



**ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES**

Performance Framework Data Dictionary

Service Delivery

July 2012

TABLE OF CONTENTS

I.	BEHAVIORAL HEALTH SERVICE PLAN.....	3
II.	BEHAVIORAL HEALTH SERVICE PROVISION.....	9
III.	CONSUMER SURVEY OUTCOMES.....	12

BEHAVIORAL HEALTH SERVICE PLAN

DESCRIPTION

This performance measure determines the percent of AHCCCS members with current assessments and service plans that incorporate the needs and service recommendations identified in their assessments.

ABBREVIATIONS

AAC – Arizona Administrative Code
ADHS/DBHS – Arizona Department of Health Services/Division of Behavioral Health Services
AHCCCS – Arizona Health Care Cost Containment System
BHP – Behavioral Health Professional
BHR – Behavioral Health Recipient
BHT Behavioral Health Technician
BQMO Bureau of Quality Management Operations
C/A – Child/Adolescent
CIS – ADHS Client Information System
DD – Developmentally Disabled
EOC – Episode of Care
GMH – General Mental Health
GSA – Geographic Service Area
HIPAA – Health Insurance Portability and Accountability Act
MPS – Minimum performance standard
OPI – Office of Performance Improvement
RBHA – Regional Behavioral Health Authority
SA – Substance Abuse
SMI – Seriously Mentally Ill
TBHA – Tribal Behavioral Health Authority

DEFINITIONS

BHP - An individual who meets the applicable requirements in A.A.C. R9-20-204 and is a:

- a. Psychiatrist
- b. Behavioral Health Medical Practitioner
- c. Psychologist
- d. Social worker
- e. Counselor
- f. Marriage and family therapist
- g. Substance abuse counselor, or

- h. Registered nurse with at least one year of full-time behavioral health work experience and
- i. Meets the requirements of A.A.C. Title 9, Chapter 20

Current Assessment

- An assessment completed within 12 months prior to the end date of the review period
- The Assessment must be signed by a BHP within 30 days to be eligible for review.
 The date of a completed assessment will be based on BHT/assessor signature with a 30 day grace period for BHP signature. If the BHP signature is not dated, or not dated within 30 days of assessment, it will be scored as not current.

Current Treatment Plan

- A treatment plan completed within 12 months prior to the end date of the review period
- Signed and dated by the BHR/guardian and one staff member.
- A current assessment was completed prior to the treatment plan, the same day as the treatment plan, or no more than five days after the treatment plan. (Any assessment created more than five business days after the treatment plan does not allow the treatment plan to be based on the assessment and therefore, the treatment plan would not be considered current).

MINIMUM PERFORMANCE STANDARD

Minimum:	85%
Goal:	95%

The MPS must be met each review period by each GSA for both the Child/Adolescent and Adult populations.

METHODOLOGY

Population

Title XIX/XXI Child/Adolescent (up to age 21) and Adults (age 21 and older).

ADHS/DBHS stratifies performance by GSA. Performance is also stratified for the Adult population by Behavioral Health Category for reporting to include Title XIX/XXI SMI, GMH and SA.

ADHS/DBHS stratifies performance for the C/A population by Title XIX and Title XXI and by the following age bands for potential ad hoc reporting:

- 0 - 5.999
- 6 - 11.999
- 12 - 17.999
- 18 - 20.999

DD-enrolled clients are flagged for separate reporting.

Overview

DBHS OPI provides a sample of BHRs to the T/RBHAs. Specific information about each BHR in the sample is assembled by the T/RBHA and provided to DBHS for review. The review of RBHA information is completed every three months by BQMO OPI staff. TRBHA information is reviewed by OPI staff semi-annually, either on-site or electronically, at the discretion of the OPI Office Chief. The content is scored according to objective criteria to determine the percentage of BHRs meeting the performance measure.

Review Frequency

RBHAs every three months; TBHAs twice in the contract period.

Sample Source - RBHA

The sample for each GSA is drawn from data in the Client Information System (CIS). RBHA BHRs eligible for this measure (denominator) have a continuously open EOC on the first day of the review quarter and for at least 90 consecutive days during the 6 months prior, and have received a service during the previous 6 months other than transportation, lab, radiology, pharmacy, methadone, inpatient service, or crisis. Crisis EOCs are excluded. Clients eligible to be included in the denominator sample are pulled by provider type 77 (outpatient clinic).

Sample Source - TBHA

Each TBHA provides its list of eligible members to ADHS/DBHS. A sample is drawn from the list and provided to the TBHA.

Sampling

Samples are drawn randomly at the GSA or tribe level using at least a 90% confidence level with a 10% error rate for the Child/Adolescent and Adult populations. Each sample is divided by 4 to determine the sample size for that review period.

Required Documents to Submit for Review

- The current assessment or most recent assessment if it is not current.
- The current treatment plan or most recent treatment plan if it is not current.
- The DBHS sample spreadsheet must be returned with the provider column completed (RBHAs only).

Review Periods

The review period is identified prior to each review and is based on three months of data. The end date of the review period determines the timeline for current documents (see chart below). All documents submitted and completed within 12 months prior to the end date of the review period are considered during the review.

<u>RBHA Review Period</u>	<u>Review Period Dates for current documents</u>
P1 July 1 – September 30, 2012	October 1, 2011 – September 30, 2012
P2 October 1 – December 31, 2012	January 1, 2012 – December 31, 2012
P3 January 1 – March 31, 2013	April 1, 2012 – March 31, 2013
P4 April 1 – June 30, 2013	July 1, 2012 – June 30, 2013

P5 July 1 – September 30, 2013

October 1, 2012 – September 30, 2013

TRBHA Semi-Annual ReviewReview Period Dates for current documents

P1-2 July 1 – December 31, 2012

January 1, 2012 – December 31, 2012

P3-4 January 1 – June 30, 2013

July 1, 2012 – June 30, 2013

Electronic Record Submission Format

- All submissions must be in PDF format.
- All documents relating to each Behavioral Health Recipient (BHR) must be submitted in one PDF document (e.g. all of ‘Mary Smith’s’ documents need to be combined in one document). No more than one BHR’s documents may be in one PDF document.
- Each document must be labeled with the Behavioral Health Recipient’s name (which must match the name as listed on the DBHS spreadsheet).
- Each section of each document must be identified by topic (e.g. Assessments, Treatment Plans).
- All pages submitted must be legible and complete (crooked pages causing missing information or signatures will not be given credit; acronyms unique to the provider or T/RBHA must be spelled out).
- All scanned pages must be rotated in the same direction.
- All documents must be placed in folders labeled by population (e.g., T19 Children, Adults) and GSA (for applicable RBHAs only).
- For information submitted at the Sherman server
 - All files must be zipped prior to placement on the Sherman server.
 - All submissions must be placed into the RBHA specific folder on the Sherman server.
 - Once submissions are complete, the RBHA must send email notification to OPI staff, OPI Manager and BHS Compliance mailbox.

Scoring CriteriaAssessment:

The assessment is scored if the assessment is considered current. If no assessment was submitted, it was not signed by a BHP within 30 days, was not dated, or was not current, no questions in this section are scored. The reason(s) for the assessment not being current are entered into the drop down menus in the Access database. The reason options for scoring the assessment as not current are as follows:

- BHP signature date over 30 days
- Completed beyond review period
- Completed prior to review period
- Illegible
- Incomplete/Missing pages
- No BHP signature
- Not dated
- Not found
- Other
- Scanning/technical issue

Treatment Plan:

The treatment plan is scored if both the assessment and treatment plan are considered current. If the assessment is not current, no treatment plan was submitted, it was not signed by the recipient/guardian AND one staff member, or it was not dated, no questions in this section are scored. The date of the treatment plan is based on the date of recipient signature. The reason(s) for the treatment plan not being current are entered into the drop down menus in the Access database. The reason options for scoring the treatment plan as not current are as follows:

- Assessment not current
- Assessment completed more than five business days after treatment plan
- Completed beyond review period
- Completed prior to review period
- Illegible
- Incomplete/Missing pages
- No BHR/guardian signature
- No BHT/BHP signature
- Not dated
- Not found
- Other
- Scanning/technical issue

The following criteria must be met to be determined compliant on this measure:

- a) The most recent assessment must be current;
- b) The service plan must incorporate the needs and service recommendations identified in the assessment.
- c) The following conditions must be met:
 - The treatment plan is based on the current assessment.
 - The treatment plan contains objectives to address the identified needs of the person/family.
 - The treatment plan contains services based on the needs of the individual.
 - The treatment plan lists the specific services and frequency of services to be provided to achieve the objective.

Calculation

Numerator: Number of sampled BHRs with a current and complete assessment and a service plan that incorporates the needs and service provision recommendations identified in the assessment.

Denominator: Total number of BHRs in the sample.

Timeline - RBHA

The following schedule will be used for RBHA processing:

<u>Review Period</u>	<u>DBHS file to RBHA</u>	<u>RBHA file to DBHS</u>
P1	October 15 *	November 15*
P2	December 15	January 15

P3	March 15	April 15
P4	June 15	July 15
P5	September 15	October 15

* These dates are delayed due to backlog processing of the encounter database.

If the day the file must be reported to ADHS/DBHS falls upon a weekend or holiday, it will be due the following working day.

1. Month 3 of the Review Period, Day 15

Via the Sherman server, with e-mail notification to the RBHA, ADHS/DBHS provides each RBHA with an Excel workbook having two tabs: one is the sample of C/A recipients and the other is the sample of Adult recipients. The samples have been randomly selected by population using a 90% confidence level with a 10% error rate.

2. 15 Days Following the Review Period

Via the Sherman server with e-mail notification to ADHS/DBHS, the RBHA provides ADHS/DBHS with the completed Excel spreadsheet, including Provider name.

Timeline - TBHA

Tribal BHAs review will be scheduled on site in January and July of each year, or as otherwise requested by either ADHS/OPI or the Tribal BHAs.

QUALITY CONTROL

RBHAs submit Excel spreadsheets containing current and accurate data regarding treatment plans and assessments. This information is validated through the quarterly reviews.

ADHS/DBHS OPI staff performs inter-rater reliability reviews quarterly to ensure the consistency of scoring.

CONFIDENTIALITY PLAN

Preparation of the information for this performance measure includes accessing “individually identifiable health information” as defined in HIPAA regulation 45 CFR 160.103 or “restricted personal identifying information” as defined in Arizona Strategic Enterprise Technology (ASET)/Statewide Information Security and Privacy Office (SISPO) Policy P900, Information Security Information Management, paragraph 4.1.10. Safeguards and controls, such as restricted access and agreement to protect confidential information, are contractual conditions in place to protect the identifying information that was accessed. Publicly-reported data generated for this performance measure are aggregated at the GSA and tribe level. This Specifications Manual contains no individually identifiable health information or restricted personal identifying information.

BEHAVIORAL HEALTH SERVICE PROVISION

DESCRIPTION

This performance measure determines the percent of AHCCCS members who receive the services recommended in their service plans, based on encounters that have been submitted for provided services.

ABBREVIATIONS

ADHS/DBHS – Arizona Department of Health Services/Division of Behavioral Health Services
 AHCCCS – Arizona Health Care Cost Containment System
 BHP – Behavioral Health Professional
 BHR – Behavioral Health Recipient
 BHSP – Behavioral Health Service Plan
 BHSPv – Behavioral Health Service Provision
 BQMO – Bureau of Quality Management Operations
 C/A – Child/Adolescent
 CIS – ADHS Client Information System
 CPT – Current Procedural Terminology
 DD – Developmentally Disabled
 EOC – Episode of Care
 GMH – General Mental Health
 GSA – Geographical Service Area
 HCPCS – Health Care Procedure Coding Systems
 HIPAA – Health Insurance Portability and Accountability Act
 MPS – Minimum Performance Standard
 OPI – Office of Performance Improvement
 SA – Substance Abuse
 SMI – Seriously Mentally Ill
 RBHA – Regional Behavioral Health Authority

MINIMUM PERFORMANCE STANDARD

Minimum:	85%
Goal:	95%

The MPS must be met every review period by each GSA, for both the Child/Adolescent and Adult populations.

METHODOLOGY

Population

Title XIX/XXI C/A and Adults are included in this measure. Tribes are not evaluated on this measure. ADHS/DBHS stratifies performance by GSA.

ADHS/DBHS stratifies performance for the C/A population by Title XIX and Title XXI and by the following age bands for potential ad hoc reporting:

- 0 - 5.999
- 6 - 11.999
- 12 - 17.999
- 18 - 20.999

DD-enrolled clients are flagged for separate reporting.

Reporting Frequency

This measure is evaluated every three months, with one restatement to allow for lag in encounter submission.

Data Source

This performance measure is related to the Behavioral Health Service Plan (BHSP) performance measure, using the members who have passed that measure as the population for this measure. The denominator for Behavioral Health Service Provision (BHSPv) includes BHRs in the randomly selected BHSP sample who were determined to have a current and complete assessment (completed within 12 months prior to the end date of the review period and signed by a BHP) and a service plan (completed within 12 months prior to the end date of the review period and signed by the BHR/guardian and one staff member) incorporating the needs and service provision recommendations identified in the assessment. The numerator for BHSPv is based on encounters for behavioral health services within the ADHS Client Information System (CIS) that have been approved at AHCCCS.

Sampling

Sampling is not used for this measure.

Calculation

ADHS/DBHS determines performance on this measure using the documentation submitted by the RBHAs for the Behavioral Health Service Plan performance measure along with encounters submitted for behavioral health services. For those member records found to be compliant for the BHSP measure, the services recommended in the service plan are matched to CPT and HCPCS codes in CIS encounter data. To meet compliance, all covered services recommended in the service plan must have corresponding dates of service on or after the date the service plan was completed.

Denominator: Number of BHRs with current assessments and service plans that incorporate the needs and service recommendations identified in their assessments (from the Behavioral Health Service Plan measure numerator).

Numerator: Number of BHRs in the denominator who received all the services in their most recent service plan.

The rate for this measure will be calculated by dividing the number of BHRs who received all of the services recommended in their most recent service plan as documented through encounter data by the total number of members with current and complete assessments and service plans.

Timeline

Provision performance will be restated each quarter according to the chart below. The purpose of restatement is to capture all encounters related to the recipient. RBHAs have up to 210 days to submit encounters.

Review Period	BHSP Results Calculated	Initial Provision Determination	Lag time	Provision Restatement	Lag time
P1	December 15*	January 30	120 days	April 30	210 days
P2	February 15	April 30	120 days	July 30	210 days
P3	May 15	July 30	120 days	October 30	210 days
P4	August 15	October 30	120 days	January 30	210 days
P5	November 15	January 30	120 days	April 30	210 days

*This date is delayed due backlog processing of the encounter database.

QUALITY CONTROL

RBHAs perform quarterly data validation studies of their contractors to verify that the services received by BHRs are documented in the medical record appropriately, and are reported to the RBHA in an accurate and timely manner. ADHS/DBHS receives summary reports of the data validation studies.

As part of the corporate compliance plan, the DBHS Office of Audit and Evaluation conducts provider audits to determine whether the documentation in the medical record supports the billing submitted in the claim or encounter.

CONFIDENTIALITY PLAN

Preparation of the information for this performance measure includes accessing “individually identifiable health information” as defined in HIPAA regulation 45 CFR 160.103 or “restricted personal identifying information” as defined in Arizona Strategic Enterprise Technology (ASET)/Statewide Information Security and Privacy Office (SISPO) Policy P900, Information Security Information Management, paragraph 4.1.10. Safeguards and controls, such as restricted access and agreement to protect confidential information, are contractual conditions in place to protect the identifying information that was accessed. Publicly-reported data generated for this performance measure are aggregated at the GSA level. This Specifications Manual contains no individually identifiable health information or restricted personal identifying information.

CONSUMER SURVEY OUTCOMES

DESCRIPTION

Results of the Annual Mental Health Statistics Improvement Program (MHSIP) Consumer Survey are used to determine performance on two Outcomes indicators:

1. Are clients satisfied with their access to services?
2. Did clients participate in their treatment planning?

METHODOLOGY

Population

Two MHSIP Consumer Surveys are administered: one for Title XIX/XXI adults and one for the parents/ guardians of Title XIX/XXI children receiving behavioral health services. Title XIX and Title XXI fund sources for each population are combined.

Reporting Frequency

Annually.

Reporting

The two Outcomes indicator scores are calculated and reported by the following:

1. Statewide adults
2. Statewide youth
3. Adult by GSA
4. Youth by GSA

Calculation

The indicator “Are clients satisfied with their access to services?” is calculated using responses to the questions in the Access to Services domain. See Survey Protocol section for details on domain scoring, weighting for statewide scores, and questions included in the Access to Services domain.

1. Statewide adults – divide the statewide number of adult positive responses for the Access to Services domain by the statewide total number of adult responses for the Access to Services domain.
2. Statewide youth – divide the statewide number of youth positive responses for the Access to Services domain by the statewide total number of youth responses for the Access to Services domain.

3. Adult by GSA – for each GSA add the number of adult positive responses for the Access to Services domain and divide by the sum of the adult responses for the Access to Services domain.
4. Youth by GSA – for each GSA add the number of youth positive responses for the Access to Services domain and divide by the sum of the youth responses for the Access to Services domain.

The indicator “Did clients participate in their treatment planning?” is calculated using responses to the questions in the Participation in Treatment Planning domain. See Survey Protocol section for details on domain scoring, weighting for statewide scores, and questions included in the Participation in Treatment Planning domain.

1. Statewide adults – divide the statewide number of adult positive responses for the Participation in Treatment Planning domain by the statewide total number of adult responses for the Participation in Treatment Planning domain.
2. Statewide youth – divide the statewide number of youth positive responses for the Participation in Treatment Planning domain by the statewide total number of youth responses for the Participation in Treatment Planning domain.
3. Adult by GSA – for each GSA add the number of adult positive responses for the Participation in Treatment Planning domain and divide by the sum of the adult responses for the Participation in Treatment Planning domain.
4. Youth by GSA – for each GSA add the number of youth positive responses for the Participation in Treatment Planning domain and divide by the sum of the youth responses for the Participation in Treatment Planning domain.

SURVEY PROTOCOL

Survey Instruments

The two MHSIP survey instruments are the Adult Consumer Survey and the Youth Services Survey for Families (YSS-F). The adult survey is administered to adult consumers of behavioral health services and the YSS-F is administered to parents/guardians of children receiving behavioral health services.

The MHSIP Adult Consumer Survey measures seven domains: (1) Service Accessibility; (2) Service Quality or Appropriateness (which includes one item concerning cultural sensitivity); (3) Consumer Participation in Treatment Planning; (4) Outcomes; (5) General Satisfaction; (6) Improved Functioning; and (7) Social Connectedness. In addition, the questionnaire includes a module of questions to determine the impact of services received on the recipient's involvement with the criminal justice system. All questions are scored using a Likert Scale of 1 through 5 as follows: 5=Strongly Agree, 4=Agree, 3=Neutral, 2=Disagree, and 1=Strongly Disagree. A Not Applicable option is also available if the question does not apply.

The MHSIP YSS-F focuses on the following seven domain areas: (1) Service Accessibility; (2) Participation in Treatment Planning; (3) Cultural Sensitivity; (4) Satisfaction with Services; (5) Outcomes; (6) Social Connectedness; and (7) Improved Functioning. Additional questions solicit information about the youth's criminal justice contact and school attendance. Questions are scored with a five-point Likert Scale where 5=Strongly Agree, 4=Agree, 3=Neutral, 2=Disagree, and 1=Strongly Disagree. A Not Applicable option is also available if the question does not apply.

Both survey tools have four main sections: (1) demographic section, (2) MHSIP survey questions, (3) one state-added question pertaining to cultural sensitivity, and (4) open-ended qualitative section. The demographic section provides descriptive information about the consumer's age, gender, race, ethnicity, and relationship of the person completing the survey to the service recipient.

The second section of the survey contains the MHSIP standardized questions. They serve as benchmark tools to compare consumer perception of behavioral health systems across the nation.

The third section consists of one state-added question that asks for consumer input regarding the inclusion of cultural preferences in the consumer's treatment planning.

The fourth and final section of the survey contains open-ended questions to solicit consumer comments. Two questions are asked of consumers – focusing on identifying what has been most helpful with their services, and what the consumer believes would improve services. The section entitled other comments is intended to provide consumers with an additional area on the survey to provide open-ended feedback on any issue.

Languages

The survey is made available to consumers in English and Spanish languages. Each survey form is printed in English on one side and Spanish on the reverse side. For consumers with limited English proficiency and speak a language other than Spanish, the RBHA and/or the provider administering the survey is instructed to extend their best effort to translate the survey in the consumer's preferred

language by utilizing the Language Line or other translation/interpretation services officially utilized by the RBHA or their provider. The extent of assistance provided in language translation should not attempt to define what the question means.

Sampling Design

The sample frame refers to the population eligible to take the survey. This is the pool from which ADHS/DBHS randomly selects the sampled population. ADHS/DBHS creates an adult and a youth sample from the CIS database for each GSA. Clients 18 or older are grouped as adults, and clients under 18 are grouped as youth. The adult clients may be enrolled in any program: General Mental Health, Substance Abuse, or Seriously Mentally Ill.

The sample frame is composed of:

- (a) Client must have an open episode of Care (EOC) during the fiscal year in which the survey is conducted;
- (b) Client must be Title XIX or Title XXI eligible during the fiscal year in which the survey is conducted;
- (c) Client must have received a mental health service other than inpatient, transportation, laboratory and/or radiology services, or crisis;
- (d) The service must have occurred in the previous 6 months.

Drawing of Sample

ADHS/DBHS creates a random sample and provides each GSA with a list of 500 adult and 400 to 500 youth clients to be surveyed. ADHS/DBHS provides the RBHAs with a database to store the survey results.

The RBHA disseminates the surveys, tracking which consumers completed the survey and why surveys were not completed. The RBHA enters the survey data into the provided database and submits to ADHS/DBHS: the completed paper surveys, the database containing all survey results, the database detailing which consumers completed a survey and for every consumer that did not complete a survey, the reason the survey was not completed. The RBHAs enter data into the two ADHS/DBHS provided databases.

The provider agency is responsible for identifying the specific provider location or site from which the consumer is presently receiving services.

Distribution Method

The primary distribution method is a non-clinical staff at the provider office (i.e., clinic) handing the survey questionnaire to the consumer. As the consumer checks in for their appointment, s/he is provided with a copy of the survey questionnaire to complete. If the consumer agrees to participate, s/he is requested to complete the survey prior to his/her appointment. If the consumer is unable to complete the questionnaire, s/he is allowed to finish it on site after the appointment or be provided with an addressed, stamped envelope to mail the survey in if they did not have time to complete it in the office. A drop box is provided on site for completed surveys. Additionally, a specific area at the provider office is designated for completing the survey.

If the individual randomly selected has a scheduled appointment at home during the survey window, the provider staff takes the survey questionnaire at the appointment date. If the consumer

agrees to participate, s/he is advised to complete the survey after the staff leaves and mail the completed questionnaire to the RBHA using the pre-addressed, stamped envelope provided with the survey.

If the individual does not have an appointment during the survey window, a non-clinical staff at the RBHA may conduct the survey over the phone. As an alternative, a non-clinical staff at the provider site may contact the consumer by phone to ask for their participation in the survey, offering a return envelope for the completed survey to be mailed. All return envelopes provided as a means for the consumer to submit their completed survey must be addressed to the RBHA.

A check box in the questionnaire is used to track the distribution method. The adult survey is be administered to the adult consumer. If the individual requests assistance, a guardian may complete the questionnaire on the consumer's behalf. The YSS-F is administered to the parent/guardian of the child receiving services. If the parent or guardian is not at the appointment, then the survey is not provided.

Tribal RBHAs participate in the Annual Consumer Survey by way of a convenience sampling of their enrolled consumers.

Survey Timeframe

The survey is usually administered for a period of two months, April and May.

Roles and Responsibilities

ADHS/DBHS is responsible for the statewide oversight of the survey administration to ensure consistent implementation of the survey protocol. The protocol, client sample, survey instruments, and survey results database are created by ADHS/DBHS. ADHS/DBHS provides any needed technical assistance throughout the survey process. Periodic monitoring, training, timelines, and use of checklist are utilized to guide the T/RBHAs on critical points in the process.

The T/RBHAs have the primary responsibility for ensuring that the protocol is precisely followed within their geographic regions. Direct oversight and assistance are provided by the T/RBHAs to their providers. The T/RBHAs are to ensure that the providers are appropriately trained and prepared to administer the survey. The RBHAs enter data into the two ADHS/DBHS provided databases.

Each provider agency is primarily responsible for each of its sites in which the survey is administered. Each site maintains all necessary materials for survey administration. At each site, a drop box and a designated area are provided for consumers to complete the survey. Providers are also responsible for the day-to-day operations – including having the survey tools, materials for completing the survey (pens, pencils, clipboards), envelopes for return of the survey if needed, assigned resources for administration and collection of data for the survey.

The survey questionnaire completed by this group of respondents will be tracked separately by the RBHA. Names of individuals who belong to this group will not be added to the survey client list. This group will be tracked in some other ways as described in the succeeding paragraph.

Scoring Protocol

The scoring protocol recommended by MHSIP is utilized for evaluating the domain areas within the survey, as follows:

1. Recode ratings of ‘not applicable’ as missing values.
2. For each survey, exclude domains with more than one-third of the domain questions missing.
3. Calculate the mean of the items for each respondent.
4. Calculate the percent of scores that are greater than or equal to 3.5 through 5.

Weighting Methodology

The statewide data is weighted by GSA client population to compensate for the stratified sample collection. Weights are applied to the survey data prior to any statewide data analysis.

ACCESS TO SERVICES DOMAIN QUESTIONS

Adult

Q4: The location of services was convenient (parking, public transportation, distance, etc.)

Q5: Staff were willing to see me as often as I felt it was necessary.

Q6: Staff returned my call in 24 hours.

Q7: Services were available at times that were good for me.

Q8: I was able to get all the services I thought I needed.

Q9: I was able to see a psychiatrist when I wanted to.

Youth

Q8: The location of services was convenient for us.

Q9: Services were available at times that were convenient for us.

PARTICIPATION IN TREATMENT PLANNING DOMAIN QUESTIONS

Adult

Q11: I felt comfortable asking questions about my treatment and medication.

Q17: I, not staff, decided my treatment goals.

Youth

Q2: I helped to choose my child's services.

Q3: I helped to choose my child's treatment goals.

Q6: I participated in my child's treatment.

STATISTICS TESTING

ADHS/DBHS conducts testing to a .95 standard for statistically significant changes on all measurement sets. A change is statistically significant when it is unlikely to have occurred by chance. A chi-square test is conducted on each data set to assess for significant changes from Measurement 1 (first review period) to Measurement 2 (second review period).

CONFIDENTIALITY PLAN

The front page of the survey questionnaire addresses confidentiality of the responses. Survey results are aggregated and not presented at an individual consumer level. The providers will never have access to completed surveys or individual survey results. Thematic analysis is conducted on written comments.