Child and Adolescent Mental Health Division

PROVIDER SATISFACTION SURVEY REPORT

Fiscal Year 2018

July 1, 2017 – June 30, 2018

A Project by the Program Improvement and Communication Office
INTRODUCTION

The Child and Adolescent Mental Health Division (CAMHD) of Hawaii’s Department of Health (DOH), a member of Hawaii’s public system of child serving agencies, is an integrated network of services and supports, managed through public/private partnerships consisting of contracted community-based agencies and state-managed, community-based CAMHD Family Guidance Centers including the Family Court Liaison Branch, with administrative and performance oversight functions at the state’s central administration office. In valued partnership with its contracted provider network, the CAMHD’s mission is to provide necessary, timely and effective mental health services to children and youth with emotional and behavioral challenges, and their families that allow them to lead full and productive lives.

Through its provider network, the CAMHD offers an array of services that include: emergency services, intensive case management; outpatient behavioral health services; crisis residential services; intensive outpatient services; Multi-Systemic Therapy (MST); Functional Family Therapy (FFT); transitional family home (TFH) placement; community-based residential programs; and a hospital-based residential (HBR) program with the CAMHD providing care coordination services, quality oversight services and the funding for the services.

One of the ways the CAMHD gauges its effectiveness and measures any collaborative successes as a partner with members of its provider network is to conduct an annual provider satisfaction survey of the performance of its staff/services in relationship to our provider network and their needs. There are multiple methods of capturing information that guides the CAMHD’s efforts toward improvement and which may result in administrative/operational changes, as needed, and the Provider Satisfaction Survey is one of those methods.

The CAMHD conducted its annual survey of its provider network, covering the period from July 01, 2017 through June 30, 2018. The CAMHD provider network members were asked, through the survey, to evaluate the CAMHD overall, and to offer their comments of specific CAMHD offices that included the following:

1. Central Administrative Office (3 items)
2. Clinical Services Office (CSO; 6 items)
3. Program Improvement and Communications Office (PICO; 3 items)
4. Research and Evaluation Team (RET; 6 items)
5. Program Monitoring Office: Program Monitoring (5 items)
6. Program Monitoring Office: Grievance Office (3 items)
7. Program Monitoring Office: Sentinel Events (5 items)
8. Health Systems Management Office: Facilities Certification (3 items)
9. Health Systems Management Office: Credentialing Office (3 items)
11. Administrative Supports (Fiscal Office; 3 items)
12. Each of the CAMHD Family Guidance Centers and the Family Court Liaison Branch (11 items each)
   a. Kaua‘i
   b. Maui
   c. East Hawai‘i
   d. West Hawai‘i
   e. Central O‘ahu
   f. Honolulu
   g. Leeward O‘ahu
   h. Family Court Liaison Branch

**METHOD**

The CAMHD conducted its satisfaction survey online through Survey Monkey, a web-based survey tool that helps to streamline the collection of data, as well as, provides quick results. The CAMHD will likely continue to use web-based surveys to conduct this annual satisfaction survey. The CAMHD Program Improvement and Communication Office and the Research, Evaluation and Training Office e-mailed the Survey Monkey web link to the 133 administrators of the CAMHD contracted provider agencies and designated provider staff. Providers were encouraged to invite their staff to participate. Providers could respond to the survey between September 1, 2018 and September 30, 2018.

**SURVEY MEASURES**

In the 2018 online survey, providers were asked to rate all sections of the CAMHD with which they had contact with during the survey period (July 01, 2017- June 30, 2018), on several business functions. All 2018 items were scored on a five-point Likert scale (0-4), with higher scores relating to higher satisfaction with the CAMHD offices/FGCs/services for those items. Ratings of '2' or greater indicate that respondents believe that the CAMHD is, "Meeting or Exceeding Expectations", while ratings that are less than '2' indicate that providers believe that the CAMHD office/FGC/service is not "Meeting Expectations". Mean scores of less than '1' suggest that the CAMHD office/FGC/service "Needs Improvement".

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0=Unacceptable
1=Needs Improvement
2=Meets Expectations
3=Exceeds Expectations
4=Outstanding
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SURVEY RESULTS

Number of Respondents. 81 unique individuals completed the survey. This is the highest number of completed surveys since the survey’s inception in 2012.

![Graph showing Number of Provider Satisfaction Survey Respondents by Year](image)

Professionalism, Timeliness, and Helpfulness across CAMHD. To obtain an overall measure of satisfaction across CAMHD offices/FGCs/services, three items were assessed for all CAMHD offices/FGCs/services (PMO, CSO, RET, FGCs, etc.), in addition to other items that were tailored for each office/section/process surveyed. The evaluation items common to all offices/FGCs/services of CAMHD asked providers to rate the extent of their satisfaction with:

1. "The professionalism and courteousness of the CAMHD staff in your communications."
2. “The timeliness of the CAMHD staff to respond to your inquiries or requests.”
3. “The helpfulness of the CAMHD staff in their response to your inquiries.”

A mean value was calculated for all responses offered for each of the three items (i.e., "Professionalism," "Timeliness," and "Helpfulness") related to a certain section of
CAMHD (e.g., PMO, CSO, RET, FGCs). A mean was then calculated across the CAMHD offices/FGCs/services means for each of the three survey items. The rating scores in the table below for the questions related to "Professionalism," "Timeliness," and "Helpfulness" are calculated 'mean of mean' values across the CAMHD offices/FGCs/services. The resulting scores for these three items suggest that for all three areas, providers perceive CAMHD as performing at a level that is between "Meets Expectations," (score=2) and "Exceeding Expectations" (score=3). In other words, providers responding to the survey believe that the professionalism, timeliness and helpfulness of the CAMHD "Meets Expectations" but does not necessarily rise to the level of "Exceeds Expectations." The results also suggest that since the 2017 study, the CAMHD demonstrated a relative increase across all three domains. It is unclear, however, whether these slight differences constitute a statistically significant difference.

![Mean of Mean Ratings of Professionalism, Timeliness and Helpfulness Across CAMHD Sections, Offices, and Centers by Year](image)

**Section-, Office-, Center-, and Branch-Specific Results.** Mean scores on each of the items for all CAMHD offices/FGCs/services were calculated. The following office-, FGC-, and service-specific stacked bar graphs present the percent of respondents who rated items as “Unacceptable or Needs Improvement,” “Meets Expectations,” and “Exceeds Expectations or Outstanding.” Items listed on the y-axis are sorted by means from high to low, such that the items on which providers reported the greatest satisfaction are at the top of the graph, while items on which providers indicated lower satisfaction are at the bottom of the graph.
Areas of Strength. The CAMHD offices/FGCs/services can and should celebrate items on which they received higher scores of satisfaction. As an example, items listed at the top of the y-axis on the following stacked bar graphs are items of relative strength for the CAMHD offices/FGCs/services.

Opportunities for Improvement. Opportunities for improvement are indicated by (a) a score of 10% or greater on the survey's "Needs Improvement", and "Unacceptable" categories of the rating scale on an item and (b) the lowest scoring item within the section/branch/center. The managers or chiefs of the specific section/branch/center should discuss plans for addressing the identified opportunities for improvement with the identified supervisors.

Common Themes Identified in Individual Comments. On the survey, if respondents rated satisfaction on an item as “Unacceptable” (0) or “Needs Improvement” (1), they were prompted to provide information on reasons for the low rating. Some common themes were:

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<th>Common Themes and Sample Quotes for Comments on Items Rated as “Unacceptable” or “Needs Improvement”</th>
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<tbody>
<tr>
<td>1. Delays in email or phone responses from staff.</td>
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<td>“There was a lot of difficulty in communicating with the Care Coordinator. For example, not returning calls or voice mails; however, Care Coordinator would email occasionally. It would be helpful to get an idea of Care Coordinator’s preferred form of contact, especially if they have difficulty accessing voice mails.”</td>
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<td>“With timelines being so tight, it can be tough to meet CAMHDs expectations when responses on their end to faxes and phone calls is slow.”</td>
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<td>2. Delays in service authorizations. (Note: For the past seven years, slow Service Authorizations has been an area of concern.)</td>
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<td>“Sometimes service authorizations will be significantly late (depending on the care coordinator) and make it difficult for us to complete notes on time. Sometimes we won’t receive service authorizations until 2 weeks into the authorization period.”</td>
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<td>3. Delays in the medication management process.</td>
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<td>“The areas that needs improvement are to get the medications on time when having certain meds needing a original script, there have been too many mishaps regarding running out. There needs to be a better system and or a fail proof method to getting the monthly medication filled and prescribed to the youth as intended rather than staff or foster parents having difficulty getting the prescriptions filled at the pharmacy due to no paper script ready or mistake on the script especially with the Tele-health style of medication management.”</td>
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<td>4. Delays in the credentialing process. (Note: Delays in the credentialing process has been</td>
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“Credentialing process takes so long that at times prospective employees take a job elsewhere. Also when staff is needed immediately, credentialing takes too long.”

5. Challenges with co-management of cases. (Note: Challenges with co-management of cases has been an ongoing area of concern.)

“The co-management definition may need to be clarified...there are times where collaborative decision making is lacking (for example, clinical leads trump the team processes). The quarterly Provider’s Meetings, and the newer co-management care meetings (with individual providers) are helpful for working out system issues.”
The Central Administrative Office’s highest mean score was item a, indicating that professionalism and courteousness was a relative strength of the office. The office’s lowest mean score was b, which also received score of 10% or greater on the survey’s "Needs Improvement", and "Unacceptable" categories of the rating scale. This indicates that response timeliness was a potential area of improvement.
The Clinical Service Office’s highest mean score was item d, indicating that knowledge of the CAMPHS was a relative strength of the office. The office’s lowest mean score was b, which indicated that response timeliness was a potential area of improvement.
The Program Improvement and Communication Office’s highest mean score was item a, indicating that professionalism and courteousness was a relative strength of the office. The office’s lowest mean score was c, which indicates that response helpfulness was a potential area of improvement.
The Research and Evaluation Team’s highest mean score was item f, indicating that presentation quality was a relative strength of the office. The office’s lowest mean score was b, which indicates that response timeliness was a potential area of improvement.
The Performance Management Office: Performance Monitoring’s highest mean score was item a, indicating that professionalism and courteousness was a relative strength of the office. The office’s lowest mean score was b, which also received a score of 10% or greater on the survey's "Needs Improvement", and "Unacceptable" categories of the rating scale. In addition, the Performance Management Office: Performance Monitoring section received scores of 10% or greater on the survey's "Needs Improvement", and "Unacceptable" categories of the rating scale for all other items. This suggests that there are numerous opportunities for improvement, particularly regarding response timeliness.
Performance Management Office: Grievances

The Performance Management Office: Grievance’s highest mean score was item a, indicating that professionalism and courteousness was a relative strength of the office. The office’s lowest mean score was b, which also received a score of 10% or greater on the survey’s "Needs Improvement", and "Unacceptable" categories of the rating scale. In addition, the Performance Management Office: Grievances section received scores of 10% or greater on the survey's "Needs Improvement", and "Unacceptable" categories of the rating scale for all other items. This suggests that there are numerous opportunities for improvement, particularly regarding response timeliness.
The Performance Management Office: Sentinel Event’s highest mean score was item a, indicating that professionalism and courteousness was a relative strength of the office. The office’s lowest mean score was b, which also received a score of 10% or greater on the survey’s “Needs Improvement”, and “Unacceptable” categories of the rating scale. In addition, the Performance Management Office: Sentinel Events section received scores of 10% or greater on the survey’s “Needs Improvement”, and “Unacceptable” categories of the rating scale for all other items. This suggests that there are numerous opportunities for improvement, particularly regarding response timeliness.
The Health Systems Management Office: Facilities Certification’s highest mean score was item a, indicating that professionalism and courteousness was a relative strength of the office. The office’s lowest mean score was c, which also received a score of 10% or greater on the survey’s “Needs Improvement”, and “Unacceptable” categories of the rating scale. In addition, the Health Systems Management Office: Facilities Certification section received scores of 10% or greater on the survey’s “Needs Improvement”, and “Unacceptable” categories of the rating scale for all other items. This suggests that there are numerous opportunities for improvement, particularly regarding response helpfulness.
The Health Systems Management Office: Credentialing’s highest mean score was item a, indicating that response helpfulness was a relative strength of the office. The office’s lowest mean score was b, which also received a score of 10% or greater on the survey’s “Needs Improvement”, and “Unacceptable” categories of the rating scale. In addition, the Health Systems Management Office: Credentialing section received scores of 10% or greater on the survey’s “Needs Improvement”, and “Unacceptable” categories of the rating scale for all other items. This suggests that there are numerous opportunities for improvement, particularly regarding response timeliness.
The Health Systems Management Office: Management Information System’s highest mean score was item e, indicating that training quality was a relative strength of the office. The office’s lowest mean score was f, which suggests that information received regarding the new electronic case management system was a potential area of improvement.
The CAMHD Administrative Supports (Fiscal)’s highest mean score was item a, indicating that professionalism and courteousness were relative strengths of the office. The office’s lowest mean score was b, suggesting that response timeliness was a potential area of improvement.
The Kaua‘i Family Guidance Center’s highest mean score was item i, indicating that the professionalism of the clerical and administrative staff was a relative strength of the office. The office’s lowest mean score was e, which also received a score of 10% or greater on the survey’s "Needs Improvement", and "Unacceptable" categories of the rating scale. This suggests that timeliness of service authorizations was a potential area of improvement.
The Maui Family Guidance Center’s highest mean score was item i, indicating that the professionalism of the clerical and administrative staff was a relative strength of the office. The office’s lowest mean score was e, which also received a score of 10% or greater on the survey’s “Needs Improvement”, and “Unacceptable” categories of the rating scale. This suggests that timeliness of service authorizations was a potential area of improvement.
The East Hawai‘i Family Guidance Center’s highest mean score was item i, indicating that the professionalism of the clerical and administrative staff was a relative strength of the office. The office’s lowest mean score was g, which also received a score of 10% or greater on the survey’s "Needs Improvement", and "Unacceptable" categories of the rating scale. In addition, the East Hawai‘i Family Guidance Center received scores of 10% or greater on the survey’s "Needs Improvement", and "Unacceptable" categories of the rating scale for items d, f, e and c. This suggests that there are numerous opportunities for improvement, particularly regarding timeliness of coordination of services.
The West Hawai’i Family Guidance Center’s highest mean score was item d, indicating that the helpfulness of clinical staff was a relative strength of the office. The office’s lowest mean score was g, which also received a score of 10% or greater on the survey’s “Needs Improvement”, and “Unacceptable” categories of the rating scale. In addition, the West Hawai’i Family Guidance Center received scores of 10% or greater on the survey’s “Needs Improvement”, and “Unacceptable” categories of the rating scale for items d, e, i, a, k, j, h, c, and f. This suggests that there are numerous opportunities for improvement, particularly regarding timeliness of coordination of services.
The Central O‘ahu Family Guidance Center’s highest mean score was item a, indicating that the co-management of clinical services was a relative strength of the office. The office’s lowest mean score was j, which suggests that the response timeliness of clerical and administrative staff was a potential area of improvement.
The Honolulu Family Guidance Center's highest mean score was item f, indicating that utilization/management review was a relative strength of the office. The office’s lowest mean score was g, which also received a score of 10% or greater on the survey's "Needs Improvement", and "Unacceptable" categories of the rating scale. In addition, the Honolulu Family Guidance Center received scores of 10% or greater on the survey's "Needs Improvement", and "Unacceptable" categories of the rating scale for item c. This suggests that there are numerous opportunities for improvement, particularly regarding timeliness of coordination of services.
The Leeward O’ahu Family Guidance Center’s highest mean score was item b, indicating that the professionalism and courteousness of clinical staff were relative strengths of the office. The office’s lowest mean score was e, which suggests that timeliness of service authorizations was a potential area of improvement. In addition, the Leeward O’ahu Family Guidance Center received scores of 10% or greater on the survey’s “Needs Improvement”, and “Unacceptable” categories of the rating scale for item c. This suggests that there are numerous opportunities for improvement, particularly regarding timeliness of service authorizations.
The Family Court Liaison Branch’s highest mean score was item k, indicating that the helpfulness of clerical and administrative staff was a relative strength of the office. The office’s lowest mean score was c, which also received a score of 10% or greater on the survey's "Needs Improvement", and "Unacceptable" categories of the rating scale. In addition, the Family Court Liaison Branch received scores of 10% or greater on the survey's "Needs Improvement", and "Unacceptable" categories of the rating scale for items k, i, d, f, e, and j. This suggests that there are numerous opportunities for improvement, particularly regarding timeliness of responses.