

Nebraska Division of Behavioral Health (DBH)  
**Statewide Quality Improvement Team (SQIT)**

September 5, 2012 / 2:00-4:00 p.m.

DBH/Live Meeting  
 Meeting Minutes

**I. Welcome and Attendance**

*Heather Wood*

Heather welcomed everyone to the meeting and introductions were made.

Region 2:	Kathy Seacrest, Nancy Rippen, Theresa Ward
Region 3:	Ann Tvrdik
Region 4:	Amy Stachura, James Alderman, Amanda Theisen
Region 5:	Linda Wittmuss
Region 6:	Stacey Brewer, Dan Jackson (Nebraska Family Support Network), Laurie Thomas (Lutheran Family Services)
Division of Behavioral Health:	Heather Wood, Renee Faber, Robert Bussard, Jan Goracke, Carol Coussons de Reyes, Jim Harvey, Dan Powers, Chelsea Taylor, Shawna Mason (Consumer Representative) Kelly Dick (recorder)
Magellan:	Dr. Lisa Christensen

**II. Review of Agenda & Minutes**

*Heather Wood*

1. Heather reviewed the current agenda.
2. The floor was opened for comments on the minutes from the June 6, 2012 meeting. There was no discussion. Minor changes had been made to the original draft and no other changes were recommended.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE/RESULT
Motion made to approve June 6, 2012 minutes.	Group	Approved

**III. CQI Program Plan for FY 12/13 (Plan attached)**

*Heather Wood*

1. Heather presented an abbreviated overview of the CQI Program Plan, which had been available for the group to review in its entirety previously. Pages of note were:
  - a. Four (Problem Gambling Evaluation Team will be added to this section),
  - b. Eight (note new goal - #3 - added to Program Goals for FY 12/13,
  - c. Ten (Quality Initiatives including the addition of # 4: Develop a Quality Improvement Handbook and # 5: Improve the communication processes for the Consumer Survey.).
2. Renee Faber expressed a desire to see room for CQI Prevention Goals fitting into the Plan in the future. Renee will be the principal for bringing to the group any topics that might lead to prevention goals or initiatives.
3. No other feedback was received.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE/RESULT
Forward any feedback or concerns regarding CQI Plan to Heather in the future (heather.wood@nebraska.gov).	Group	NA
Approval of DBH Continuous Quality Improvement Plan FY12/13.	Group	Approved with option for growth in area of Prevention

#### **IV. Consumer Survey (PowerPoint attached)**

*Lisa Christensen, Heather Wood, Ying Wang*

##### 1. DBH & Magellan Consumer Survey Process Review (using 2011 adult survey data)

Heather Wood and Lisa Christensen gave a presentation to compare / contrast information and data points from the Consumer Surveys given by DBH and Magellan.

Heather began by extending appreciation to the consumers whose work is essential in moving us forward and enabling us to work toward continuous improvement. There are different motivations and requirements surrounding the Consumer Survey; however, one of our greatest reasons for doing the survey is to obtain a pulse on how well we are doing in providing care to our consumers of the substance abuse (SA) and mental health (MH) services we offer. While this meeting focused on the SA and MH survey, attendees were encouraged to bring forward ideas on the topics of Prevention or Problem Gambling.

Comments made during DBH/Magellan presentation included:

- The DBH Survey currently begins with a pre-notification letter that informs the consumer the survey will be coming shortly, and there is also one press release. DBH also employs a phone mode for the survey. The survey is English only. Magellan has an English and Spanish version of their survey.
- UNMC administers the survey and collects them for DBH; however, DBH does the analysis in house.
- The sample of individuals includes adults registered in the Magellan system that are receiving authorized mental health services from providers overseen/funded by DBH. The sample is drawn from the last six months of the year (July - December). DBH also surveys youth, however this presentation focuses on the adult survey.
- Excluded populations include assessments and emergency population. (Magellan's highest population for returns is assessments.)
- Magellan samples from the first 3 months of the year, and pulls the sample from members who received an authorization for services from within the Nebraska Behavioral Health System (DBH), but were not surveyed in the last twelve months.
- Magellan has a mail out, mail back methodology for their survey. The first letter (a welcome letter from Dr. Christensen) is sent out and includes the two sided, one page survey (there is no phone option). About three weeks later a follow up letter is mailed to all who received the original letter indicating thanks, if the consumer has already completed the survey, otherwise asks they complete the survey at that time (paid return envelopes are always included). After 21 to 30 days the survey closes.
- Magellan provides an opt out option for individuals.
- In response to questions raised, Lisa confirmed that if the member receives an authorization for Medicaid within that same three month timeframe, there is a possibility the same persons could be surveyed twice. Also, using authorizations and not billings opens the possibility that a sampled individual received the authorization but did not follow through with the service. A question on the survey addresses this by asking: Did you receive an MH or SA service?
- Magellan has an Evaluation Outcomes Survey Department for their survey work. They respond to consumer grievances and manage the year-long education campaign, making changes to the survey and looking into new technologies and options.
- Magellan surveys adult and minor consumers (as does DBH), and the characteristics of the minor survey are very similar to the adult survey. Magellan includes an option for the parent/guardian to fill it out. DBH asks the parent/guardian to fill out their minor survey.

- A suggestion from the group was presented where perhaps there could be a long and short version of the DBH survey and/or a caveat/memo that indicates the responder does not have to answer every question.
- Concern was expressed over the frequency and/or timing of several different mental health-related surveys that occur during the year for the consumers in Nebraska, especially those given by the Divisions in DHHS and Magellan.
- The question was asked whether one survey could be given (rather than one from DBH and from Magellan). Perhaps because Magellan surveys Medicaid consumers, DBH could manage one survey for their consumers. Worthy of discussion but Magellan has some contractual responsibility to do the surveying they do. But over burdening consumers with surveys is a real concern and should not be taken lightly. Streamlining and improving the processes should be an ongoing matter of discussion. This topic is being explored by the new SQIT Workgroup on Consumer Survey Communication Improvement as well.
- Could there be separate male and female versions of the survey or questions directed to one or the other, to more fully understand gender differences in the data? The DBH and Magellan surveys include a demographic question regarding gender. However, DBH could look at percentage of female versus male item non-response (not already looked into).
- There is no living situation question on the DBH survey, but this data is collected at admission and discharge of services (National Outcomes Measures). If we have a better understanding of the living situation of the surveyed individual it might help to add to the content and explanation for the lower score on the DBH survey question: Has your living situation improved? (Add a question to add context to the answer to this question, including whether they are “couch surfing”.)
- The suggestion was made to add “Does not Apply” to the answer options; however we are limited in utilizing this option as there are some constraints from MHSIP under which DBH administers a part of their survey which precludes this. Also SAHMSA requires the MHSIP 28 for reporting on the Block Grant through 2013.
- Keep in mind accessibility issues, such as those that are raised in rural areas: some questions may mean different things to different people. Keep these things in mind when looking at results to help guide future improvement
- Magellan has a Provider Advisory Group and an advisory group made up of providers, consumers, and family members. Also they have a Quality Improvement Committee. Survey results are given to these committees to help develop quality improvement activities such as a year-long campaign to educate providers and consumers about Magellan’s appeals process. Also auditing items have been added to the survey tool to help educate providers, and they have added additional educational content to the web site, and completed some cultural competency training with providers.
- Magellan was asked whether there was any way to divide the data out into similar geographical areas to the region or with providers. It would be interesting to see some of the differences, especially around program effectiveness. Magellan is not able to do this with their survey data.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE/RESULT
Share data on whether using a sample that includes possible authorized persons who never used the service impacts response rate for Magellan.	Lisa Christensen	Future Date
Look into Magellan discontinuing survey of DBH consumers.	Heather Wood	Future Date
Work FY12 results into form to be shared.	Heather & Lisa	Future Date

2. CSCI Workgroup Charter Approval (Workgroup Charter attached)  
Heather reviewed some of the discussion that occurred at the August CSCI Workgroup: Branding, flyers, brochures. Also she summarized the participants and next steps that will be brought to SQIT.

**V. Quality Initiatives - Updates** *Dan Powers, Dr. Blaine Shaffer, Jim Harvey, Group*

1. QI Handbook (previously QI Manual) Update (Dan)
  - Dan explained that due to their book being less comprehensive and more narrowly focused they would change the name to QI “Handbook” instead of “Manual.”
  - Chapters have been assigned to members of this group. On September 10 the group will decide on a deadline for completion of the Handbook.

2. Co-Occurring Disorder (COD) Workgroup Update (Dr. Shaffer)  
The Co-Occurring Workgroup II met in person for a four-hour workshop in August so stakeholders could prioritize the timeline that had been established by the DBH group for the Co-Occurring Roadmap. They are processing the information from that meeting, and will be disseminating information amongst the COD II group. They also will be starting a steering committee that will consist of a small number from DBH and a number of additional stakeholders. Subsequent meetings of the group will be held by Live Meeting/conference call.

3. Evidence Based Practices (EBP) Workgroup Update (Dr. Shaffer and Jim)  
Dr. Shaffer introduced the topic and listed the EBPs that are the focus of review for this Workgroup. These five are those on which we report to SAMHSA and that we fund:

- Assertive Community Treatment (ACT)
- Integrated Treatment for Co-Occurring Disorders (COD)
- Medication Treatment, Evaluation, and Management (MedTEAM)
- Permanent Supportive Housing
- Supported Employment

Recent meetings have focused on one of the above EBPs with providers of that EBP in attendance. From the discussions generated at those meetings, decisions have been made regarding what fidelity tool will be or will continue to be used with these services.

- Supported Employment: Dartmouth Individual Placement and Support (IPS)
  - Some training has been done with providers on the Dartmouth tool and continued meetings will occur. This work is being done in conjunction with Vocational Rehabilitation.
  - Overall efforts are to work toward improving program overall.
- Permanent Supportive Housing: SAMHSA Toolkit
  - Who should we focus on for fidelity monitoring purposes? Rental subsidy + support services. We will limit the fidelity monitoring for this EBP to the six Regions or whoever they contract with, and related only to the housing related assistance program that is funded by DBH.
- ACT: Continue to use TMACT

- MedTEAM: SAMHSA Toolkit will most likely be used
- COD: Workgroup II mentioned above will work on the EBP and fidelity

The meetings to gather the data will be done after September 25. Evidence Based Practices are a continuing process, but Dr. Shaffer and Jim will have first public review of recommendations to present to SQIT at its next meeting on December 5.

4. Call for Additional QI Updates (Group)  
No other updates were volunteered.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE/RESULT
One member who is also on the EBP Workgroup asked that a general overview of decisions that have been made be provided to the members of the EBP Workgroup. She was interested that Co-Occurring was being handled by a separate group.	Jim Harvey, Dr. Shaffer	December 5
First Draft Recommendations on EBP Workgroup to SQIT.	Jim Harvey, Dr. Shaffer	December 5
Heather encouraged providers & other RQIT members to be in attendance on December 5 to hear the preliminary recommendations of the EBP Workgroup.	SQIT Group	December 5

**VI. Items for next agenda** *Group*

- QI Handbook Update
- EBP Workgroup First Draft Recommendations
- QI Updates from groups
- Team may share additional agenda items with Heather as they come up

**VII. Adjournment and next meeting**

- Thanks to team on phone and in person
- Meeting was adjourned at 3:55 p.m.
- Next Meeting is scheduled for Wednesday, December 5, 2012, 2:00 – 4:00 p.m. CST

Minutes prepared by the Division of Behavioral Health, Nebraska Department of Human Services. Minutes are intended to provide only a general summary of the proceedings.

**DHHS-Division of Behavioral Health  
Continuous Quality Improvement Program Plan  
FY12/13**

**Section 1**

**Introduction**

***Vision:***

The vision of the Division of Behavioral Health (DBH) and its Quality Improvement Program is to promote wellness, recovery, resilience and self-determination in a coordinated, accessible consumer and family-delivery system.

***Mission:***

The Division of Behavioral Health leads Nebraska in the improvement of systems of care that promote and facilitate resilience and recovery.

***Commitment:***

DBH is committed to creating a culture that fosters quality improvement and sets clear direction through an annual plan.

***Purpose:***

The DBH Continuous Quality Improvement (CQI) Program establishes accountability for continually improving DBH as an organization and the service provided to consumers and families in the state of Nebraska.

The Division of Behavioral Health CQI program will ensure:

- Services are appropriate to each consumer's needs and accessible when needed;
- Consumers and families participate in all process of the CQI program and their views and perspectives are valued;
- The services provided incorporate best practice, evidence based practice, and effective practices;
- Services are of high quality and provided in a cost-effective manner.

***Definition:***

CQI is an ongoing process of using data to plan, identifying opportunities for improvement, implementing changes, studying and analyzing results and celebrating improvements.

The CQI Program is based on the following assumptions:

- Working together creates a system of coordinated services to better meet the needs of consumers and families;
- Stakeholders want to improve consumer and family outcomes;
- Stakeholders participate in monitoring activities, data reporting and information sharing.

The DBH's approach to quality improvement is based on the following core principles:

- **Customers Focused.** Understanding and respecting needs and requirements of all customers and striving to exceed expectations.
- **Strength Based.** Effective growth and change build on the consumer/family and system's strengths.
- **Recovery Oriented.** Services are characterized by a commitment to promoting and preserving wellness and choice. This approach promotes maximum flexibility to meet individually defined goals in a consumer's recovery journey.
- **Representative Participation and Active Involvement.** Effective programs involve a diverse representation of stakeholders. The stakeholders are provided the resources, education and opportunity to make improvements required and influence decision making.
- **Data Informed Practice.** Successful QI processes create feedback loops, using data to inform practice and measure results. There is a commitment to seek IT structures, staff, skills and other resources in the provision of data.
- **Use of Statistical Tools.** For continuous improvement of services, tools and methods are needed that foster knowledge and understanding. CQI organizations use a defined set of analytic tools such as run charts, cause and effect diagrams, flowcharts, Pareto charts, histograms, and control charts to turn data into information.
- **Continuous Quality Improvement Activities.** Quality improvement activities emerge from a systematic and organized framework for improvement. This framework, adopted by the Division of Behavioral Health, is understood, accepted and utilized throughout the service delivery system, as a result of continuous education and involvement of stakeholders at all levels in performance improvement.

## Plan-Do-Check-Act (PDCA) Model

The recommended model for problem solving and improvement is PDCA. It should be utilized:

- When starting a new improvement project;
- When developing a new or improved design of a process or service;
- When planning data collection and analysis in order to verify and prioritize; and
- When implementing any change.

### **Plan – Plan for a specific improvement activity**

- Recognize opportunity for improvement
- What are the issues?
- Plan a change – who, what, when
- Determine how change will be measured

### **Do - Do carry out the plan for improvement**

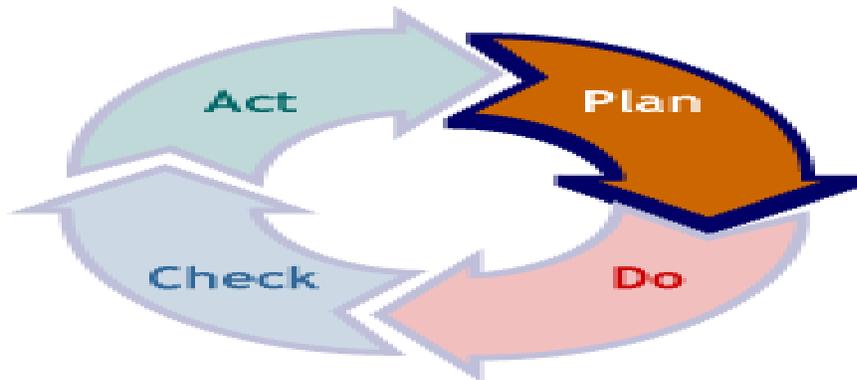
- Gain approval and support of the selected improvement solution.
- Implement the improvement solution.
- May use a trial or pilot implementation
- Document observations and data

### **Check - Check the data again**

- Data is analyzed to compare the results of the new process with those of the previous one
- Check for improvement and results
- What was learned?

### **Act – Action for full implementation or reject and try again**

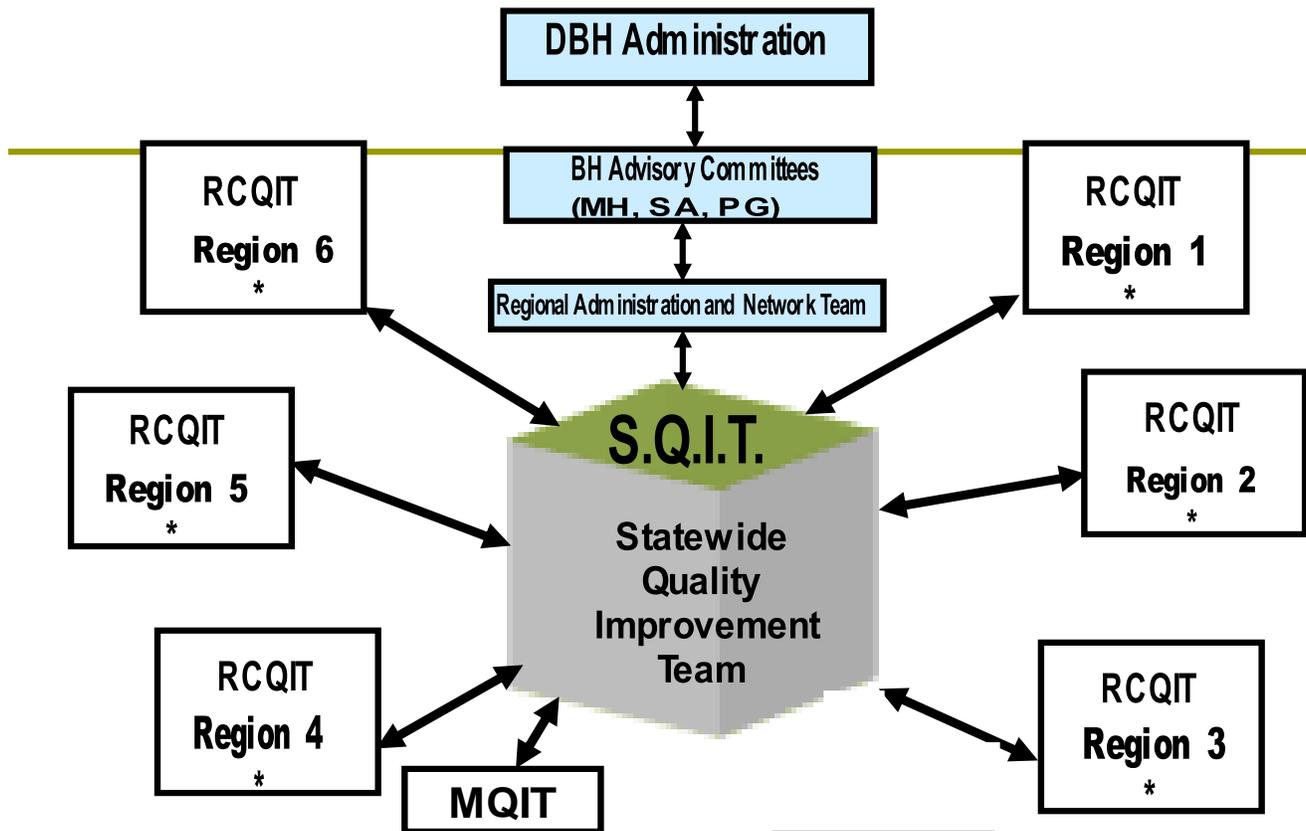
- Take action based on what was learned
- Adopt the solution formally as needed, develop policy, etc.
- If there is no improvement refine/revise the solution
- If successful, take action to ensure ongoing improvement



**Leadership and Stakeholders:**

Leaders, through a planned and shared communication approach, ensure all stakeholders have knowledge of and participation in ongoing QI activities as a means of continually improving performance. Planned communication methods include posting QI information on the DHHS-DBH public website.

The CQI process must be stakeholder driven. Stakeholders include Consumers and Families, DBH Administration and Staff, Consultants, Regional Staff, Service Providers, Advocacy Groups and Office of Consumer Affairs Participants, Managed Care Staff, DHHS Partners, etc. Working Relationships are pictured and described below.



**RCQIT – Regional Community Quality Improvement Team**

**MQIT = Magellan Quality Improvement Team**

**\* Each QIT has identified a process for sharing information with stakeholders.**

**Division of Behavioral Health Administration** – The DBH Director and Community Services Section Administrator establish and communicate priorities for the annual plan and review feedback from stakeholders in the reporting structure.

**Behavioral Health Advisory Committees (MH, SA and PG)** - Contributes to the development and implementation of the Annual CQI Plan and activities. The committees meet quarterly.

Membership includes but is not limited to:

- Consumers and Families
- Providers
- Regional Staff
- Justice/Law Enforcement
- DHHS Partners
- Community Stakeholders

The responsibilities include:

- Receiving information from DBH Administration
- Advising DBH and S.Q.I.T. on the development of the CQI Plan and activities
- Providing input into the creation of quality improvement initiatives
- Assisting in the development of education and communication processes
- Serving as Consultants to DBH representing various viewpoints and concerns
- Reviewing CQI reports and making recommendations
- Assessing Consumer and Family satisfaction survey and other results

**Regional Administrator and Network Management Team Meetings** - Ensure that quality improvement processes are operationalized and prioritized at the community team level. Regional Administrators meet regularly with DBH Administration and the NMT is held quarterly.

Membership includes:

- Regional Administrators
- DBH Team
- Network Team

The responsibilities include:

- Reviewing information from DBH Administration, Advisory Committees
- Providing leadership to the R.C.Q.I.T.
- Assessing recommendations received from R.C.Q.I.T and S.Q.I.T and proposing action
- Reviewing reports, making recommendations for change and ensuring action with R.C.Q.I.T. as needed
- Providing technical assistance to the R.C.Q.I.T. regarding DBH quality initiatives

**Statewide Quality Improvement Team (S.Q.I.T.)** - primarily responsible for the identification and prioritization of opportunities for regional/community improvement, quality initiatives and development of the annual plan. 50% of voting membership should have a disclosed lived behavioral health experiences.

**Membership includes:**

Office of Consumer Affairs Representatives  
Regional Staff  
Consumer Specialists and other Consumer /  
Family Members  
Providers

**Consultants include:**

Magellan Staff  
DHHS Partners (Medicaid and CFS)  
DBH Staff  
Regional Center Staff

Voting Membership will include Office of Consumer Affairs Representatives, Consumer Representatives. Regional and provider representation is limited to 2 per region and 1 for the PG provider.

Responsibilities of SQIT in CQI include:

- Revising the Annual QI Program Plan
- Evaluating the effectiveness of the QI Program each year
- Monitoring quality improvement activities of the R.C.Q.I.T.
- Recommending system-wide corrective actions for improvement
- Offering recommendations on policies, procedures, service definitions, data quality
- Analyzing results of Consumer, Family and other satisfaction surveys or studies
- Ensuring adequate training exists to support the QI Program
- Ensuring communication of S.Q.I.T. activities to the agency/organizations/individuals the member represents

**Regional Community Quality Improvement Teams (R.C.Q.I.T.)** - Contributes to the development and implementation of local QI activities as it relates to local needs and the DBH CQI Program Plan. Meetings are held on a regular basis.

Membership includes:

- Consumers
- Regional Staff
- Providers
- Other Community Stakeholders

Responsibilities of R.C.Q.I.T. include:

- Bringing community stakeholders together to participate in quality improvement activities
- Developing, implementing and monitoring the community QI Program
- Ensuring data collection and information are used to manage and improve service delivery at the local level

- Providing ongoing information about performance and improvements to persons served
- Supports accreditation processes and compliance with contracts and DBH regulations
- Audits and reviews findings of service providers on an annual basis
- Improves utilization and data management processes through representation on MQIT

**Magellan Quality Improvement Team (M.Q.I.T.)** - Primary responsibilities include improvement of data quality utilized in QI processes and activities:

- Improving communication and coordination between the Division, Regions, Providers and Magellan
- Developing an understanding of the work flows, systems and processes related to data and making recommendations for improvement
- Establishing a mechanism for the identification, review and resolution of issues
- Reviewing reports and recommending content and format improvements to ensure the presentation of meaningful data
- Meetings are held monthly

Membership of MQIT shall include:

- Regional Representatives
- Hospital Provider
- MH Provider
- SA Provider
- GAP Provider
- Children's Services Provider
- Federation of Families Representative
- DBH – Office of Consumer's Affair Representative
- ASO Staff
- DBH Staff (Team Leader/Facilitator)

**Problem Gambling Quality Improvement Team (P.G.Q.I.T.)**

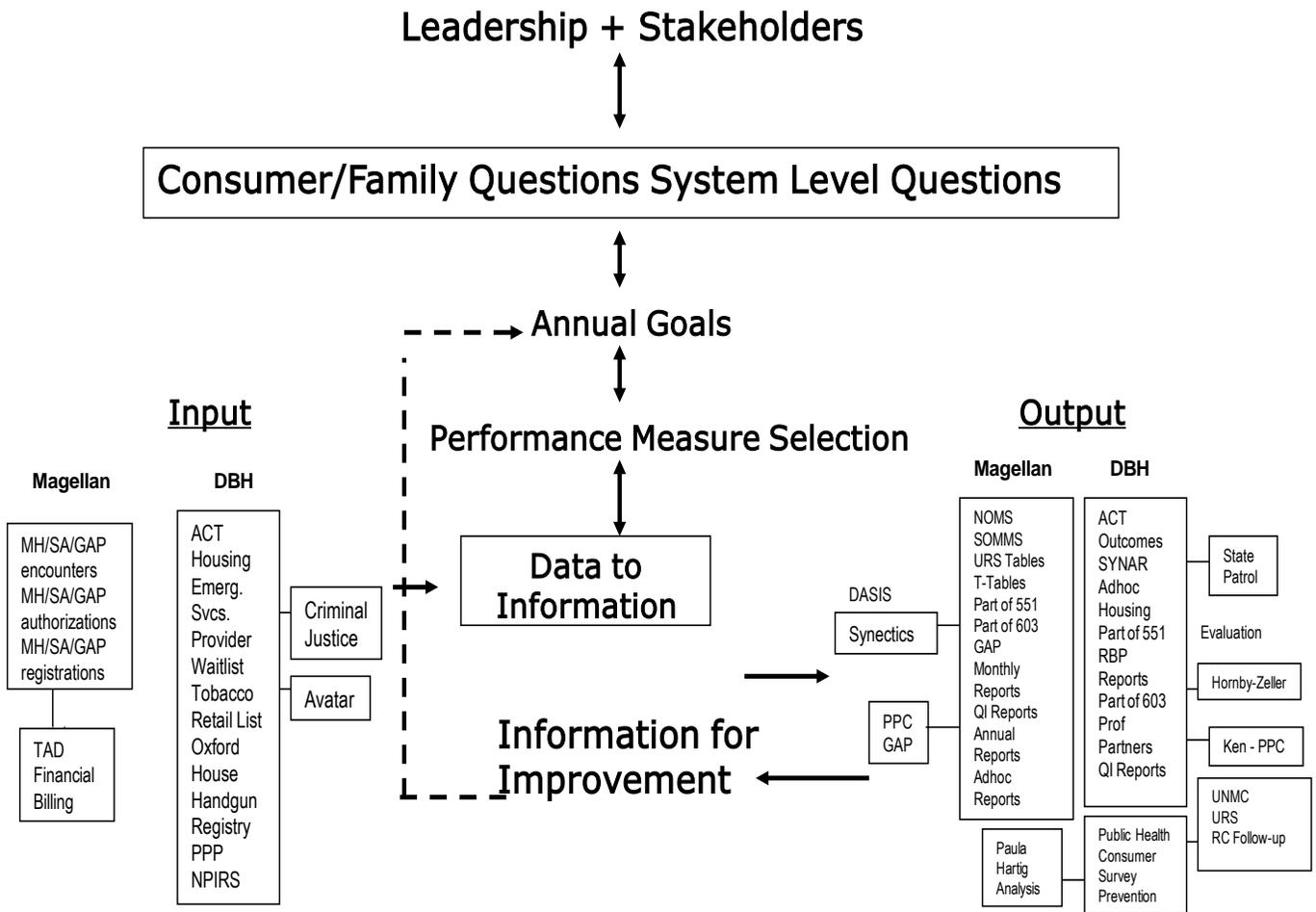
- TBD

**QI Program Goals for FY12/13 include:**

1. Incorporate the Co-Occurring Quality Initiative Roadmap into the DBH Strategic Plan.
2. Develop and implement performance measurement monitoring and reporting process that is efficient and timely.
3. **Provide education for consumers about quality improvement.**

The following diagram illustrates the process for identifying performance measurements and utilizing data for improvement.

## Performance Measurement & Quality Improvement



## Section 4

## Performance Measurement

### 1. Accessibility Measures

- NOMS-Perception of Care – Access domain on MHSIP (85%)

### 2. Quality Measures

- NOMS-Perception of Care – Outcome domain on MHSIP (80%)
- 85% of consumers report services received improved their quality of life
- Increase in total number of providers completing TIC tool
- Increase in total number of agencies providing trauma specific services

### 3. Effectiveness Measures

- NOMS [Employment, stability in housing, criminal/justice, access/capacity, retention]

**Quality Initiatives:**

A workgroup may be established when:

- A long lasting solution is needed
- The problem is complex and seemingly unsolvable
- The impact of the problem is great
- The problem causes distress and pain for organizations and consumers/families

1. Complete recommendations for FY12 Consumer/Family Survey
2. Co-Occurring Service Delivery Roadmap Integration into the Strategic Plan
3. Evidence Based Practice & Fidelity Monitoring Project [DIG Grant Baseline]
- 4. Develop a Quality Improvement Handbook**
- 5. Improve the communication processes for the Consumer Survey**

## **CHARTER**

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# **Consumer Survey Communication Improvement** **Statewide Quality Improvement Team** **(CSCI Workgroup)**

### **CSCI Workgroup Charge**

The Charge of the Consumer Survey Communication Improvement Workgroup is to provide recommendations to DBH leadership by December 1, 2012 on an efficient way of improving the overall communication and participation.

### **CSCI Workgroup Goal**

The goal is to get improved information out to consumers in order to achieve better understanding, higher trust and increased participation.

### **Questions to be considered by CSCI Workgroup**

1. What methods have been used to date to communicate to consumers? (Before/after the survey)
2. Who all is responsible for the communication and through what means? (State/ Region/ Provider)
3. What are the most frequently asked questions from consumers regarding the consumer survey? How can this information be used for continuous quality improvement on the consumer survey?
4. What are the official processes to provide responses to consumer questions?
5. What other ways can we inform consumers about the survey and convey the importance of their participation? (Before/after the survey)
6. How do we work to develop new communication methods?
7. Who will be responsible for the new communication methods? (State/ Region/ Provider)
8. How will feedback from the consumers be given, received, and integrated?

## CHARTER

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### CSCI Workgroup Membership

#### Division of Behavioral Health

- Heather Wood, Quality Improvement and Data Performance Administrator, Sponsor
- Ying Wang, Statistical Analyst, Facilitator
- Carol Coussons de Reyes, Administrator for the Office of Consumer Affairs
- Dan Powers, Office of Consumer Affairs

#### Regional Behavioral Health Authority

- Region 1 – Judie Moorehouse, Consumer Initiatives Coordinator
- Region 2 – Corey Brockway, Regional Consumer Specialist
- Region 3 – Ann Tvrdik, Regional QI
- Region 4 – Amanda Theisen, Regional Consumer Specialist
- Region 5 – Patrick Kreifels, Regional QI
- Region 6 – Paige Hruza, Regional Consumer Specialist;  
Joel Case, Data Management Coordinator

#### Consumer Representation

- Kathleen Hanson
- Phyllis McCaul
- Jill Drahota

#### Other Divisions and Agencies

- CFS – Terri Farrell, Quality Assurance Administrator
- Magellan – Lori Hack, Director of Consumer Affairs  
Lisa Christensen, Quality and Compliance Director
- UNMC – Melissa Gilleland, Survey Program Coordinator  
Larry Andelt, Research Manager

## **CHARTER**

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### *Decision-Making Method*

When a decision by the CSCI Workgroup is necessary to adopt agreements, the following conditions will apply:

1. There must be a quorum of the membership present to make a decision. A quorum will consist of one half of members at the start of the meeting. Once the quorum is established, it holds throughout the meeting.
2. Consensus is the preferred decision-making method. Consensus means all voting members are satisfied with the decision or can live with and support the decision even though they may not fully agree with the decision. The member may need to register that view to the group, but does not choose to block the decision and will not advocate against it, that is, the member is willing to defer to the wisdom of the group.
3. When consensus cannot be reached, a majority proposal (based on a vote of the members present) plus minority proposal will be recorded.

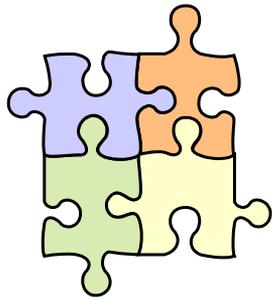
### *Meeting Schedule*

The CSCI Work Group will meet approximately monthly for 1.5 hours by Live Meeting conference call. There may be a statewide in-person meeting called as needed to move the project forward. The first meeting is scheduled as follow:

- August 29, 2012 – 9:30 – 11:00 am.

### *Meeting Ground Rules*

- Members will come to the meetings on time.
- Meetings will start on time.
- While participating in the Live Meeting conference call, members agree to focus on meeting content and not engage in other activities (such as email).
- Agendas and minutes will be sent to members at least three (3) days prior to the next meeting.

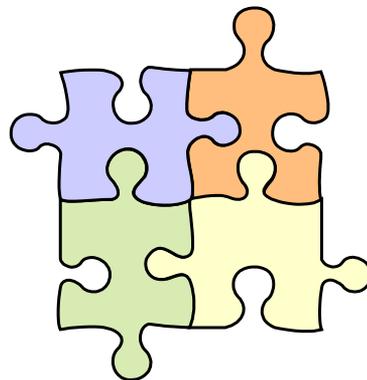


## Behavioral Health Consumer Surveys in Nebraska: Change for Improvement



## Change for Improvement

Understanding  
consumers' needs  
is dependent upon  
hearing their  
*voices.*



## 2012 Adult Consumer Survey

### Div. of Behavioral Health

- 57 questions:
  - 28 - Mental Health Statistics Improvement Program (MHSIP) Consumer Satisfaction Survey
  - 11 - improved functioning and social connectedness and one question on quality of life
  - 9 - Behavioral Risk Factor Surveillance System (BRFSS)
  - 3 - Treatment type
  - 4 - Demographic
  - 2 - Survey mode exploration
  - + open ended comment box

### Magellan Behavioral Health

- 42 questions:
  - 28 - Mental Health Statistics Improvement Program (MHSIP) Consumer Satisfaction Survey
  - 3 - Custom satisfaction
  - 2 - Health information
  - 3 - Treatment type
  - 4 - Demographic
  - 2 - Survey mode exploration
  - + open ended comment box

3

## Methodology

### DBH

- Survey administration and data collection - UNMC
- Sample of clients from 6 month timeframe
- Mail and telephone modes
- Surveying approximately mid-February through end of May
- Survey data processed by DBH data team

### Magellan

- Survey administration and data collection - Magellan Evaluation and Outcomes Surveys department
- Sample of clients from 3 month timeframe (not surveyed in previous 12 months)
- Mail mode
- Surveying approximately April through end of May
- Survey data processed by the Evaluation and Outcomes Surveys department

4

## 2011 Consumer Survey Response

### DBH (n=1,404)

- Sample drawn - 5,773
- Contact Rate - 56%
- Response Rate - 43%
  
- Gender
  - Male: 48.1%
  - Female: 51.9%

### Magellan (n=521)

- Sample drawn - 3,500
- Contact Rate - 87%
- Response Rate - 17%
  
- Gender
  - Male: 31.4%
  - Female: 68.6%

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## Consumer Survey - Demographics

### DBH

- Age:
  - 19-24 years : 9.3%
  - 25-44 years : 45.9%
  - 45-64 years : 40.9%
  - 65+ years: 3.9%

### Magellan

- Age:
  - **18**-24 years : 10.3%
  - 25-44 years : 39.5%
  - 45-64 years : 47.3%
  - 65+ years: 2.9%

6

## Consumer Survey – Demo. Cont.

### DBH

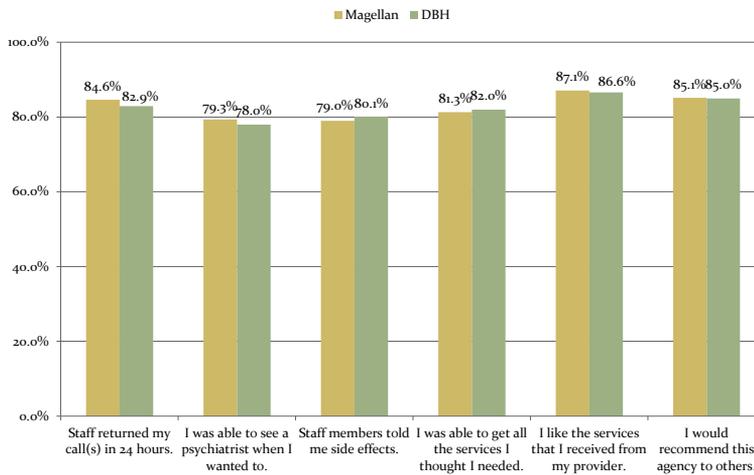
- Race:
  - White: 84.0%
  - Non-White: 16%
  
- Ethnicity:
  - Hispanic: 5.9%
  - Non-Hispanic: 94.1%

### Magellan

- Race:
  - White: 83.6%
  - Non-White: 16.4%
  
- Ethnicity:
  - Hispanic: 6.8%
  - Non-Hispanic: 93.2%

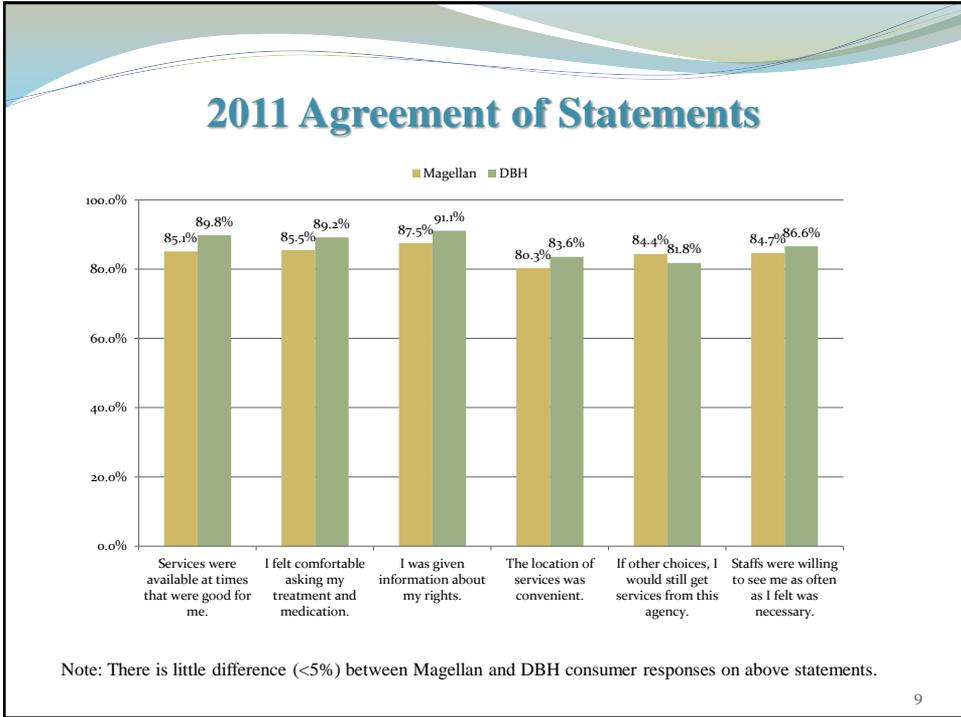
7

## 2011 Agreement of Statements

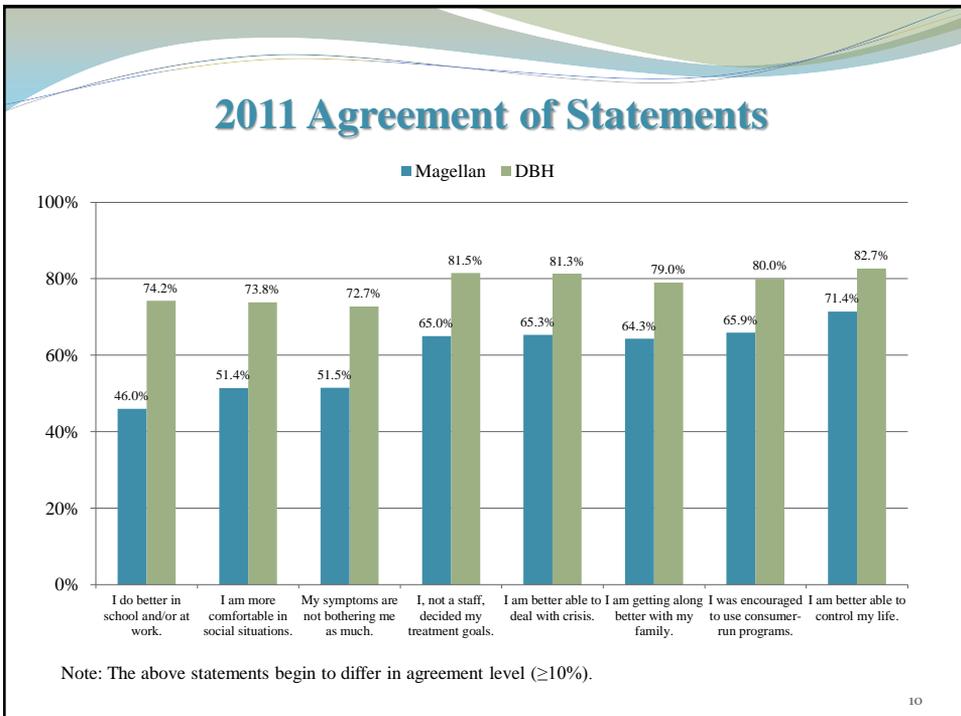


Note: There is little difference (<5%) between Magellan and DBH consumer responses on above statements.

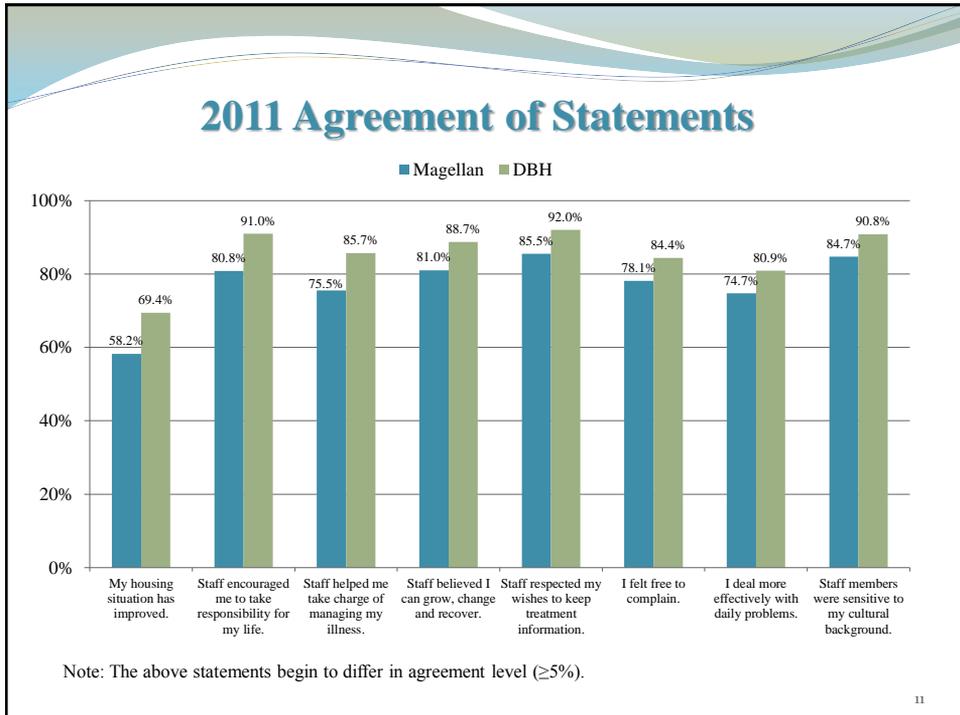
8



9



10



## Comparison Questions

- What do you think may be contributing to like responses?
- What do you think may contribute to differences?
- What ideas do you have for improvement?

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# Thank you!

**Questions?**

**Comments?**

**Feedback?**

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