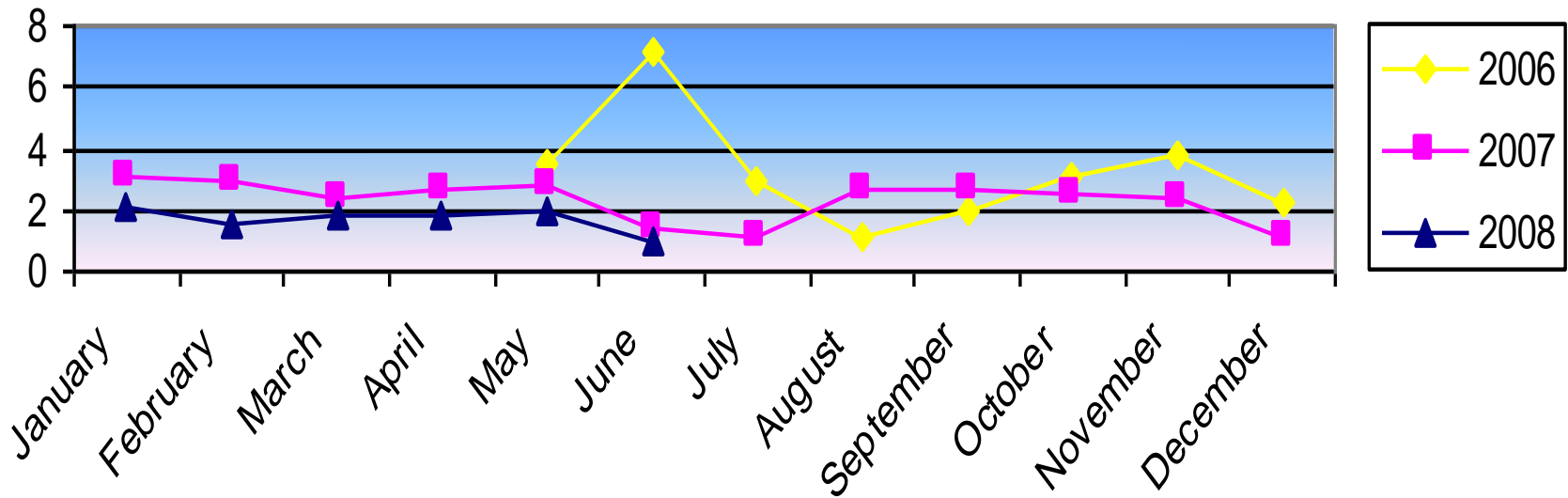
- Total Days in ED June = 23 days (significant *decrease from 82 total days in ED in April '08; excludes CARES Unit*)
- 23 ED Cases were identified resulting in the 23 days noted above (excludes CARES Unit)
- ALOS in ED in June was 1.0 days (*a decrease from 1.86 days in April '08; excludes CARES Unit*)
- In June, 9 of the total 23 cases were identified as DCF involved
- In June, 11 CARES cases were identified

IMPACT OF ED INTERVENTION

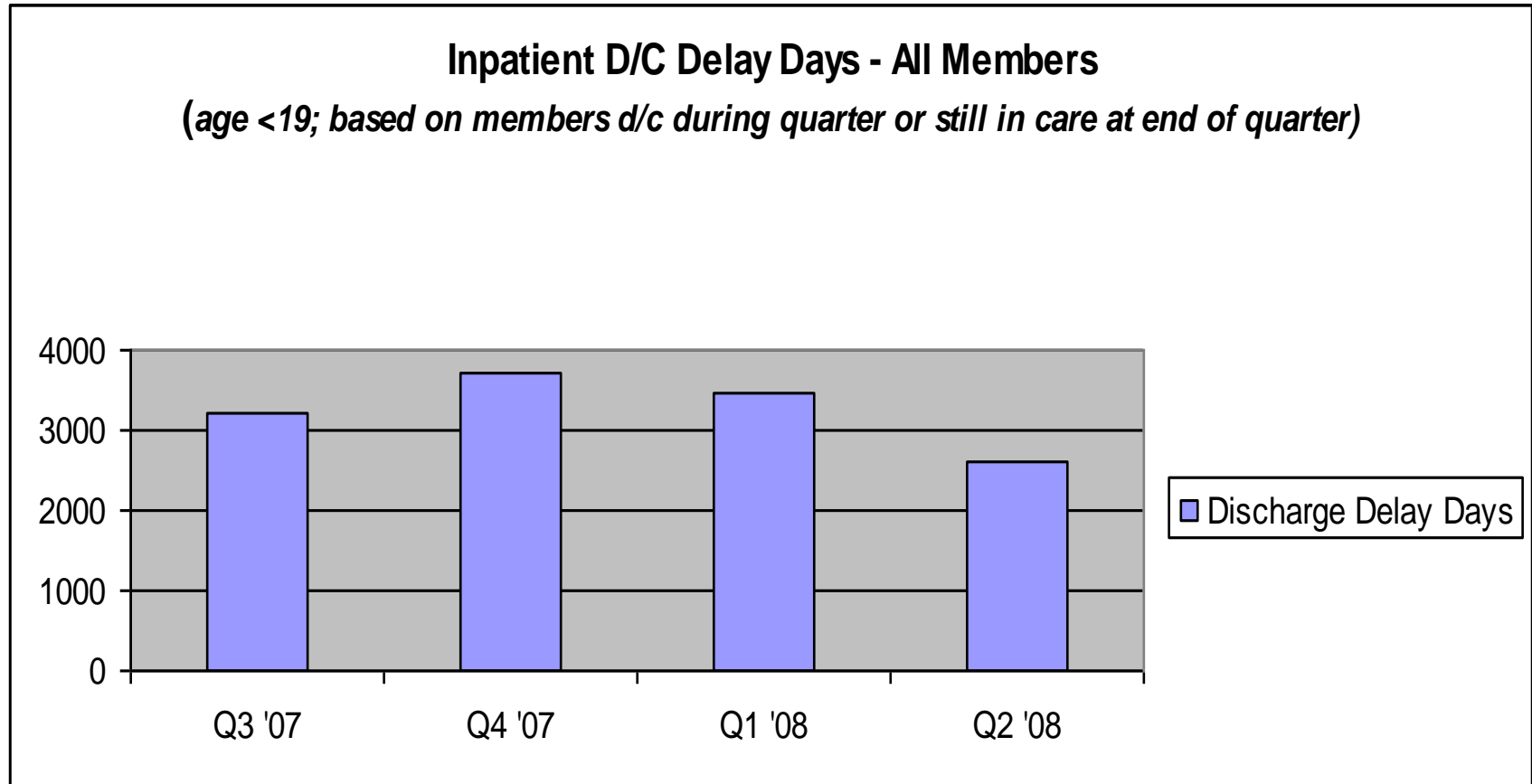


IMPACT OF ED INTERVENTION

Average ED Length of Stay for Children In ED Delay Status



IMPACT OF INTERVENTIONS TO DECREASE INPATIENT DISCHARGE DELAY



PEER SPECIALIST PROGRAM

The role of CT BHP Peer Specialists is to:

- Provide education and outreach to members and families,
- Assist members and their families in navigation of the service system
- Support engagement in treatment, and
- Assist families in the identification of natural supports.

PEER SERVICES

- 235 CT BHP families were served by a CT BHP Peer in June. Peer referrals continue to come from Emergency Departments, Pediatrician offices, Community Collaboratives and DCF Area Offices
- Peer and Family Peer Specialists attended 38 community meetings in June; examples include:
 - Home Visits with Members
 - Child Specific Team meetings
 - Discharge Planning Meetings
 - Support Member/Family at Court
 - Community Collaboratives
 - Emergency Room visits with Family
 - Juvenile Justice Conference
 - MSS

FAMILIES SERVED BY PEERS SINCE CT BHP INCEPTION

