

Consumer & Family Survey Workgroup

MINUTES

OCTOBER 25, 2010

1:00 TO 3:00 CENTRAL TIME

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| ATTENDEES | Carol Coussons de Reyes, DBH OCA; Sarah Cox, DBH; Sheri Dawson, DBH; David Furst; Kathleen Hanson, Region V; Jean Hartwell, Region 6; Jim Harvey, DBH; Lisa Gion, Region 1; Ying Wang, DBH; Brian Wells, DBH; Mary O’Hare, Facilitator |
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Agenda topics

SQIT WORKGROUP CHARTER

SHERI DAWSON

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| DISCUSSION | <ul style="list-style-type: none"> The SQIT Workgroup Consumer & Family Workgroup Charter was reviewed. 119 surveys from a number of sources were gathered for analysis by Dr. Furst. Sheri will work on a process to designate a chair for the committee since DBH OCA is short staffed at this time. Sheri will provide workgroup reports to the SQIT on a periodic basis. | |
| ACTION ITEMS | PERSON RESPONSIBLE | DEADLINE |
| Recruit a Consumer and Family Survey Workgroup Chair | Sheri | Next Meeting |

OVERVIEW OF CONSUMER SURVEY REPORT AND ANALYSIS

DR. FURST

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| DISCUSSION | <ul style="list-style-type: none"> Dr. Furst’s presented his report which is summarized in the handout provided for the meeting. He identified 41 survey items from all survey sources which have good face and content validity. Dr. Furst compared the survey questions to the NOMs per request of Scot Adams. His recommendations include: Combine some or all of the 41 identified items into one Nebraska specific Consumer Quality of Care Survey that hits all the right items and dimensions, analyze reliability and validity over time; or add one or two of the most frequent and relevant items to existing surveys; or stop using existing Consumer Quality of Care surveys in favor of an off-the-shelf survey instrument that has established reliability and validity. His observations include: (1) providers in Nebraska care about improving consumer quality of life; the evidence is shown in the widespread use of consumer surveys documented; (2) evidence of demeaning wording in items was negligible. A suggestion was made that the workgroup first explore what it is the survey is intended to answer and then move to examining survey items. The scope of the survey (OUR homes, providers) was also discussed. One of the benefits of a unified statewide survey process is for comparison purposes. The importance of open-ended questions and the difficulty in interpreting the answers was discussed. A suggestion was made to utilize consumers in the delivery and analysis of the DBH administered survey. | |
| ACTION ITEMS | PERSON RESPONSIBLE | DEADLINE |
| Post the NOMs for workgroup members. | Tammy Westbrook | Completed |

OVERVIEW OF DBH ADMINISTERED CONSUMER SURVEY REQUIREMENTS (MENTAL HEALTH BLOCK GRANT)

JIM HARVEY

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| DISCUSSION | <ul style="list-style-type: none"> • Jim described the federal requirement (mental health block grant) for the DBH administered consumer and family surveys and suggested workgroup members review the surveys at www.mhsip.org (click on survey page). • The Mental Health Statistics Improvement Program (MHSIP) survey is a validated tool and survey items from this survey make up the current DBH administered survey. • Health questions taken from the Behavioral Risk Factor Surveillance System (BRFSS) have also been incorporated into the DBH administered survey. • Analysis of the DBH administered survey data is currently underutilized except to meet the federal requirements. • DBH has a contract with UNMC College of Public Health for \$38,000 (annual) to administer the survey. They begin administering the survey in February. Any suggested changes to the survey must be delivered to them by the end of January. • The methodology (calling, response order, etc.) was discussed. It was recommended that response order be varied so that consumers don't simply choose the first answer to get off the phone. • The consumer survey is restricted to 50 questions at this time due to contractual conditions. A minimal number of additional questions can be added as the survey now contains 40 questions. • A suggestion was made to make minimal changes for the 2011 survey and plan to make more significant changes for 2012. • DBH survey results can be viewed on the DBH web site under Mental Health Services/Nebraska 2009 Behavioral Health Consumer Survey www.dhhs.ne.gov/beh/mh/mh.htm | | |
| ACTION ITEMS | PERSON RESPONSIBLE | DEADLINE | |
| Workgroup members are asked to review the MHSIP survey. | Workgroup Members | By Next Meeting | |

COMPARISON OF DBH ADMINISTERED SURVEY AND DR. FURST'S RECOMMENDED SURVEY ITEMS

YING WANG

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| DISCUSSION | <ul style="list-style-type: none"> • Ying compared the 41 survey items recommended in Dr. Furst's report to the current DBH administered survey and identified those items in common. (see Ying's handout) • Ying provided the following limitations/recommendations: (1) Examine the validity and reliability of the questions; (2) Review those questions that were asked four times (Dr. Furst's study only examined common questions asked in five or more surveys); (3) Health assessments and demographic questions could be added. | | |
| ACTION ITEMS | PERSON RESPONSIBLE | DEADLINE | |
| None at this time | | | |

WRAP UP

ALL

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| DISCUSSION | <p>Workgroup members were asked to identify the most important points/issues raised during the meeting. The following is a list of their responses:</p> <ul style="list-style-type: none"> • Sheri thanked the workgroup for their time and effort. • Dr. Furst's recommendations are paramount to moving forward with the project. • Workgroup can be creative in designing the survey, but must keep requirements (mental health block requirements for consumer survey) and timelines (contract to administer the survey) in mind as the work progresses. • The work done by Dr. Furst and Ms. Wang provides a nice overlap between what is existing and what is available. |
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| | <ul style="list-style-type: none"> • It will be important to pilot any new survey and establish validity/reliability. • It is important to answer the question: What is the purpose of what we are trying to do? This needs to be done before the survey is developed. • The difference between provider-related questions and outcome-related questions needs to be considered. • Consumer friendly language needs to be utilized. Phrases such as 'these people' are not respectful ways to describe consumers. • Open-ended questions need to be considered as well as how to analyze them. • Consumer administration and analysis of the data needs to be considered. • The data collected needs to be utilized in a way to improve lives of consumers, not simply to meet requirements of funding or accrediting bodies. • The recommendation to add a few questions to the 2011 survey and work toward broader changes for 2012 was favorable with the workgroup. • The survey should include physical/mental health related items. • Consumer outcomes should also be included in the survey. <p>Workgroup members were asked to be sure and download the Live Meeting software and review the handouts before each meeting. Technical assistance can be obtained from Tammy Westbrook.</p> |
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| ACTION ITEMS | PERSON RESPONSIBLE | DEADLINE |
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| Download Live Meeting Software and review handouts from this meeting. | Workgroup Members | By Next Meeting |

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| NEXT MEETING DATES | <ul style="list-style-type: none"> • 9:00 to 11:00 Central Time November 19, 2010 • 2:00 to 4:00 Central Time December 1, 2010 |
| CALL IN NUMBER | 1-888 – 820-1398, Attendee Code is 8928797# |