

Appendix L changes from the OMHSAS Consumer Satisfaction Methodologies (CSM) Workgroup

Background:

- **In March 2009**, the OMHSAS Executive Council approved a plan to institute a work group comprised of all stakeholders to revise the HealthChoices BH Agreement, Appendix L; Guidelines for Consumer/Family Satisfaction Teams and Member Surveys (last revised 10/11/04).

Goals:

- 1) *To require the C/FSTs statewide to conduct face-to-face Recovery Oriented Systems Indicators Measure (ROSI) adult consumer surveys for a sampling of 30 adults (per each county) who meet the SMI criteria or who receive targeted case management services.*
 - 2) *Require that C/FSTs statewide use the same 5-10 survey items for all adults surveyed and a companion set of 5-10 survey questions for all family members surveyed.*
 - 3) *Recommend that key stakeholders "...revise Appendix L to reflect current & projected consumer/family satisfaction approaches."*
- **The final 25 members of the CSM Work Group** had County, MCO, CFST Team, MHA, Family, Provider & OMHSAS representation.
 - **On January 15, 2010**, the workgroup started and met monthly. Different subgroups worked together on the Adult, Older Adult, Children/Youth/Parent questions. There was an Appendix L subgroup of members meeting weekly by computer responsible for the editing Appendix L and presenting those changes to the larger CSM Workgroup.
 - The majority **approved** the changes to Appendix L on **4-20-2010**.

Discussion of the Workgroup

Key Observations	Needs/ Recommended Δ
<p>Measurement Teams have great variability in their methods of obtaining their sample-this weakens their data quality & weakens the input into Quality loops within their local counties.</p> <ul style="list-style-type: none"> ● Some C/FST groups only get their names from Providers ● Some C/FST groups use sampling methodology to obtain a statistically valid sample. 	<p>Need more consistent method of receiving names & sampling methods</p> <p>√ The work group decided that a consistent method of obtaining the sample of names and sampling would increase the data reliability.</p> <p style="background-color: yellow;">Recommended Δs</p> <p>Δ Member Names are to be given directly to C/FSTs Teams.</p>
<p>OMHSAS does not have a reliable/valid measurement of recovery orientation across the state using consumer & family measurement teams</p> <ul style="list-style-type: none"> ● C/FST Surveys across the state have the 3 questions but this information has not allowed comparisons across the state. ● The 3 questions make no distinctions between the differing needs of members as they age. 	<p>Need to build towards reliable/valid information for future policy/service decisions across the state and across future service issues by age.</p> <p>√ The workgroup decided that the establishment of statewide questions across counties would serve policy & system decision-making by making comparisons of data across the state.</p> <p style="background-color: yellow;">Recommended Δs</p> <p>Δ The ROSI will be randomized & administered</p>

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	<p>face-to-face, a minimum of 30 per county.</p> <p>Δ Five state-mandated questions were selected for children/family members, adults 18-59 years, older adults > 60 years.</p> <p>Δ Six recommended questions by age; adults 18-59 years, older adults > 60 years can be used by teams to further identify the members' needs by age.</p>
<p>Sampling issues (unresolved)</p> <ul style="list-style-type: none"> • There is wide variability in the sample surveyed by county. • For adults, the % sampled ranged from 0.87%-24.83% • For children, the % sampled from 1.45%-32.09%. 	<p>Need to build toward the expectation of the acceptable survey percentage range across the state.</p> <p>√ The work group recognized that this was an important need for strengthening of the C/FST measurement in counties. However, the voting deadlocked on whether to include language for a "...statistically valid sample."</p> <p>Recommended Δ-NONE</p> <p>As there was no decision, the language remains the following:</p> <p>(1) "The remaining Members from the List of HealthChoices participants must be surveyed in representative proportions of the members served by the primary contractor's behavioral health program; i.e. by provider/service, in the adult priority groups, older adult group, family members of child and adolescent service recipients and special needs population. (Page 6 lines, 2-5).</p>
<p>Build the capacity of the C/FSTs and FSTs to increase their effectiveness in identifying concerns of members and providing information/data about Behavioral Health services in Pennsylvania</p>	<p>Need to have a mechanism outside of Appendix L to evaluate & support promising practices of local teams</p> <p>√ The work group recommends that a Toolkit be posted on PARecovery.org that would contain practices that would supplement the Appendix L changes & build future capacity of the measurement teams across the state.</p>

Next Steps

- 1) Publish for comment on: PARecovery.org, through email lists and the LISTSERVE.**
- 2) Request Space on the Advisory Council agendas in September: children, adults and older adults**
- 3) Comments to be sent to CSMWorkgroup@state.pa.us .**