



Creating Solutions,

one person at a time.

***Consumer Satisfaction Survey 2011
Analysis and Report***

**Prepared by the UNC Charlotte Urban Institute
May 2011**

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Executive Summary

This report contains the findings from a consumer satisfaction mail survey of PBH clients who reside in Cabarrus, Davidson, Stanly, Rowan, and Union Counties in North Carolina. The primary objective of the survey is to measure the accessibility of services, availability of providers, and overall satisfaction with services provided by the PBH network of providers. A description of the survey methodology can be found in the introduction. In the body of the report, analyses are performed using frequencies and cross-tabulations. A complete listing of survey responses is included in Appendix A.

Respondents were first asked a series of demographic questions. Demographic information is used as a basis of comparison for all survey questions and to describe the characteristics of respondents at the county level. In general, the largest groups of clients who completed the survey were the persons receiving the services (50%) provided by the organization. Rowan County had the highest percentage (25%) of respondents completing the survey among the five counties. Over three-quarters of the consumers were Medicaid recipients (79%). Similarly, three-quarters of survey participants identified their race as Caucasian (74%) and 59 percent of the respondents were female. Thirty percent of the consumers were 49-64 years of age, followed by consumers 18 years old or less (27%). In addition, the largest group of consumers indicated they had mental health issues only (44%) followed by those with more than one disability (31%) and those with intellectual developmental disabilities only (13%). Only a small percentage of respondents had did not know the type of disability (10%) and an even smaller minority reported treatment for substance abuse issues only (2%).

Respondents were next asked if there were any interferences or barriers which inhibited their ability to receive services. Over one-quarter (26%) of respondents indicated that the cost and/or availability of transportation were their major interference, followed by cost of medications and cost of services.

Respondents reported being satisfied when asked about their treatment and service options (91%) and the service locations (85%). A large majority (85%) had received their PBH Handbook within 14 day of enrollment and reported being aware of their rights and responsibilities as a consumer (87%). Sixty-seven percent of respondents indicated that the Medicaid denial and appeal process had been explained to them. Of those who had filed a Medicaid appeal; sixty-five percent reported that the process had been satisfactory. In addition, a majority of respondents indicated that authorization for treatment had occurred within a reasonable timeframe (85%); that they were aware of the call center's toll-free number (70%); and they possessed the knowledge to access services when in crisis (69%). Improvement was made when compared to last year's responses: the one recurring problematic area is that 40 percent of respondents did not know how to file a complaint, which was a 4 percent increase after two years of improvement since the question was asked first in 2008.

Overall, survey participants seemed to be satisfied with the level of treatment and services through PBH and the network of providers. When asked about their perception of the PBH network of provider services, staff assistance, and appointment times, a majority of respondents indicated being satisfied most of the time or always. In addition, there were slight increases in the percent of respondents indicating they were always or most of time satisfied with regard appointment times. Nearly one-third of respondents reported that they rarely or never had a choice in selecting their provider (31%) and that it was rarely or never easy to change providers (32%).

Lastly, when asked if services met their racial/ethnic background, a majority of respondents indicated services most of the time or always met their needs. With respect to the availability of a translator and educational materials in their native language, respondents reported these services being

available most of the time or always. In regard to improving quality of life and overall satisfaction, most respondents were satisfied always or most of the time.

Table 1 on the following page provides a general overview of the survey results categorized by the disability of the respondent. The questions examined relate to the consumers' perceptions of the PBH network of provider services and staff; their availability during a crisis; the ease of obtaining appointments; ability to easily change providers; the availability of translators; and an overall satisfaction with the level of services they receive through PBH. The survey instrument presented respondents with a series of questions related to their quality of service and experiences with PBH. Survey participants were asked to rate their level of service to each of the questions on the following four-point Likert scale:

1= Never, 2= Rarely, 3= Most of the Time, 4= Always

Based on the scale given to the respondents, a lower mean score indicates greater disagreement with a given question, while a higher mean score signifies more agreement or a greater satisfaction with PBH.

Survey results show that irrespective of primary disability, most clients view the level of service provided by PBH in a positive manner (Table 1). However, there are some questions that warrant concern:

- If you needed an appointment for a mental health or substance abuse emergency, were you seen within 2 hours? (mean score=3.13)
- If you requested an appointment while experiencing a mental health or substance abuse crisis (not an emergency), were you seen within 48 hours? (mean score=3.08)
- Do you have a choice in selecting your provider? (mean score=3.01)
- Is it easy to change your provider? (mean score=2.86)

Table 1: Means of Survey Responses by Consumer Disability

	Develop- mental Disorder	Mental Health	Sub- stance Abuse	Multi- Dis- abilities	Unknown Dis- abilities	Total Sample
Does your services plan meet your needs?	3.49	3.38	3.58	3.24	3.24	3.34
Do you participate in planning the services that you receive?	3.65	3.39	3.33	3.40	3.28	3.42
Does your quality of service remain the same even if the provider's staff changes?	3.58	3.29	3.56	3.25	3.14	3.31
Does your stability and/or well-being remain the same even if the provider's staff changes?	3.55	3.32	3.30	3.16	3.20	3.29
Are your provider's staff available when you need services?	3.55	3.42	3.73	3.34	3.39	3.41
Are the services available meeting your needs?	3.58	3.40	3.73	3.21	3.43	3.38
Are your provider's staff available when you are in a crisis?	3.56	3.43	3.82	3.32	3.47	3.43
Are the right services available to meet your needs in a crisis?	3.56	3.41	3.73	3.21	3.36	3.37
If you needed an appointment for an emergency, were you seen within 2 hours?	3.39	3.07	3.57	3.08	3.17	3.13
If you requested an appointment while in a crisis (not an emergency), were you seen within 48 hours?	3.50	3.05	3.57	3.04	2.80	3.08
If you requested a routine appointment were you seen within 14 calendar days?	3.41	3.29	3.89	3.28	3.18	3.30
If you have a scheduled outpatient appointment, do you see the provider within one hour of arriving?	3.53	3.62	3.89	3.48	3.70	3.59
Do you have a choice in selecting your provider?	3.40	2.91	2.57	3.09	2.74	3.01
Is it easy to change providers?	3.45	2.74	3.67	2.81	2.79	2.86
Do the services you receive help you to be as independent as possible?	3.56	3.37	3.64	3.25	3.38	3.36
Is your privacy respected?	3.78	3.79	3.91	3.65	3.53	3.73
Do you feel free to complain?	3.68	3.46	3.91	3.28	3.44	3.44
Are services available to meet your racial and ethnic background needs?	3.77	3.70	4.00	3.64	3.37	3.67
Are your provider's staff able to address the needs of your racial and ethnic background?	3.83	3.72	4.00	3.54	3.35	3.65
Are translators available to help if you need them?	3.80	3.72	4.00	3.39	3.29	3.59
Are educational materials translated in your language?	3.71	3.63	4.00	3.63	3.58	3.65
Within the past year, have your services improved your quality of life?	3.65	3.30	4.00	3.28	3.31	3.35
Please rate your overall level of satisfaction with the services you receive from providers in the PBH network.	3.38	3.19	3.42	3.14	3.04	3.19

Rating of service: 1 = Never, 2 = Rarely, 3 = Most of the Time, 4 = Always

Introduction

PBH contracted with the UNC Charlotte Urban Institute to conduct a mail survey regarding client satisfaction. This survey consisted of a random sample of 10,000 clients receiving services through PBH. The random sample methodology ensures that each consumer household address had an equal probability of being selected. All responses to the survey were kept anonymous to protect the respondent's confidentiality, and, per UNC Charlotte's Institutional Review Board (IRB) regarding research ethics compliance, no identifiable information was collected from the survey instrument and all data analyzed in aggregate with no individual survey respondent identified. The survey instrument included statements and questions on the following topics:

- Type of person completing form (consumer, parent, guardian, etc.)
- County of residence
- Gender of consumer
- Length of time receiving services
- Age of consumer receiving services
- Race of consumer receiving services
- Primary disability
- Factors that have interfered with the ability to receive services from PBH network of providers
- Awareness of the PBH services
- Perceptions of the services through the PBH network of providers
- Perceptions of the staff within PBH network of providers
- Perceptions of the PBH network of provider services/staff availability during a crisis
- Perceptions of appointment times
- Perception in relation to choosing or changing a provider
- Sensitivity of services/staff ability to address client's racial and ethnic community
- Availability of translators and material in native language
- Overall satisfaction with the services consumers received from the PBH.

The Institute employed the Dillman Total Design Method which asserts that a higher response rate is achieved if surveys are mailed out in three separate increments. The first wave of surveys was mailed out on March 21, 2011. Included in this mailing were the survey instrument, a pre-paid business reply envelope, and consent to participate letter. The second mailing to consumers consisted of postcard reminders and was sent out on April 4, 2011. The postcard thanked those who had already responded to the survey questionnaire and requested a response from those who had yet to do so. The final mailing was mailed out on April 18, 2011 including the survey instrument, pre-paid business reply envelope, and consent letter. The survey period concluded on May 6, 2011, at which time 628 persons had completed the survey which resulted in a response rate of 6 percent¹.

The PBH Consumer survey, like all surveys, has a potential for error due to the fact that not all respondents completed the mail survey. A total of 628 completed surveys were included in the study, resulting in a margin of error approximately ± 3.79 percent at the 95 percent confidence level. This means that, in a sample of this size, one can say with 95 percent confidence that the results have a statistical precision of ± 3.79 percentage points of what they would be if the entire population had been surveyed.

¹ Last year, 902 respondents completed the survey out of 10,000, resulting in a response rate of 9%. In 2009, 1,371 respondents completed the survey out of 10,000, resulting in a response rate of 14%. In 2008, 1,067 respondents completed the survey out of 8,586, resulting in a response rate of 15%. In 2007, 1,157 survey participants completed the survey out of 8,586, resulting in a response rate of 13%.

Overall results of the survey are analyzed in the body of this report. In the survey analysis, percentages are rounded to the nearest whole number. As a result, total percentages may be slightly more or less than 100 percent. For the purpose of clarity, “does not apply” and “no response” answers are omitted from all analyses and subsequent tables and charts. Cross-tabulation analysis, the joint distribution of two variables, was conducted to examine the distribution of responses to survey questions across the major demographic variables. Chi-square was used to test for statistical significance. Also, where possible, 2011 results were compared to the 2010, 2009, 2008, and 2007 PBH survey results. Categories of responses were sometimes combined if this approach strengthened the analysis. A complete listing of survey frequencies, including “does not apply” and “no response,” can be found in Appendix A.

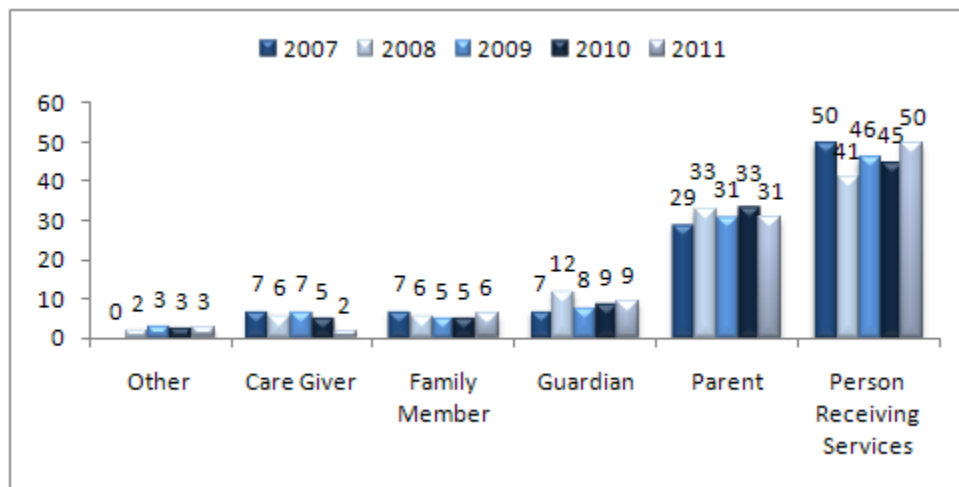
Characteristics of Sample

PBH survey respondents were first asked a series of demographic questions about themselves or the PBH client they were representing. For the remainder of the report, response frequencies will be presented, followed by cross-tabulations. Frequencies are used to identify the number of people that responded to each question. Cross-tabulations indicate whether there is a statistically significant relationship between demographic information and questions relating to treatment and services.

Respondent

Respondents were initially asked about their relationship with PBH. One-half of survey respondents (50%) were the actual person receiving services provided by the organization (Figure 1). Thirty-one percent of respondents identified themselves as parents of children who received services. Guardians represented 9 percent of respondents; family members comprised 6 percent of survey participants and caregivers were an additional 2 percent. The remaining 3 percent selected “other”. Respondent distributions were similar to previous surveys.

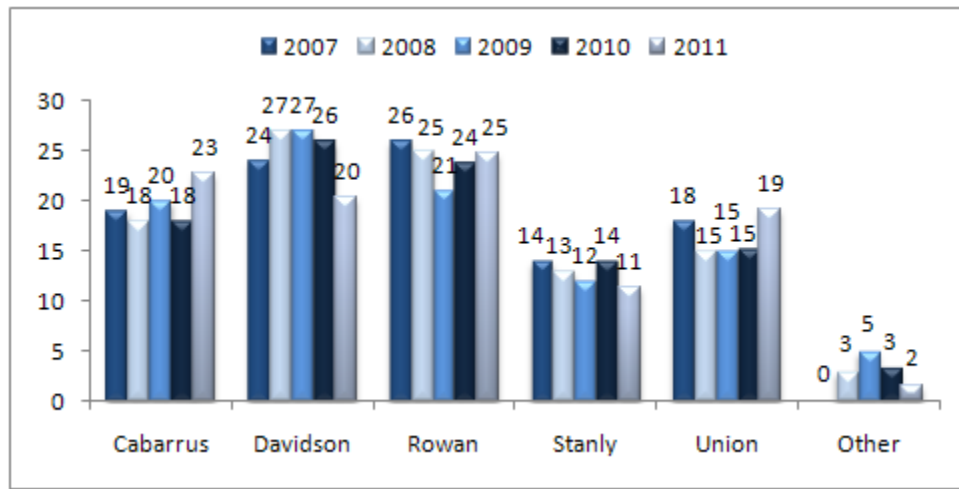
Figure 1: Person Completing Survey
(percentage distribution)



County

The largest contingent of respondents resided in Rowan County (25%) followed closely by those from Cabarrus County (23%) as shown in Figure 2. Davidson County residents comprised 20 percent of the respondents; Union County represented 19 percent of those surveyed; and 11 percent of respondents resided in Stanly County. Two percent of respondents selected “other” when asked their county of residence. Compared to previous years, the number of respondents increased for Cabarrus and Union County, while they decreased for Davidson and Stanly County (Rowan County and ‘Other’ was consistent).

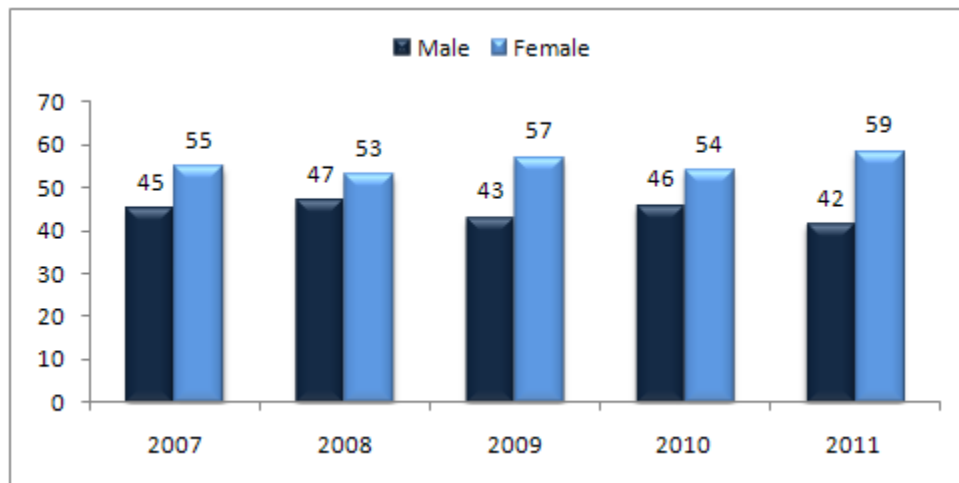
Figure 2: County of Residence
(percentage distribution)



Gender

Of the 628 respondents, fifty-nine percent were female and 42 percent were male (Figure 3).

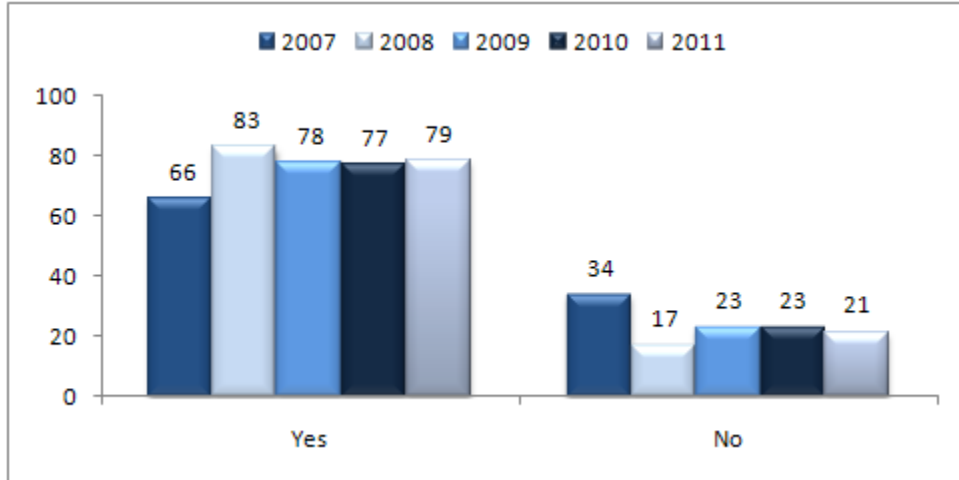
Figure 3: Gender of Consumer
(percentage distribution)



Medicaid

Over three-quarters of respondents received Medicaid assistance (79%) and 21 percent did not (Figure 4). Results were similar when compared to previous years.

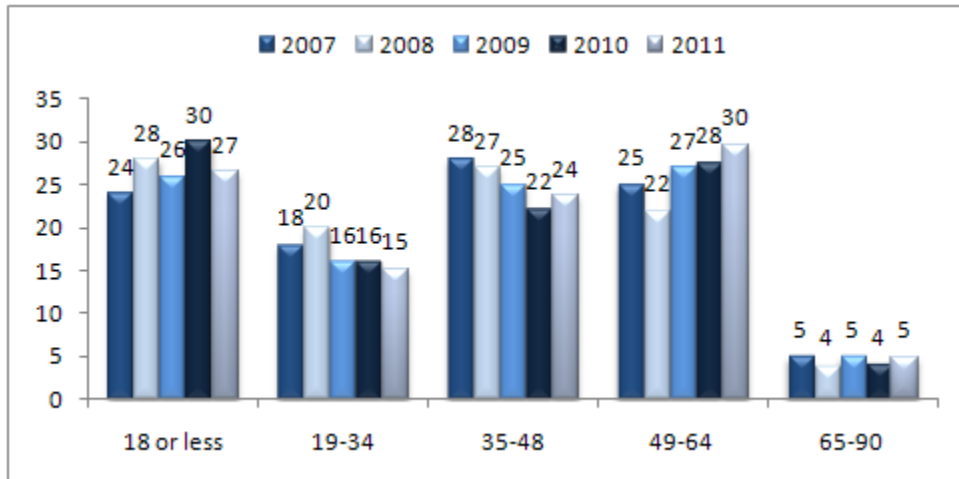
Figure 4: Medicaid
(percentage distribution)



Age

Respondents were asked to provide the age of the person receiving services and these figures were subsequently combined into five categories. As shown in Figure 5, results from this year showed little variance in percentages when compared to the previous four years of the survey. This year, clients 49-64 years of age comprised the largest group (30%) followed closely by those 18 years old or less (27%) and those 35-48 years old (24%). Fifteen percent of respondents were 19-34 years old, followed by persons 65 years or older representing 5 percent.

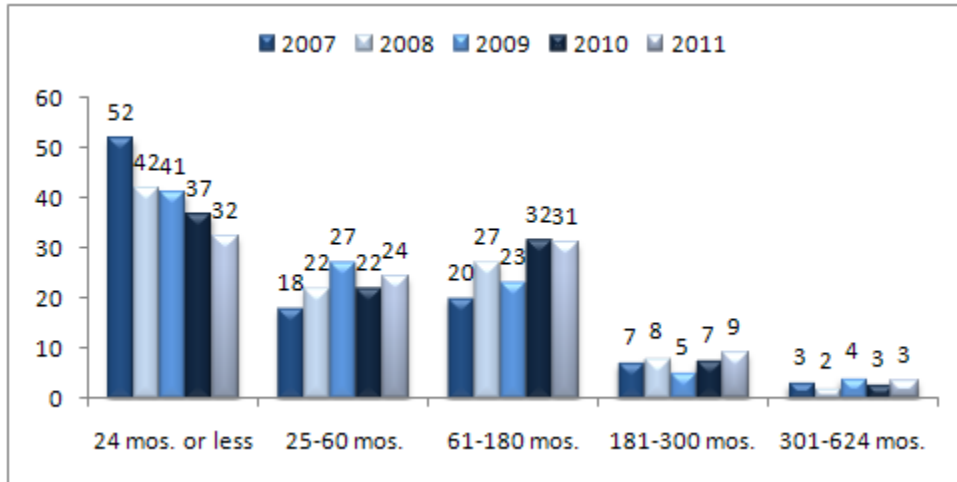
Figure 5: Age of Consumer Receiving Services
(percentage distribution)



Length of Time Receiving Services

As shown in Figure 6, thirty-two percent of respondents reported that the person receiving services from PBH had so for two years or less and an additional 24 percent had been clients between 25 months and 60 months (2 to 5 years). Just under one-third (31%) had been receiving services from 61 months to 180 months (5 to 15 years). Nine percent had been clients between 181 months and 300 months (15-25 years) and 3 percent had received services for 25 years or more. Continuing a trend since the survey was implemented, the percentage of respondents receiving services for less than two years declined, while respondents receiving services for 2-5 and 5-15 years has increased.

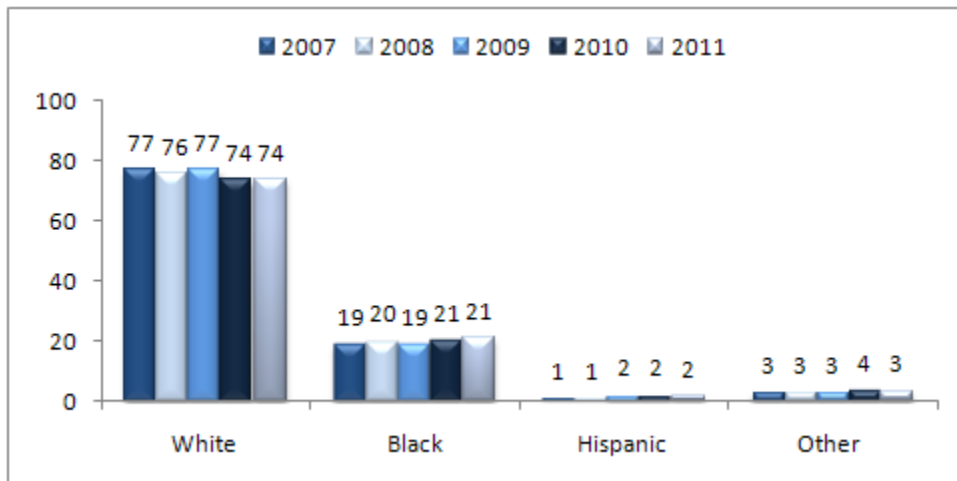
Figure 6: Length of Time Receiving Services
(percentage distribution)



Race/Ethnicity

As has been the case over the five-year span of the survey, the majority of persons receiving services (74%) were Caucasian, followed by 21 percent who were African American (Figure 7). Latinos represented 2 percent of respondents, while the remaining 3 percent identified his/herself as ‘other’. The ‘other’ category comprises respondents who were Asian, Native American, or persons that were multi-racial.

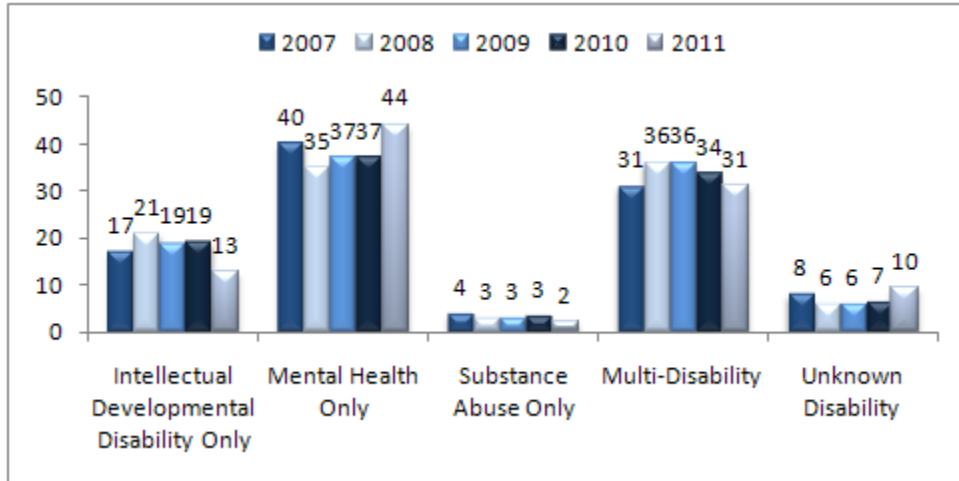
Figure 7: Race/Ethnicity of Consumer
(percentage distribution)



Primary Disability

As shown in Figure 8, Forty-four percent of respondents reported that the person receiving services had just a mental health disability. Just under one-third (31%) were multi-disability and 13 percent had intellectual developmental disability only. Ten percent of persons receiving services had unknown disability and the smallest group (2%) had substance abuse only. Unlike previous surveys where the distribution of primary disability remained relatively constant, this year there was a significant decrease in intellectual developmental disability only and a significant increase in mental health only.

Figure 8: Primary Disability
(percentage distribution)



Interferences to Receiving Service

Respondents were presented a list of five items that could be barriers or interferences to receiving needed services from a PBH network provider. This list included: cost or availability of transportation, telephone access, cost of medications, cost of services, and offices hours. A sixth option of “other” was offered so that the client could report interferences not covered by the provided list. Since a person could be faced with multiple barriers, respondents could select multiple responses. Barriers to receiving service are shown in Table 2. The percent responses column reflects what percentage of the total number of barriers mentioned is contained in each category. The percent of cases column indicates what percentage of the respondents (who had at least one interference/barrier) had interferences of each given type. There were 288 respondents who reported at least one barrier.

Forty point six percent (40.6%) of those who mentioned at least one barrier identified the cost and availability of transportation as a barrier. The next most frequently cited interference was the cost of medications with 30.2 percent of cases reporting this issue. Costs of services were mentioned by 27.1 percent of cases followed by 17.0 percent of cases mentioning telephone access as a barrier. Office hours were selected by 11.5 percent of cases. The “other” category included mentions of his/her personal health condition, insurance/Medicare/Medicaid issues, availability of doctors, counselors, and staff among others. A complete list of “other” responses can be found in Appendix B.

Table 2: Barriers to Receiving Services

Barrier/Interference	Number of Responses	Percent of Responses	Percent of Cases
Cost & Availability of Transportation	117	25.9%	40.6%
Cost of Medications	87	19.3%	30.2%
Cost of Services	78	17.3%	27.1%
Telephone Access	49	10.9%	17.0%
Office Hours	33	7.3%	11.5%
Other	87	19.3%	30.2%
Total	451	100%	156.6%

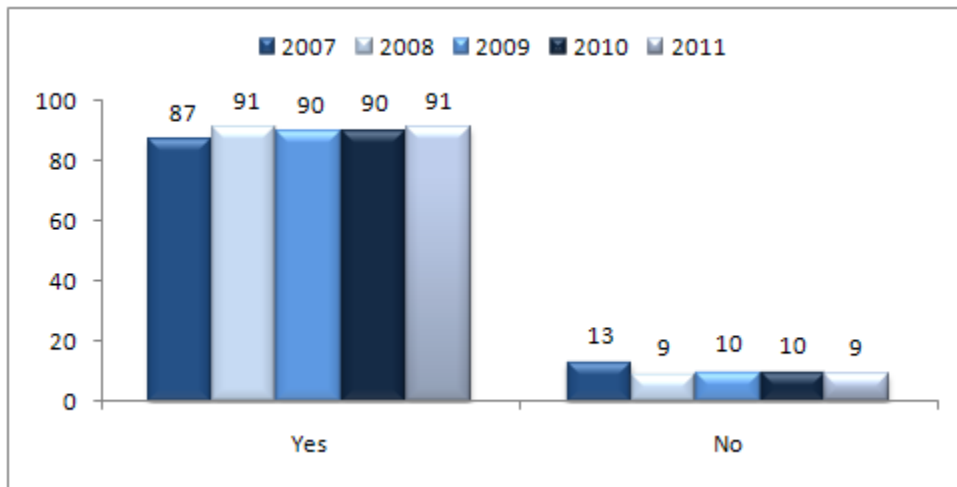
Treatment and Service Options

The next section asked survey participants about treatment and services, service locations, and overall awareness of the services provided by PBH. The first ten questions posed to respondents were simply yes/no questions with an option of “does not apply.” These inquiries were principally related to the client’s knowledge of service options and procedures used by the organization to assist the consumer in negotiating through the system.

Treatment and Service Options

Respondents were first asked if the treatment and service options had been explained to them. Similar to the four previous years of the study, a significant majority answered in the affirmative as shown in Figure 9. Specifically, this year 91 percent said yes and 9 percent responded no. Cross-tabulation analyses revealed that no demographic variable exhibited statistical significance with regard to treatment and service option being explained.

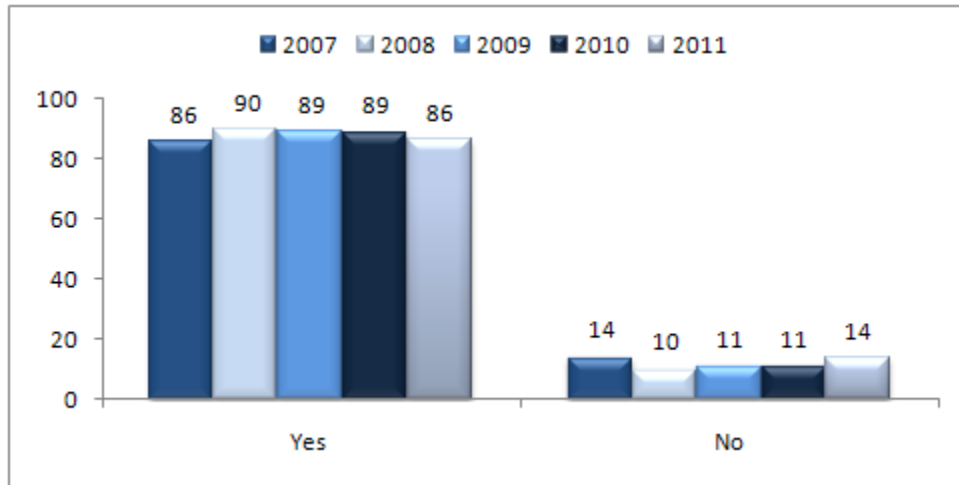
Figure 9: Treatment and Service Options Explained
(percentage distribution)



Service Locations

When respondents were asked if the service locations were convenient, 86 percent of survey participants reported that these locations were indeed suitable (Figure 10). Only 14 percent of respondents indicated that the service locations were not convenient. Results reveal a slight decline from previous surveys in terms of service locations being convenient. Cross-tabulation analyses of the convenience of service locations showed statistical significance with regard to the county of residence, gender, Medicaid coverage, and age of the consumer. Survey participants more likely to have responded “yes” were those from Cabarrus (93%), Rowan (90%), and Stanly County (96%), female (89%), do not have Medicaid (94%), and those aged 65 and older (96%).

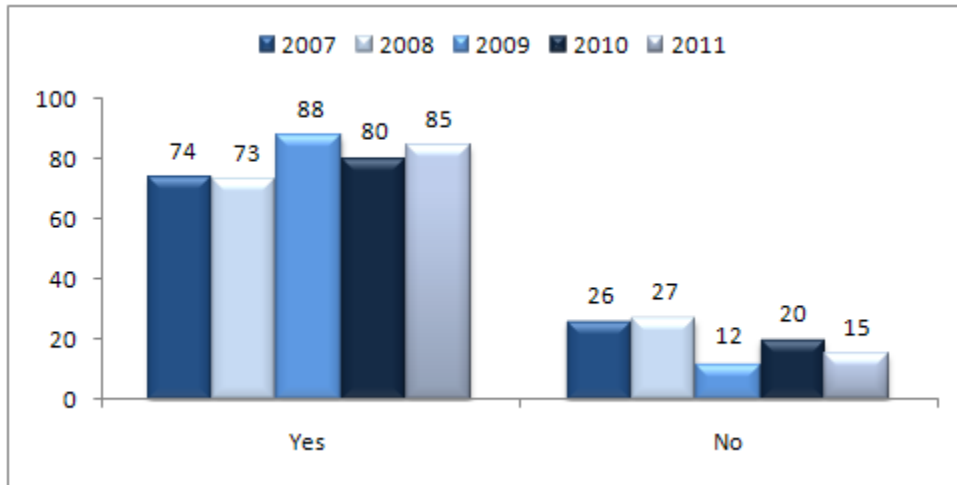
Figure 10: Service Locations Convenient
(percentage distribution)



PBH Handbook

Survey participants were asked if a PBH Handbook had been received within 14 days of enrollment. Results from this year revealed a 5 percentage point increase from the previous year in persons reporting yes, after a decline of 8 percent the previous year (Figure 11). Specifically, 85 percent of those surveyed had received the handbook within two weeks of enrollment while 15 percent said they had not obtained it within this time period. Cross-tabulation analyses showed that Medicaid coverage and length of time receiving services have a significant association with the respondent receiving their PBH Handbook within 14 days of enrollment. Respondents more likely to have responded “yes” were persons without Medicaid (90%) and those receiving services from 15 to 25 years (95%).

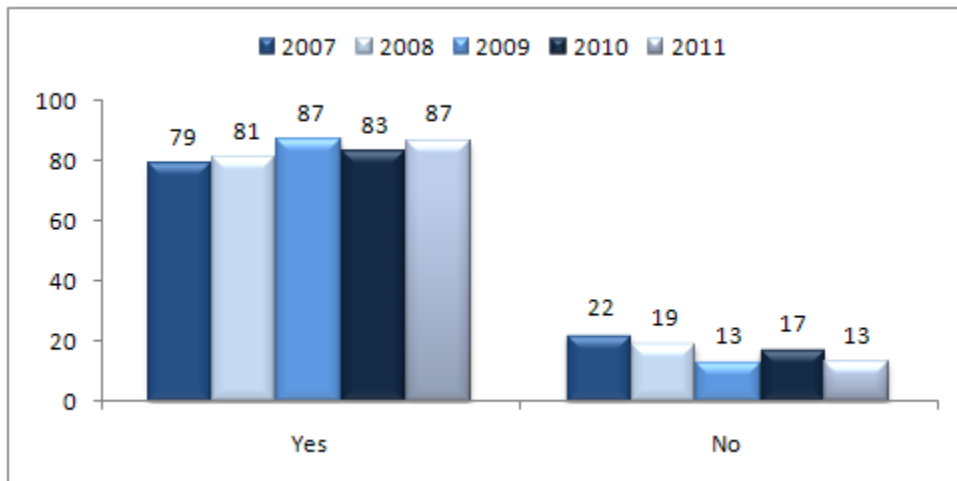
Figure 11: Receipt of Handbook within 14 Days of Enrollment
(percentage distribution)



Awareness of Rights and Responsibilities

When respondents were asked if they were aware of their rights and responsibilities when receiving services through a PBH network provider, 87 percent said yes, reversing a decline of 4 percentage points from 2009 to 2010 (Figure 12). Thirteen percent of respondents reported not being aware of their rights and responsibilities. When cross-tabulation analyses were performed no demographic variable exhibited statistical significance with regard to this question.

Figure 12: Awareness of Rights and Responsibilities
(percentage distribution)

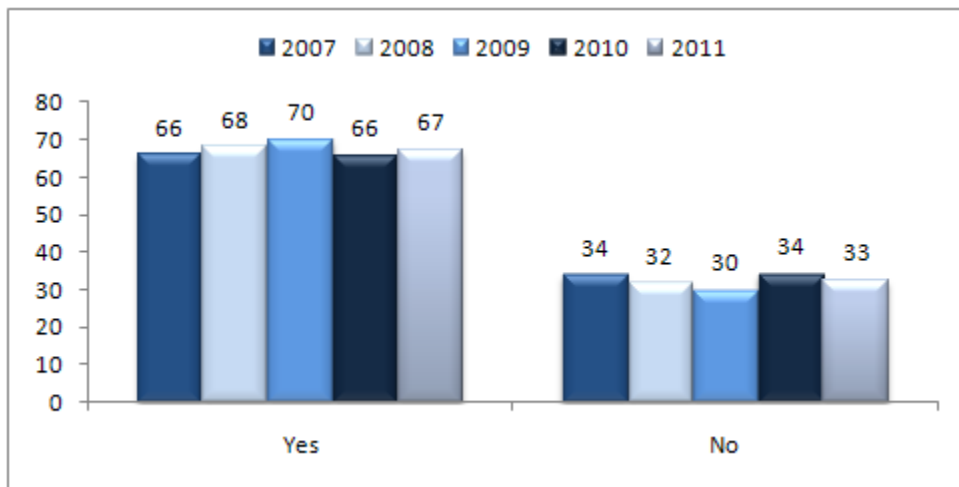


Medicaid Denial and Appeal Process

The next question posed to survey participants was whether the Medicaid denial and appeal process had been explained to them. As shown in Figure 13, sixty-seven percent of survey participants reported that this process had been explained to them. One-third (33%) of survey respondents reported that the denial and appeal process had not been explained. When cross-tabulation analyses were performed no demographic variable exhibited statistical significance with regard to this question.

Note: For the 2011 survey, the question was clarified as the Medicaid denial and appeal process (previous surveys did not include “Medicaid”). Also, respondents were asked to answer this question only if they have Medicaid when previous surveys did not. Although the results do not deviate from prior years and over three-quarters (79%) of respondents do have Medicaid, some caution should be used when interpreting the results.

Figure 13: Medicaid Denial and Appeal Process
(percentage distribution)

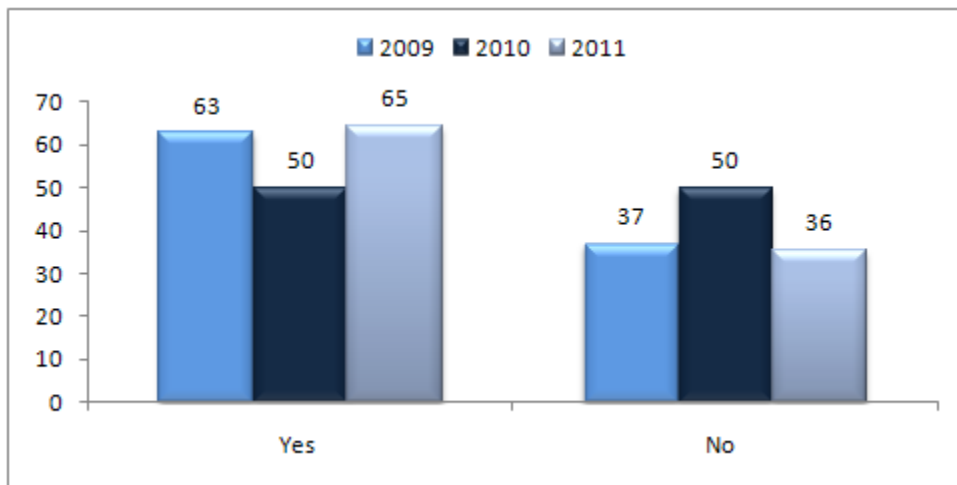


Satisfaction of Medicaid Appeal Process

Respondents were asked if they had filed a Medicaid appeal was the process satisfactory. As shown in Figure 14, sixty-five percent of those who had filed an appeal reported that the process was satisfactory representing a 15 percentage point increase from 2010, reversing a 13 percentage point decline from 2009 to 2010. Thirty-six percent of respondents did not find the process acceptable. Excluded from the calculations were the 299 respondents who selected the option of “does not apply” and 205 respondents who declined to answer the question, with a total number of respondents of 124. When cross-tabulation analyses were performed no demographic variable exhibited statistical significance with regard to this question.

Note: For the 2011 survey, the question was clarified as a Medicaid appeal (previous surveys did not include “Medicaid”). Also, respondents were asked to answer this question only if they have Medicaid when previous surveys did not. Although the results do not deviate from prior years and over three-quarters (79%) of respondents do have Medicaid, some caution should be used when interpreting the results.

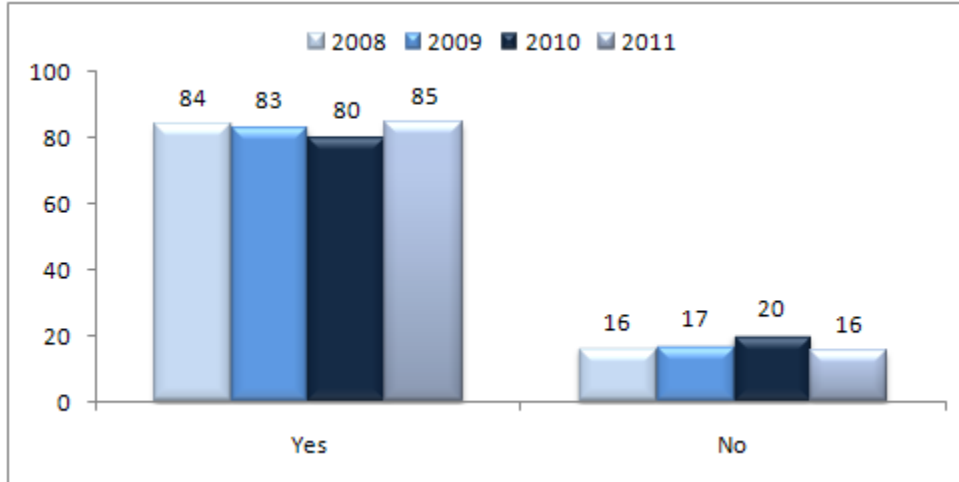
Figure 14: Satisfaction of Medicaid Appeal Process
(percentage distribution)



Authorization for Treatment

Eighty-five percent (85%) of respondents indicated that the authorization for treatment has been timely, while 16 percent did not concur (Figure 15). With a 5 percentage point increases this year, the results reverse a downward trend of respondents indicating that authorizations have been timely since 2008. Cross-tabulation analyses showed that the county of residence, gender, and Medicaid coverage and have a significant association with the respondent indicating authorizations as timely. Respondents more likely to have responded “yes” were those from Rowan (89%) and Stanly County (86%), female (89%), and those that do not have Medicaid coverage (91%).

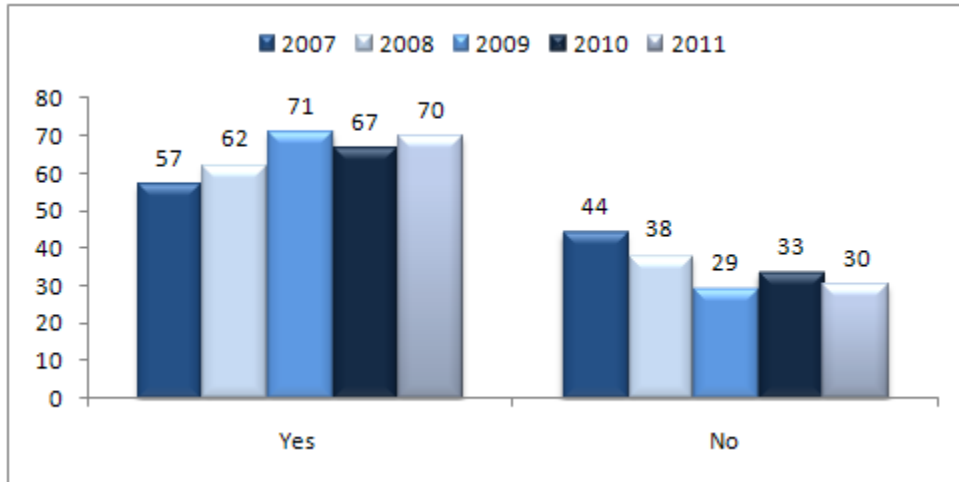
Figure 15: Authorization for Treatment Timely
(percentage distribution)



Awareness of Toll Free Number

Respondents were asked if they were aware of the PBH 1-800 toll-free number. Seventy percent of respondents indicated they were aware of the toll-free number (Figure 16). Thirty percent were unaware of the toll-free number. The results represent an increase of 3 percentage points from last year after a 4 percentage point decrease from 2009 to 2010. Cross-tabulation analyses showed that the type of person completing the survey and Medicaid coverage have a significant association with respondents aware of the toll-free number. Respondents more likely to have responded “yes” were Caregivers (100%) and those who do not have Medicaid coverage (79%).

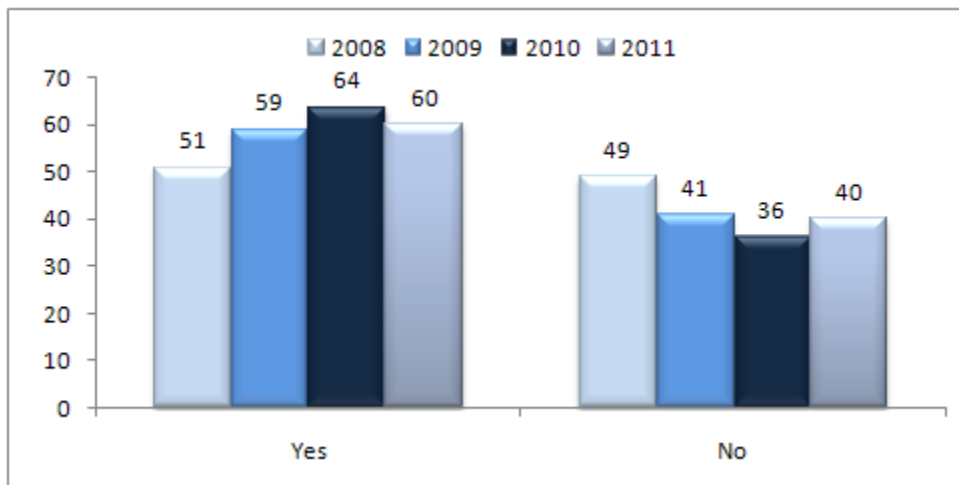
Figure 16: Aware of Toll Free Number
(percentage distribution)



Knowledge of How to File a Complaint

Sixty percent (60%) reported knowing how to file a complaint while the remaining 40 percent had no knowledge of this process (Figure 17). After three successive years of improvement, the results reflect a 4 percentage point decrease in client’s awareness of the process from last year. When cross-tabulation analyses were performed no demographic variable exhibited statistical significance with regard to this question.

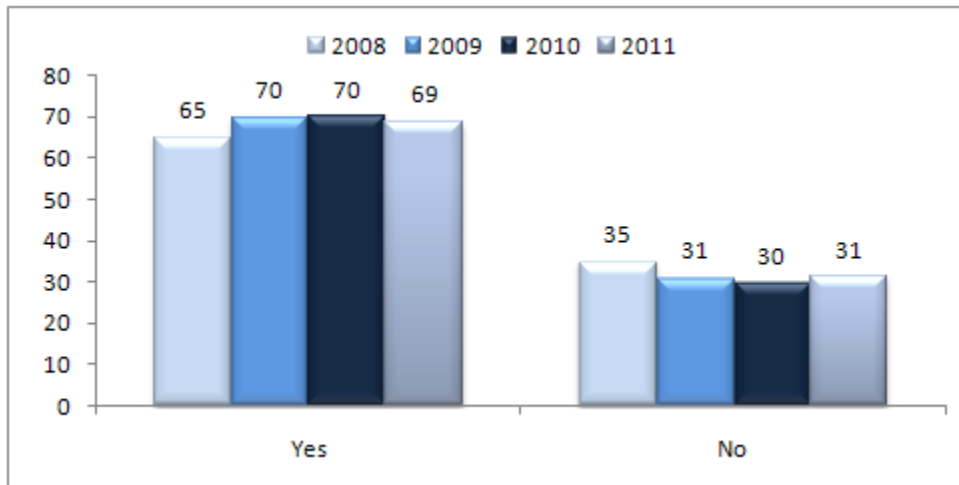
Figure 17: Knowledge of Filing a Complaint
(percentage distribution)



Accessing Services in a Crisis

The final question in this series asked respondents as to whether they knew how to access services in a time of crisis. As shown in Figure 18, sixty-nine percent of participating clients responded in the affirmative. This year just under one-third (31%) reported not knowing how to access services in a time of crisis. When cross-tabulation analyses were performed no demographic variable exhibited statistical significance with regard to this question.

Figure 18: Knowledge of Accessing Services in a Crisis
(percentage distribution)



Consumer Needs and PBH

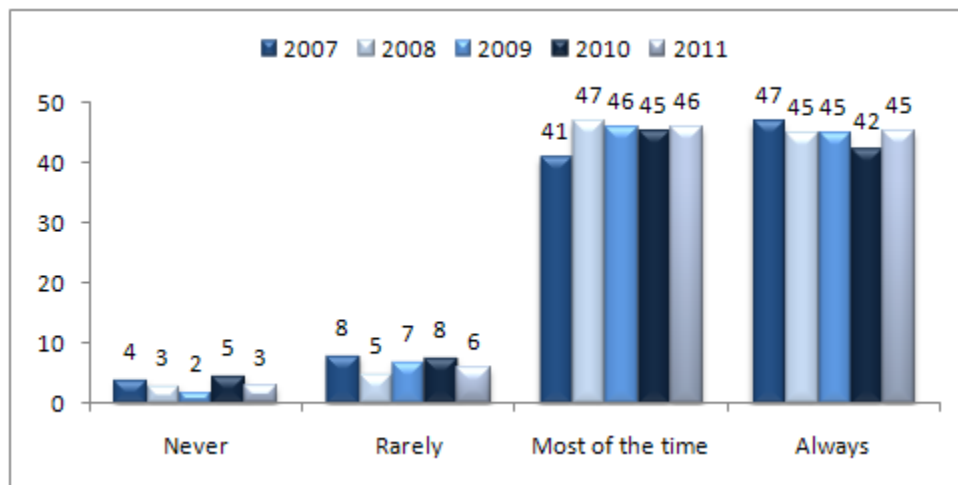
The next series of questions asked of respondents was in relation to how frequently PBH services met their needs. Each question utilized a 4-point Likert scale for respondents to rate various services. The scale consisted of “never”, “rarely”, “most of the time”, and “always”. An additional option was provided in case the service did not apply. These responses were excluded from the analyses. One modification to the survey instrument occurred in 2008 when “definitely” was replaced with “always.” Therefore, one must exercise some caution in comparing results to those from the 2007 consumer satisfaction survey.

Service Plan

As shown in Figure 19, a majority (91%) of respondents reported that the service plan met their needs either always (45%) or most of the time (46%). Six percent of respondents reported that their service plan rarely met their needs, while 3 percent stated that their service plan never met their needs. Results are similar to those reported for the previous four surveys. Although, there was a slight increase in percentage of respondents reporting that the service plan always met their needs.

Cross-tabulation analyses of respondent’s opinion on whether the service plan met their needs showed statistical significance with regard to gender. Respondents more likely to say the service plan always met their needs were female (48%). Respondents more likely to say the service plan met their needs most of the time were male (50%).

Figure 19: Service Plan Meets Your Needs
(percentage distribution)

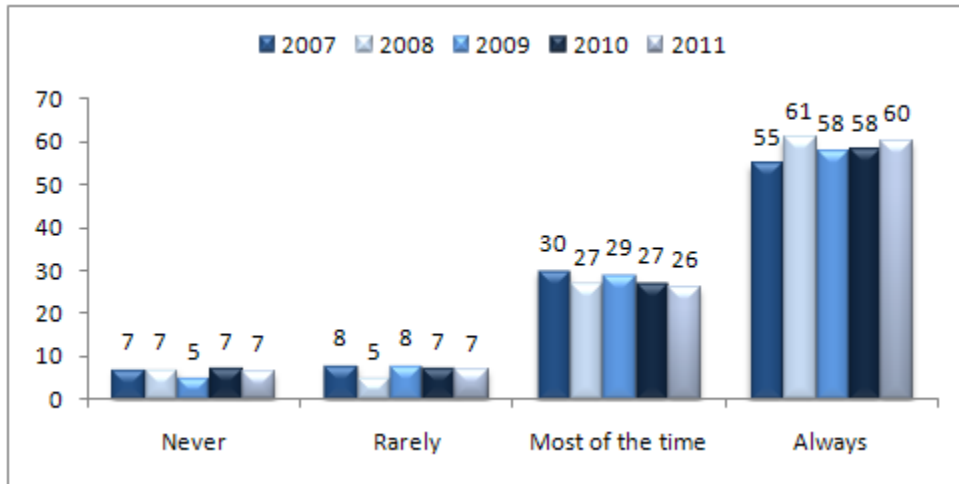


Planning of Services

The second question in this series asked respondents if they participate in planning the services they receive. This year's results were similar to the previous years' data as demonstrated in Figure 20. Sixty percent of clients always participated in planning the services they receive, while 26 percent reported taking part in this process most of the time. Of the remaining 14 percent, 7 percent rarely participated in the planning of services while an additional 7 percent never contributed in planning their services.

Cross-tabulation analyses of respondent's opinion on whether they participated in planning the services they receive showed statistical significance with regard to Medicaid coverage. Respondents more likely to say they always participated in planning the services they received had Medicaid coverage (61%). Respondents more likely to say they participated in planning the services they received most of the time had Medicaid coverage (27%) as well.

Figure 20: Participates in Planning of Services
(percentage distribution)



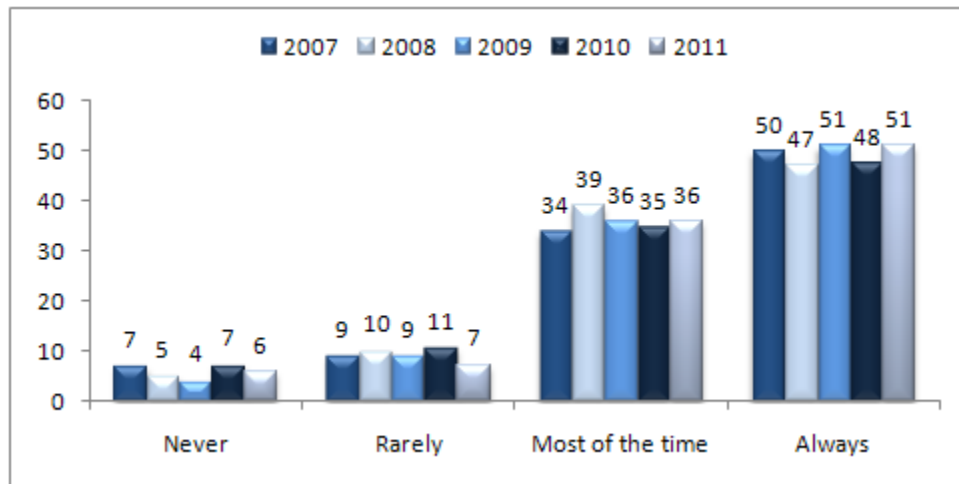
Quality of Service and Provider Staff Changes

In order to ascertain the effect of provider staff changes upon the quality of services provided, respondents were asked if during such times the quality remained the same. Similar to previous year's findings, 51 percent of respondents reported that the quality of service always remains the same even when the provider's staff changes, while another 36 percent indicated that the quality of service remains the same most of the time when the provider's staff changes (Figure 21). Seven percent of survey participants reported the quality of service rarely remained the same during these periods of change, with an additional 6 percent stating that the quality of the service never remained constant at these times.

Cross-tabulation analyses of respondent's opinion on whether the quality of service remained the same during periods of transition of staff showed age has having statistical significance. Survey participants more likely to say the quality always remained the same were consumers age 65 and older (63%). Respondents more likely to report that the quality of service remained the same most of the time were consumers 18 years of age or less (39%).

Note: For the 2011 survey, the question was clarified as a provider's staff change (previous surveys did not include "provider"). Although the results do not deviate from prior years, some caution should be used when interpreting the results.

Figure 21: Quality of Service Remains the Same Even if Provider Staff Changes
(percentage distribution)



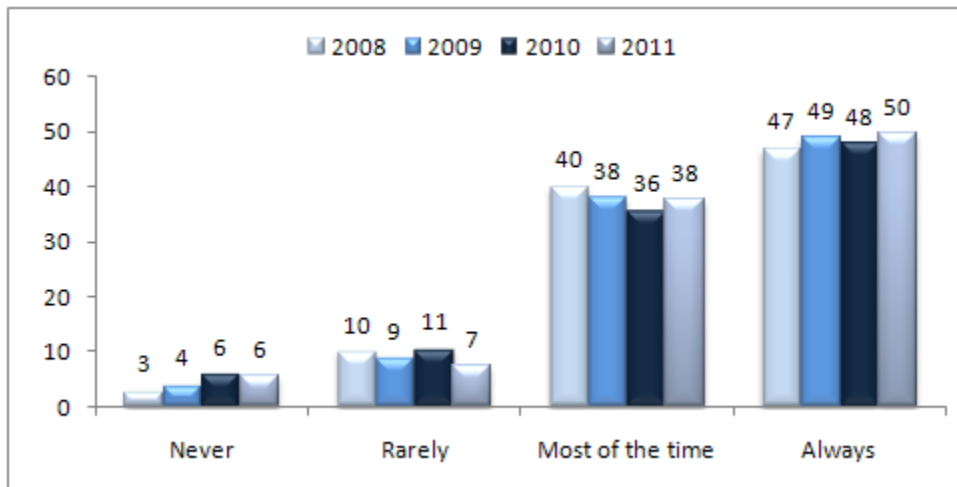
Stability/Well-Being Remains the Same When Provider Staff Changes

When respondents were asked whether their stability and/or well being remained the same even when provider staff changed, 50 percent stated that it always stayed the same (Figure 22). Thirty-eight percent of those surveyed reported that most of the time their stability/well being stayed constant during periods of personnel changes. Seven percent indicated that their well being rarely remained constant during these periods, while the remaining 6 percent of respondents reported that their stability/well being never remained the same during these times. Little change is observed when results are compared to previous years.

Cross-tabulation analyses of respondent's opinion on whether their stability and/or well being remained the same even when provider staff changed showed gender having statistical significance. Survey participants more likely to say their stability/well-being always remained the same were females (50%). Respondents more likely to report that their stability/well-being remained the same most of the time were males (39%).

Note: For the 2011 survey, the question was clarified as a provider's staff change (previous surveys did not include "provider"). Although the results do not deviate from prior years, some caution should be used when interpreting the results.

Figure 22: Stability/Well-Being Remains the Same Even if Provider Staff Changes
(percentage distribution)

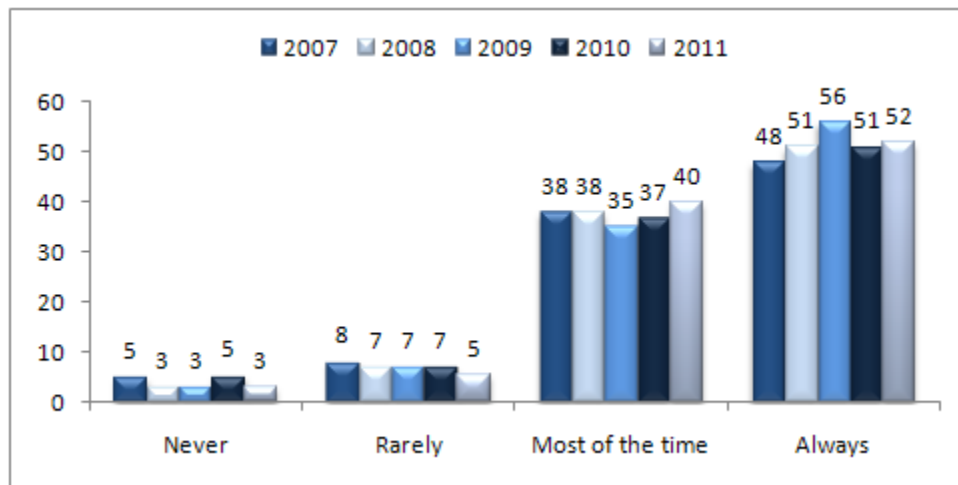


Availability of Provider Staff

Over one-half of respondents (52%) reported that provider staff was always available when they needed services, while 40 percent indicated that provider staff was available most of the time when they required services (Figure 23). Five percent of participating consumers reported that provider staff was rarely available when they needed service, and an additional 3 percent stated that provider staff was never available during these time periods. While clients reporting that provider staff was always available increased slightly following a decrease from 2009 to 2010, those reporting that provider staff was available most of the time posted an increase for the second consecutive year. When cross-tabulation analyses were performed no demographic variable exhibited statistical significance with regard to this question.

Note: For the 2011 survey, the question was clarified as availability of provider's staff (previous surveys did not include "provider"). Although the results do not deviate from prior years, some caution should be used when interpreting the results.

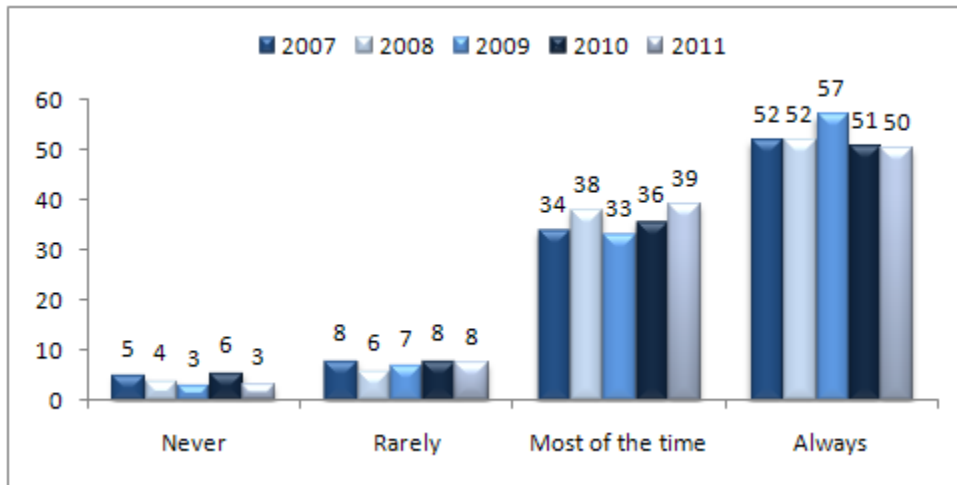
Figure 23: Provider Staff Available When Consumer Needs Services
(percentage distribution)



Availability of Services

Respondents were asked about the availability of services to meet their needs and one-half (50%) indicated that the services were always available (Figure 24). Thirty-nine percent of survey participants reported that services were available most of the time; 8 percent indicated that services were rarely available; and 3 percent stated that they were never available. When comparing results over the five year span of the survey, an increase is observed in clients reporting that services were available most of time when they were needed, but clients reporting that services were always available remain lower than the 57 percent reported in 2009. When cross-tabulation analyses were performed no demographic variable exhibited statistical significance with regard to this question.

Figure 24: Services Available Meeting Your Needs
(percentage distribution)



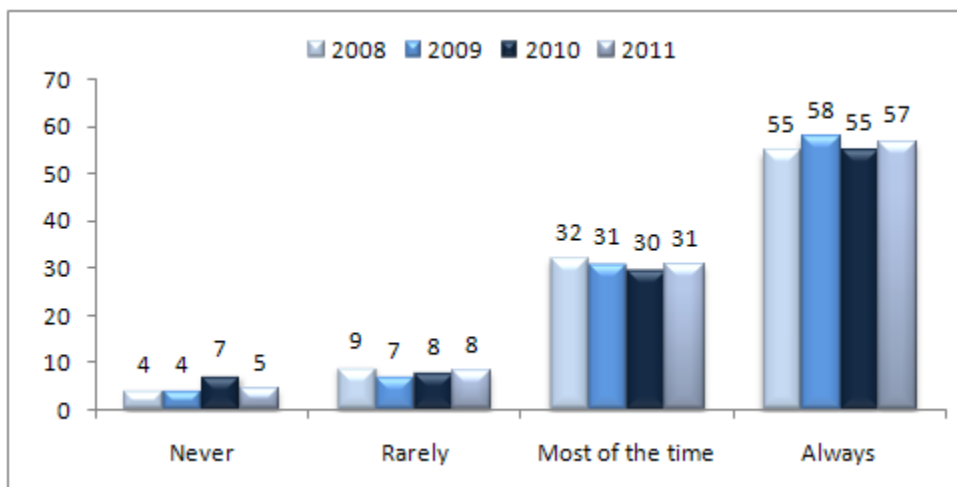
Provider Staff Availability in a Crisis

Responding consumers were asked about the availability of provider staff when in a crisis. Over half of respondents (57%) reported that provider staff was always available during these situations and 31 percent indicated that most of the time provider staff was accessible during these critical periods (Figure 25). Eight percent of participating consumers reported that staff was rarely available when in a crisis, and an additional 5 percent stated that staff was never available during these time periods. Results from this year's survey are similar to the previous years.

Cross-tabulation analyses of respondent's opinion on availability of provider staff when in a crisis showed statistical significance with regard to the gender and age. Respondents more likely to say that staff was always available in a crisis were female (60%) and those age 65 and older (71%). Respondents more likely to say that staff was available most of the time were female (31%) and those age 19-34 (37%).

Note: For the 2011 survey, the question was clarified as availability of provider's staff in a crisis (previous surveys did not include "provider"). Although the results do not deviate from prior years, some caution should be used when interpreting the results.

Figure 25: Provider Staff Availability in a Crisis
(percentage distribution)



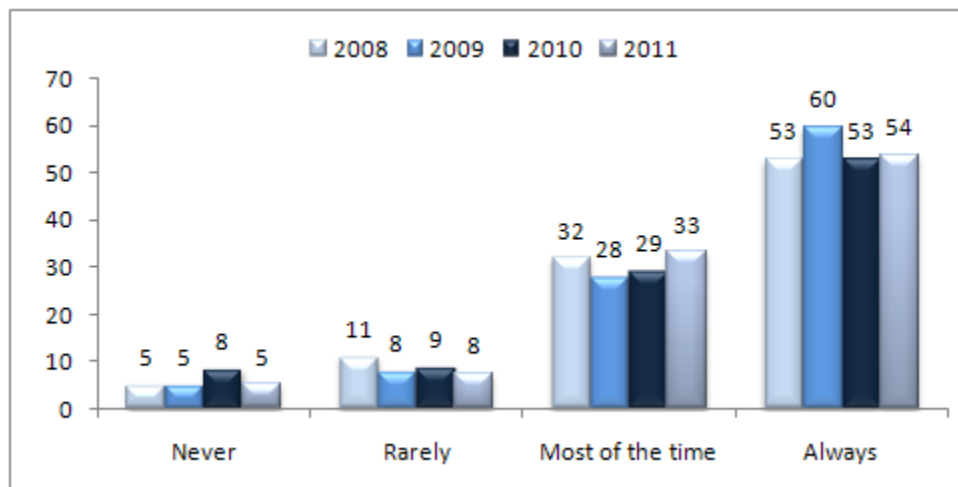
Availability of the Right Services in a Crisis

Fifty-four percent of respondents indicated that the right services were always available to meet their needs in a crisis, while 33 percent reported that the right services were available most of the time to meet their needs during critical times (Figure 26). The remaining 13 percent of those surveyed reported that the right services were rarely (8%) or never (5%) available to meet their needs in a crisis. When comparing results over the four years this question has been asked, after a decrease in 2010, a one percentage point increase is observed in clients reporting that the right services were always available, and a four percentage point increase is observed when reporting that most of the time the right services are available.

Cross-tabulation analyses of respondent's opinion on the availability of services in a crisis showed gender and age having statistical significance. Survey participants more likely to say that services were always available in a crisis were females (58%) and those aged 65 and older (65%). Respondents more likely to report that services were available most of the time were males (36%) and those 18 years of age or less (39%).

Note: For the 2011 survey, the question was clarified as the right services available in a crisis (previous surveys did not include "right"). Although the results do not deviate from prior years, some caution should be used when interpreting the results.

Figure 26: Right Services Available in a Crisis
(percentage distribution)

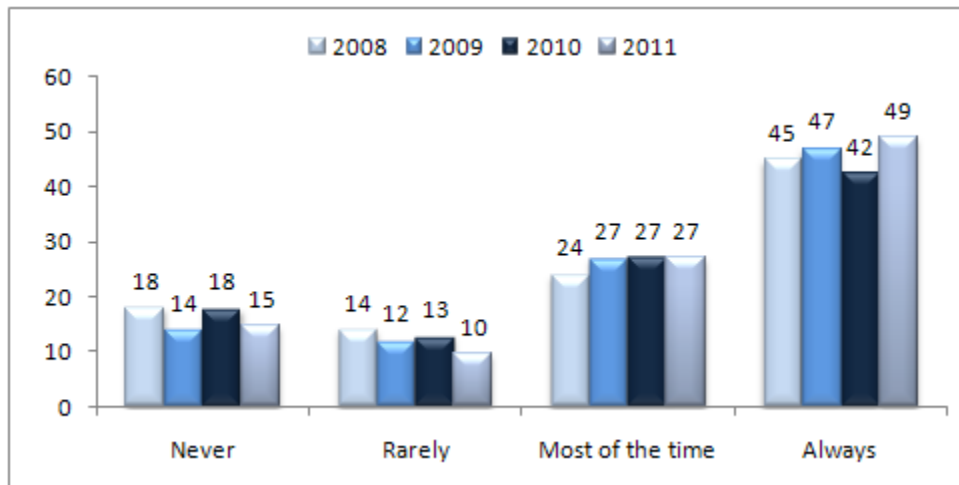


Availability of an Emergency Appointment within Two Hours

Consumers were asked if they needed an appointment with a PBH network provider for mental health or substance abuse emergency were they seen within two hours. Forty-nine percent of respondents reported that they always were seen within two hours and 27 percent reported that most of time they were seen within two hours (Figure 27). Ten percent of respondents indicated that when they needed an emergency appointment they were rarely seen within two hours and 15 percent of respondents reported never being seen within this time period. Compared to previous years data there was an increase in percent of respondents who indicated always and a decrease in percent of respondents who indicated never. When cross-tabulation analyses were performed no demographic variable exhibited statistical significance with regard to this question.

Note: For the 2011 survey, the question was clarified as an appointment with PBH network provider for mental health or substance abuse emergency (previous surveys did not include “PBH network provider” or “mental health or substance abuse”). Although the results do not deviate from prior years, some caution should be used when interpreting the results.

Figure 27: Appointment for an Emergency Met Within Two Hours
(percentage distribution)

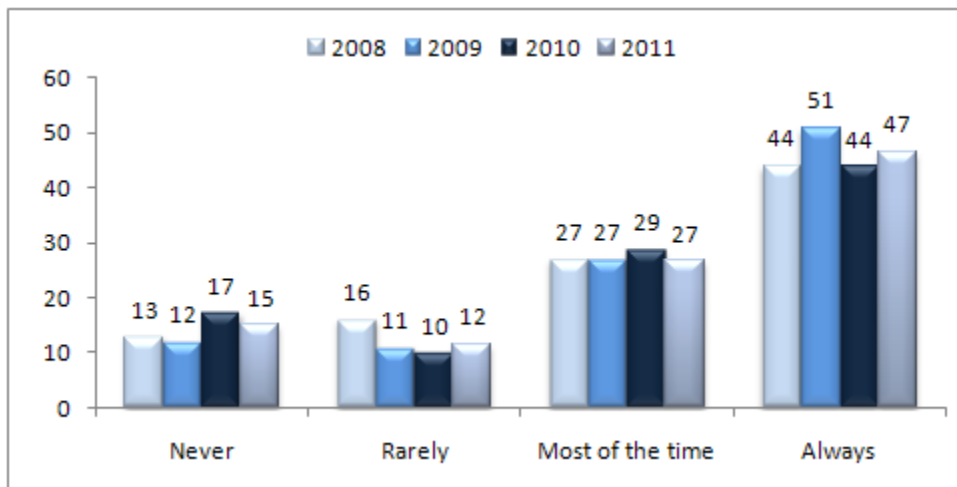


Seen Within 48 Hours When Requesting Appointment during a Crisis

Forty-seven percent of respondents reported that they were always seen within 48 hours when they requested an appointment with a PBH network provider while experiencing a mental health or substance abuse crisis, but not an emergency (Figure 28). Twenty-seven percent reported that they were seen within 48 hours, most of the time when they requested an appointment in these types of situations. Twelve percent of respondents indicated that when they requested an appointment during a crisis they were rarely seen within 48 hours and 15 percent of respondents reported never being seen within this time period. When comparing results over the four years this question has been asked, after a decrease in 2010, an increase of three percentage points is observed in clients reporting that they were always seen within 48 hours. When cross-tabulation analyses were performed no demographic variable exhibited statistical significance with regard to this question.

Note: For the 2011 survey, the question was clarified as an appointment with PBH network provider while experiencing a mental health or substance abuse crisis (previous surveys did not include “PBH network provider” or “mental health or substance abuse”). Although the results do not deviate from prior years, some caution should be used when interpreting the results.

Figure 28: Seen Within 48 Hours When Requesting Appointment during a Crisis
(percentage distribution)

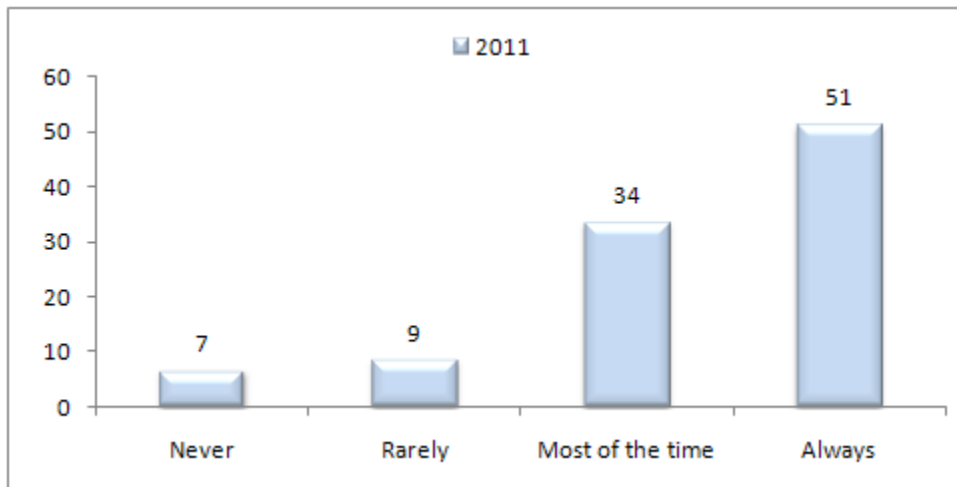


Availability of a Routine Appointment within 14 Calendar Days

Respondents were asked if they requested a routine appointment from a PBH network provider were they seen within 14 calendar days. As shown in Figure 29, fifty-one percent of respondents reported they always were able to schedule an appointment within this timeframe, while 34 percent reported that this was the case most of the time. Nine percent of survey participants stated that they rarely were able to be seen within 14 days, while 7 percent indicated that they never were able to be seen within 14 days. When cross-tabulation analyses were performed no demographic variable exhibited statistical significance with regard to this question.

Note: Due a change in questioning for the 2011 survey, prior year results are unavailable for comparison. This question replaced a similar type of question from previous surveys asking respondents if they needed an appointment for an emergency but their life was not in immediate danger were they seen within 6 hours.

Figure 29: Availability of a Routine Appointment within 14 Calendar Days
(percentage distribution)

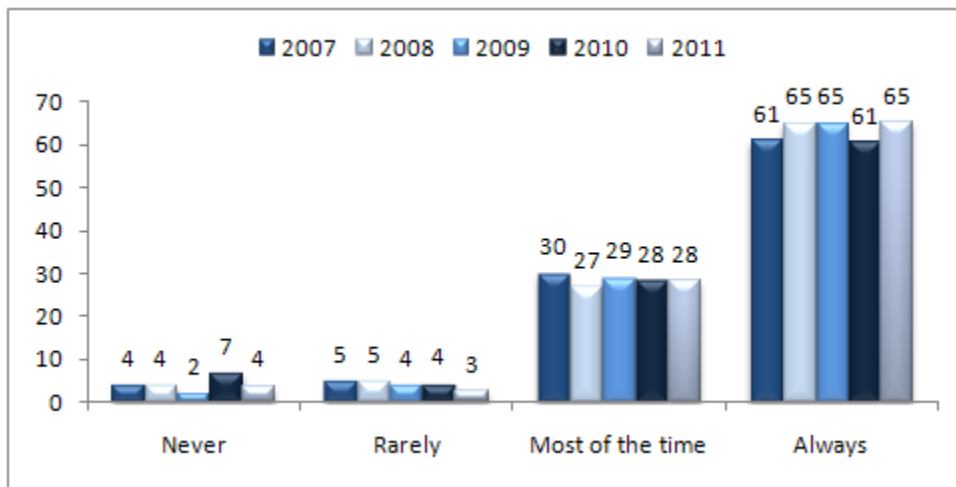


Promptness of Outpatient Appointments

The survey instrument queried respondents if they had a scheduled outpatient appointment, were they seen by the provider within one hour of arriving. Sixty-five percent of respondents reported that they were always seen within one hour of arriving for a scheduled outpatient appointment with a provider (Figure 30). Twenty-eight percent of respondents indicated that they saw their provider most of the time within this time period. Three percent reported rarely seeing a provider within an hour of arriving and 4 percent stated they never saw their provider in such circumstances. Survey results were similar to previous years with the exception of respondents indicating that they always were seen within one hour of arriving for a scheduled appointment which increased 4 percentage points to return to the 2009 percentage after a decline in 2010.

Cross-tabulation analyses of respondent’s opinion on being seen within one hour of arriving for a scheduled outpatient appointment showed statistical significance with regard to gender. Respondents more likely to say that they always were seen within one hour of arriving for a scheduled outpatient appointment were female (71%). Respondents more likely to say that they were seen within one hour most of the time were male (34%).

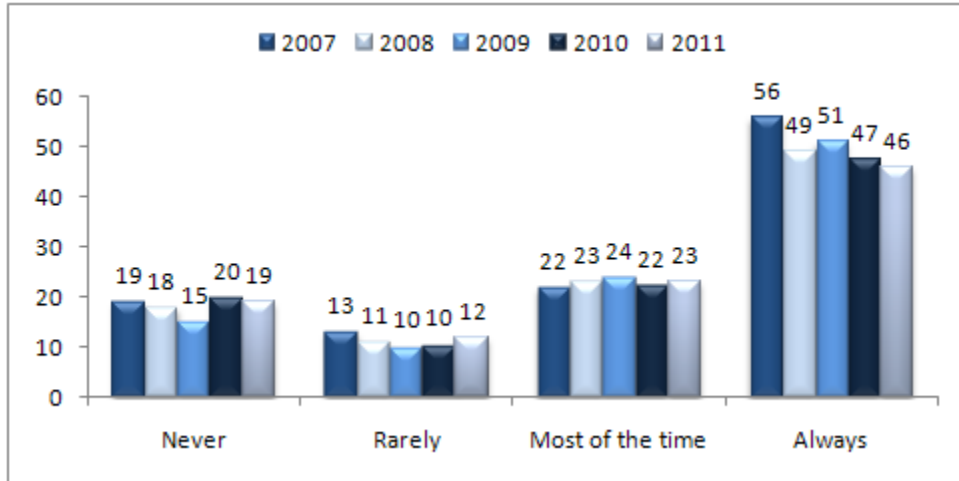
Figure 30: Scheduled Outpatient Appointment Seen Within One Hour of Arrival
(percentage distribution)



Selecting a Provider

PBH consumers were asked if they had a choice in the selection of their provider and less than one-half (46%) reported always having had this option (Figure 31). Twenty-three percent of those surveyed stated they had a choice of providers most of the time. Twelve percent stated they rarely had a choice, while 19 percent said they never had this option. Results from this year's survey are similar to the previous years. When cross-tabulation analyses were performed no demographic variable exhibited statistical significance with regard to this question.

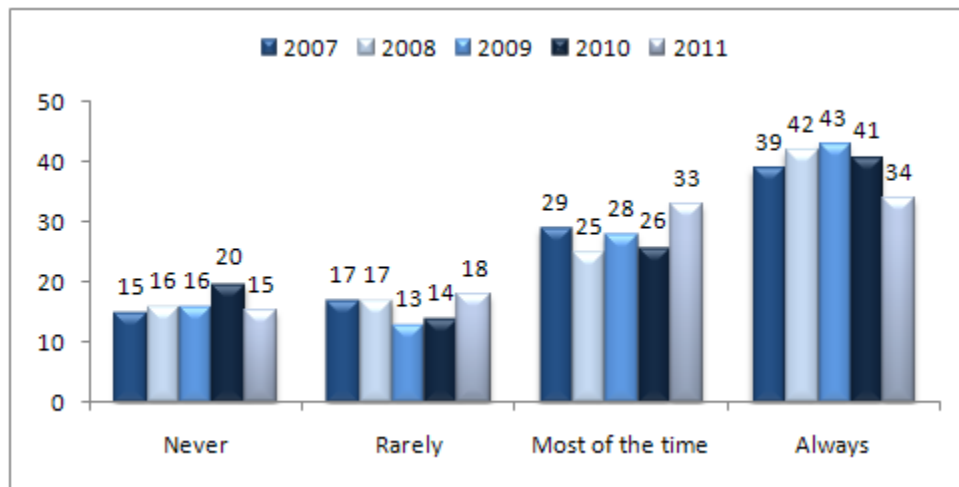
Figure 31: Choice in Selecting Your Provider
(percentage distribution)



Changing Providers

In further measuring PBH's customer service, the next question asked consumers if it was easy to change their provider if they so desired. Thirty-four percent of those surveyed reported that it was always easy to change providers and 33 percent said that most of the time it was easy to do so (Figure 32). Eighteen percent stated they rarely were able to easily change providers and 15 percent stated that this never occurred. When compared to previous survey results, there was a 7 percentage point decline in respondents who reported that it was always easy to change providers and a 7 percentage point increase in respondents who reported that most of time it was easy to change providers. When cross-tabulation analyses were performed no demographic variable exhibited statistical significance with regard to this question.

Figure 32: Easy to Change Provider
(percentage distribution)

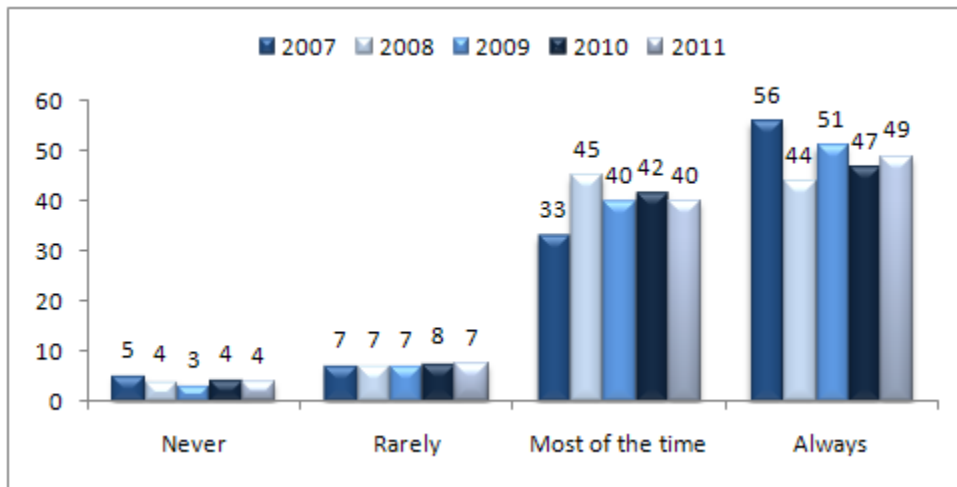


Services Support Your Independence

One of the goals for the provision of services is to help or assist the client to be as independent as possible. This year nearly 90 percent of responding consumers reported that the services they received either always or most of the time assisted them in being as independent as possible (Figure 33). Specifically, 49 percent indicated this always happened and 40 percent stated most of the time. Seven percent reported that services rarely helped them in this pursuit, while 4 percent stated that services never helped them to be as independent as possible. Results were similar when compared to the four previous years of the survey.

Cross-tabulation analyses of respondent's opinion about the services they received assisting them to be as independent as possible showed gender having statistical significance. Survey participants more likely to say services they received always assisted them in being independent as possible were female (51%). Respondents more likely to report that the services they receive assisted them in being independent most of the time were equally distributed between male and female (40%).

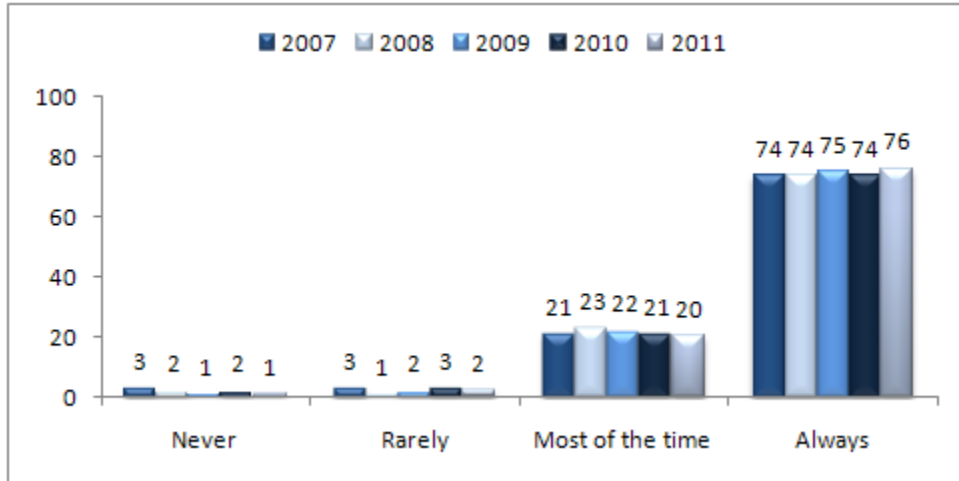
Figure 33: Services Help Consumer to be Independent as Possible
(percentage distribution)



Privacy Respected

When asked if as a consumer their privacy was respected, over three-quarters (76%) of respondents responded that it was always respected and 20 percent of respondents indicated that their privacy was respected most of the time (Figure 34). The remaining 3 percent reported that their privacy was rarely respected (2%) or never respected (1%). Very little change is observed in responses for all years of the survey. When cross-tabulation analyses were performed no demographic variable exhibited statistical significance with regard to this question.

Figure 34: Privacy of Consumer Respected
(percentage distribution)

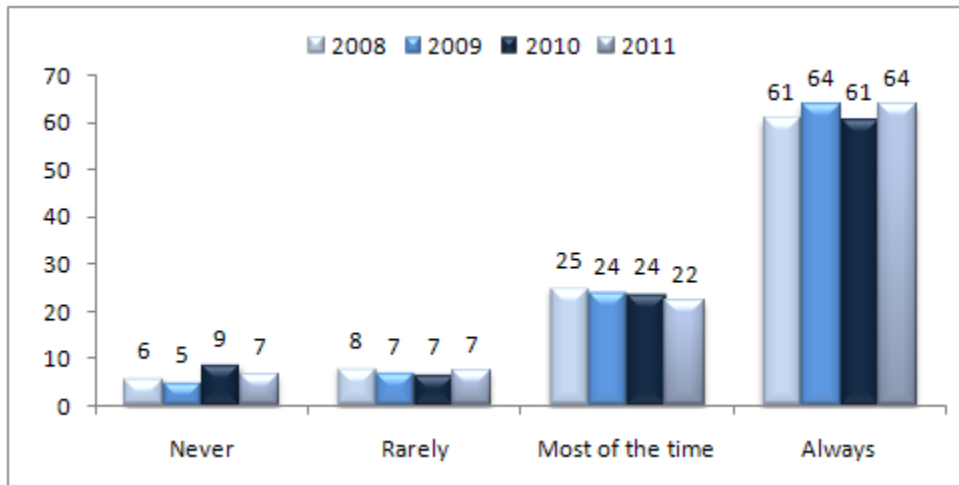


Freedom to Complain

When respondents were asked if they felt free to complain, 86 percent of respondents indicated that they always (64%) or most of the time (22%) felt free to complain (Figure 35). Seven percent of survey participants reported that they rarely felt free to complain and additional 7 percent stated that this never occurred. Very little change is observed in responses for all years of the survey.

Cross-tabulation analyses of respondent's opinion on the freedom to complain showed gender having statistical significance. Survey participants more likely to say that they always felt free to complain were females (68%). Respondents more likely to report that they felt free to complain most of the time were males (28%).

Figure 35: Feel Free to Complain
(percentage distribution)

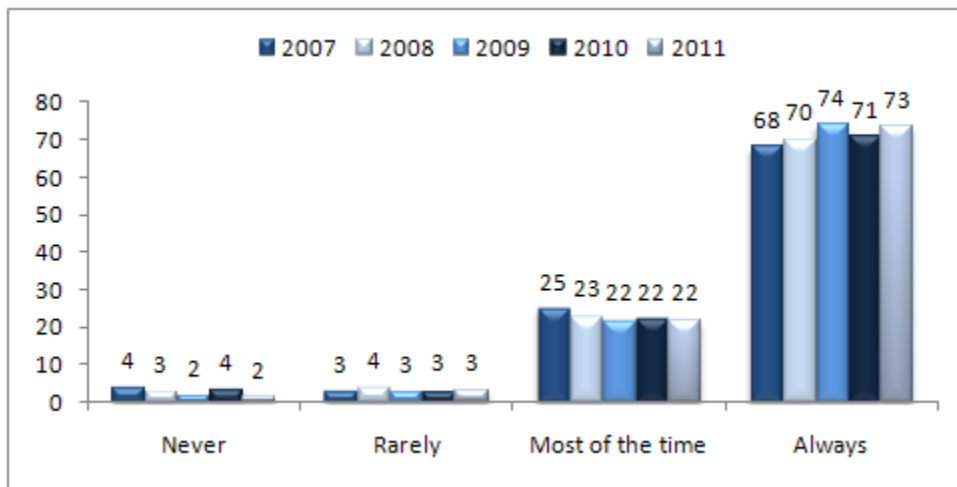


Services Available to Meet Racial and Ethnic Background

When respondents were asked if the available services met their racial and ethnic background, 73 percent stated that this was always the case while 22 percent said most of the time this was true (Figure 36). Three percent stated that the services rarely met their racial and ethnic background and 2 percent reported that this never occurred. Very little change is observed in responses for all years of the study. When cross-tabulation analyses were performed no demographic variable exhibited statistical significance with regard to this question.

Note: While these numbers reflect a positive response, 74 percent of survey participants reported their race as white. African Americans comprised 21 percent of survey participants; Hispanic or Latino respondents were 2 percent; and those who identified their race as “other” made up 3 percent of respondents. Therefore, caution must be exercised when interpreting these results.

Figure 36: Services Available to Meet Your Racial and Ethnic Background
(percentage distribution)



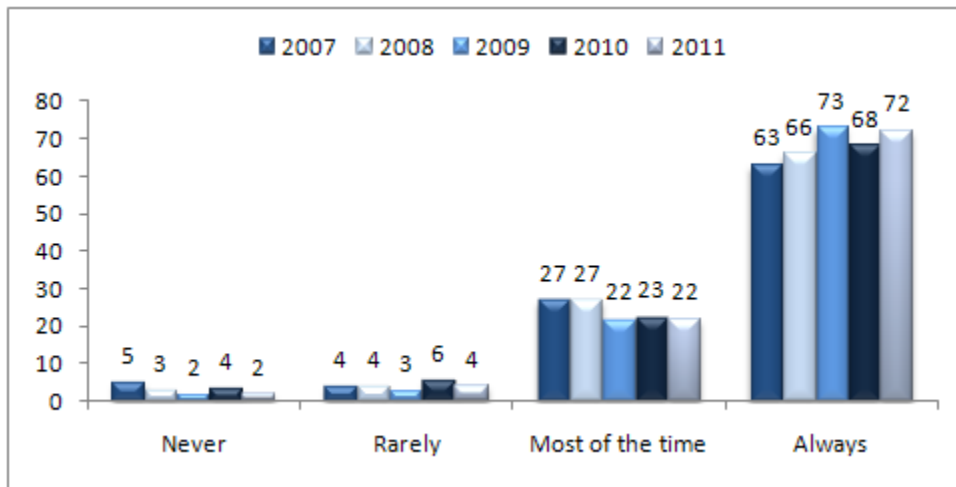
Provider Staff’s Ability to Address Racial/Ethnic Background

Seventy-two percent reported that provider staff was always able to address the needs of their racial and ethnic background, while 22 percent of those surveyed indicated these needs were met most of the time (Figure 37). Four percent of respondents reported that provider staff was rarely able to address the needs of their racial and ethnic background and the remaining 2 percent stated that provider staff was never able to address these needs. Results this year reflect a 4 percentage point increase in respondents reporting that provider staff was always available to address the needs of their racial/ethnic background after a five percentage point decline from 2009 to 2010. When cross-tabulation analyses were performed no demographic variable exhibited statistical significance with regard to this question.

Note: For the 2011 survey, the question was clarified provider’s staff (previous surveys did not include “provider”). Although the results do not deviate from prior years, some caution should be used when interpreting the results.

While these numbers reflect a positive response, 74 percent of survey participants reported their race as white. African Americans comprised 21 percent of survey participants; Hispanic or Latino respondents were 2 percent; and those who identified their race as “other” made up 3 percent of respondents. Therefore, caution must be exercised when interpreting these results.

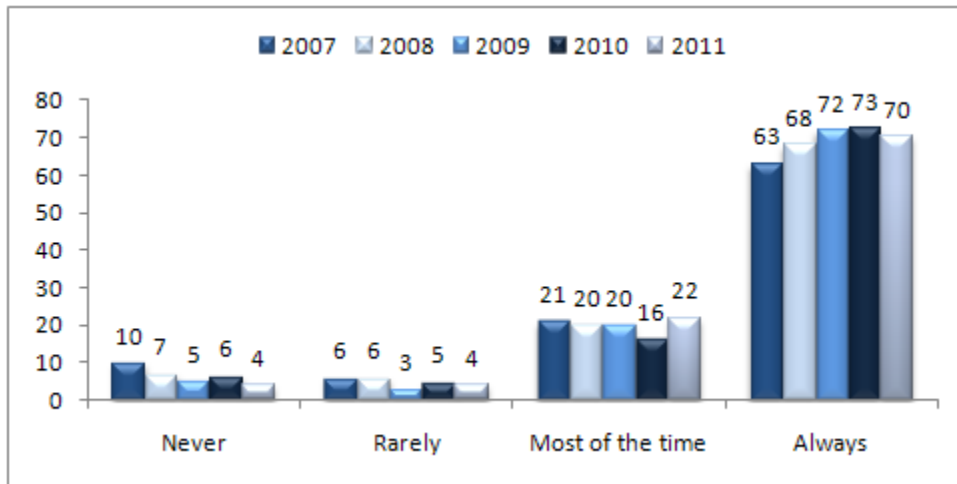
Figure 37: Provider’s Staff Able to Address the Needs of Your Racial and Ethnic Background
(percentage distribution)



Availability of Translators

Seventy percent of respondents who needed translation services reported that translators were always available, while 22 percent of respondents stated this was true most of the time (Figure 38). Four percent of those surveyed indicated that translators were rarely available when they needed them, and 4 percent stated that they were never available when desired. It should also be noted that there was a “does not apply” category included on the survey; so many non-Spanish speakers were potentially eliminated from the analysis. Cross-tabulation analyses revealed that no demographic variable exhibited statistical significance with regard to the availability of translators.

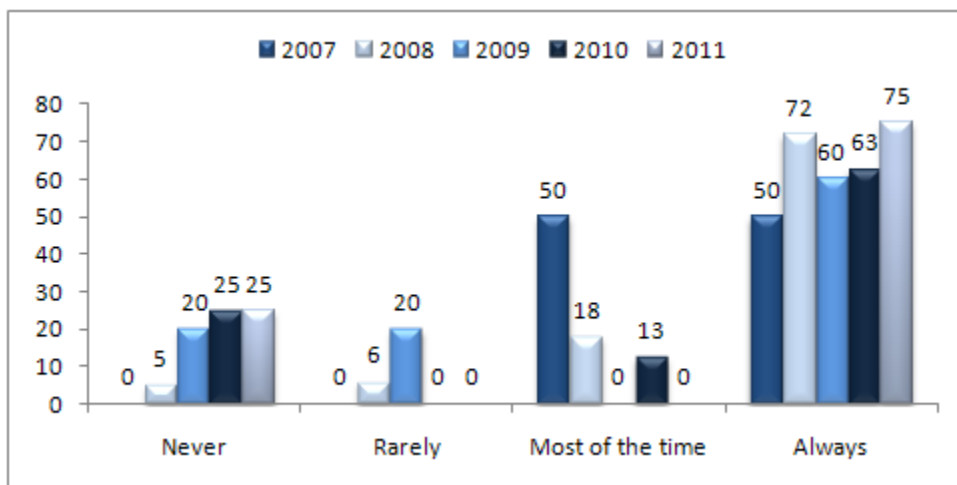
Figure 38: Translators Available if Needed
(percentage distribution)



Availability of Spanish Translators

Among Latinos, 75 percent of respondents indicated that translators were always available when needed, and an additional 25 percent said that this service was never available when needed (Figure 39). This year, of the 9 respondents who identified themselves as Latino, only 4 responded to this question and 5 chose “does not apply”. Therefore, caution should be exercised when comparing results with those from previous years as the number of respondents is small and skews the results.

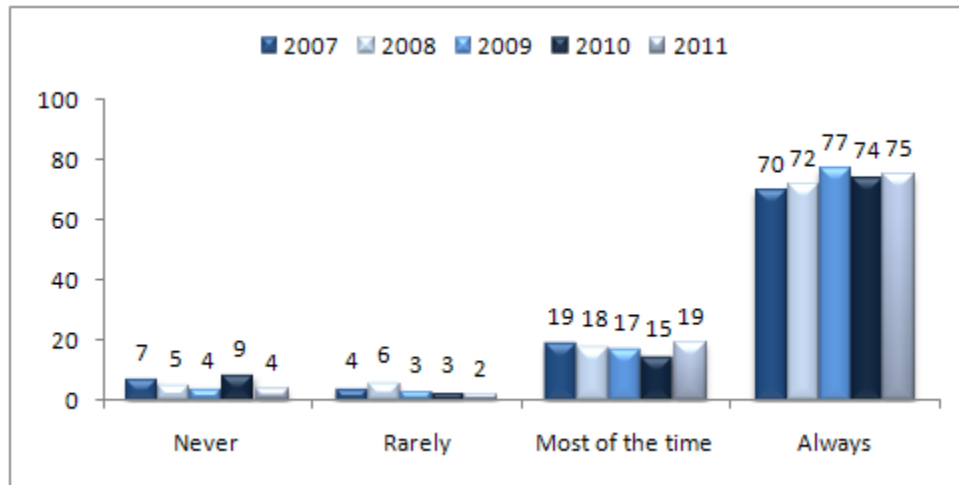
Figure 39: Translators Available for Latinos
(percentage distribution)



Availability of Translated Educational Material

As shown in Figure 40, three-quarters (75%) of respondents reported that they always had available translated educational material for their language, while 19 percent reported that this occurred most of the time. The remaining 6 percent stated that translated educational material was rarely (2%) or never (4%) translated into their native language. Cross-tabulation analyses revealed that no demographic variable exhibited statistical significance with regard to the availability of translated educational material.

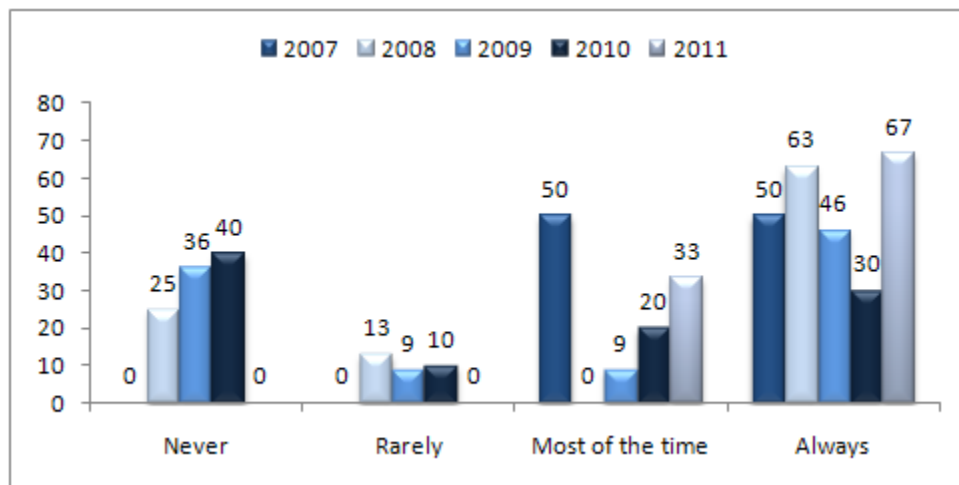
Figure 40: Educational Material Translated for Your Language
(percentage distribution)



Spanish Educational Material

Among Latinos, 67 percent of respondents indicated that translated educational material was always available when needed, and 33 percent of Latinos stated that it was available most of the time (Figure 41). This year, of the 9 respondents who identified themselves as Latino, only 3 responded to the question and 6 chose “does not apply”. Again, caution should be exercised when comparing results with those from previous years as the number of respondents is small and skews the results.

Figure 41: Educational Material Translated for Latinos
(percentage distribution)

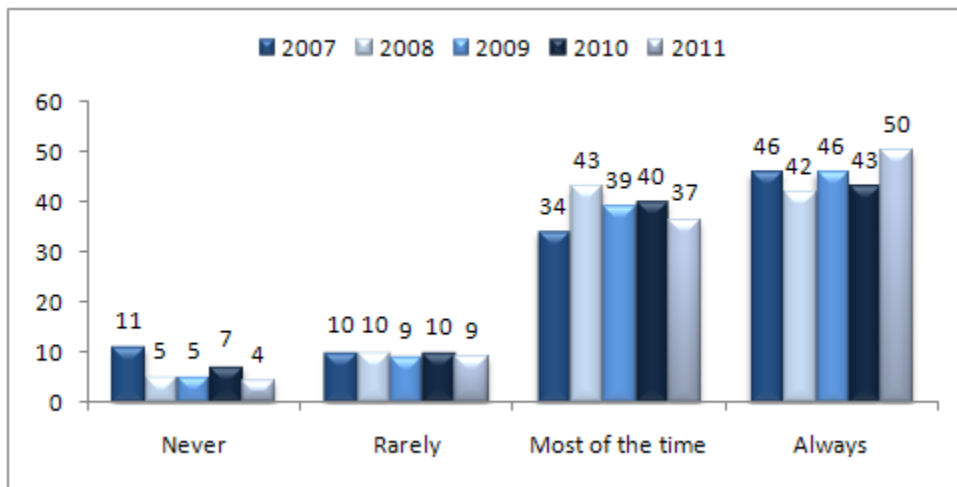


Services Improved Quality of Life

Respondents were asked if the services they had received within the last year had improved their quality of life. Fifty percent of those surveyed said this always had occurred, an increase of seven percentage points from the previous year (Figure 42). Thirty-seven percent of survey participants responded that most of the time the services improved their quality of life and 9 percent said that this rarely happened. Only 4 percent of respondents indicated that the services they received never improved their quality of life.

Cross-tabulation analyses of respondent's opinion on improved quality of life showed gender having statistical significance. Survey participants more likely to say that they always felt free to complain were females (55%). Respondents more likely to report that they felt free to complain most of the time were males (41%).

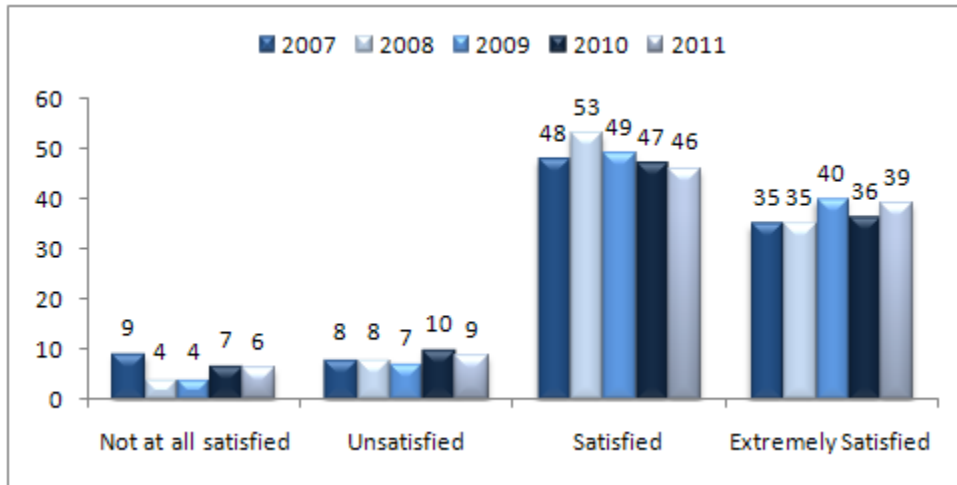
Figure 42: Services Improved Quality of Life
(percentage distribution)



Overall Satisfaction

The final question on the survey instrument asked respondents to rate their overall satisfaction with the services they received from providers in the PBH network. A majority of respondents stated that they were either satisfied (46%) or extremely satisfied (39%) with the services in the PBH network (Figure 43). The remaining 15 percent of those surveyed reported being unsatisfied (9%) and not at all satisfied (6%). Results revealed a 3 percentage point increase in respondents who were extremely satisfied and slight decrease in those who were unsatisfied or not at all satisfied. When cross-tabulation analyses were performed no demographic variable exhibited statistical significance with regard to this question.

Figure 43: Overall Satisfaction with Services in the PBH Network
(percentage distribution)



Conclusion

The purpose of this survey was to measure the accessibility of services, availability of providers, and overall satisfaction with services provided by PBH and its network of providers. In particular, PBH was interested in understanding their consumers' thoughts as it pertained to their awareness of PBH services and plans, PBH staff, the availability of both staff and services when in a crisis, appointment times, and the overall level of satisfaction.

Overall, results from this year's PBH Consumer Survey reflected satisfaction in most areas. While some respondents expressed dissatisfaction, results from the survey suggest that the majority of those surveyed were satisfied with PBH. This is evidenced in the last question in which respondents were asked about their overall level of satisfaction with services provided by providers in the PBH network. Eighty-five percent of respondents reported being satisfied or extremely satisfied with the services they received from these providers. Furthermore, when respondents were asked if these services improved their quality of life within the past year, a majority of the respondents indicated this had occurred most of the time or always (87%). Results also indicated that respondents were satisfied with the staff and services provided by PBH's network of providers. A large majority reported that treatment and service options were explained to them; service locations were convenient; the PBH Handbook had been received within two weeks of enrollment; and they were aware of their rights and responsibilities.

With regard to the frequency that PBH services met their needs, results showed that, in general, this occurred most of the time or always. Over 85 percent of those surveyed indicated that most of the time or always the service plan met their needs; they had participated in planning their services; the quality of service remained the same during periods of provider staff transitions; and their well-being remained the same when provider staff changed. In addition, a large majority of respondents reported that provider staff was available when services were needed, that the services themselves were available in times of need, and that when in a crisis both provider staff and the right services were available to assist them.

One area of concern is with the lack of awareness of and dissatisfaction with certain aspects of various processes. One-third of consumers reported that the Medicaid denial and appeal process had not been explained to them. Although, for those who had filed a Medicaid appeal, 65 percent reported the process as satisfactory, this is an increase from 50 percent in 2010. With regard to knowing how to file a complaint, 40 percent indicated that they did not possess this knowledge.

Another area that merits attention is the ability to be seen when in a crisis or an emergency. One-quarter of responding clients reported never or rarely being seen within a two-hour timeframe when they needed to schedule a mental health or substance abuse emergency appointment, and 27 percent indicated they were not seen within 48 hours when requesting an appointment while experiencing a mental health or substance abuse crisis. However, 85 percent of respondents were seen within 14 calendar days when requesting a routine appointment. Two final issues to be noted concern the opportunity to have a choice in the selection of a provider and also the ease of changing providers if so desired. Thirty-one percent of respondents said they never or rarely had a choice in selecting a provider and 33 percent reported it was never or rarely easy to change a provider.

As was the case in the past four years, respondents were very satisfied with the staff's ability to address the needs of their racial and ethnic background. This is especially important given the increasing diversity of the population in the PBH Catchment area.



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