



# **Child and Adolescent Mental Health Division**

## **PROVIDER SATISFACTION SURVEY REPORT**

**Fiscal Year 2008  
July 1, 2007 – June 30, 2008**



## *PROVIDER SATISFACTION SURVEY RESULTS Fiscal Year 2008*

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### **INTRODUCTION**

The Child and Adolescent Mental Health Division (CAMHD) of Hawaii's Department of Health is a part of the State of Hawaii's public system of child serving agencies. Over the past decade CAMHD has developed into a integrated network of services and supports, managed through a public-private partnership consisting of contracted community-based agencies and state managed, community-based Family Guidance Centers and the Family Court Liaison Branch, hereinafter identified as Branches, with administrative and performance oversight functions at the central administration office. With its provider network partnership CAMHD's mission is to provide timely and effective mental health services to children and youth with emotional and behavioral challenges, and their families that allow them to lead full and productive lives.

Overall the contracted agencies provide an array of services that include: intensive case management; outpatient behavioral health services; crisis residential services; intensive outpatient services; Multisystemic Therapy (MST); Functional Family Therapy (FFT), Multi-dimensional Treatment Foster Care (MTFC), therapeutic foster home placement; community-based residential programs; and hospital-based residential programs with the Branches providing case management services.

Since 2003, CAMHD has conducted provider satisfaction surveys at least annually through its Provider Relations Liaison Specialist in the spirit of the partnership with its contracted intensive mental health services provider agencies for the purpose of using the results of the survey to improve its oversight of the services, improve its collaborative relationship with its provider network and increase its administrative efficiency.

In June 2008, the CAMHD conducted its *annual* survey of its provider network. The providers were asked to evaluate all CAMHD sections, including the eight (8) Branches, for the period July 2007 through June 2008 included the following:

1. Central Administration
2. Clinical Services Office
3. Administrative Supports
4. Performance Management Section
5. Information Technology Section
6. Each of the eight CAMHD Branches

The survey was mailed to eighteen (18) contracted agencies and was open to participation by any program staff that work directly with CAMHD staff. Thirty-three (33) surveys were returned to CAMHD. With the exception of Emergency Services, the participants of the survey included staff from the contracted agencies providing:

1. Assessment & Outpatient
2. Intensive Home Intervention
3. Out of Home Services
4. Multidimensional Treatment Foster Care Services

5. Functional Family Therapy Services
  6. Multi-Systemic Therapy Services
- (See Attachment 1, Sample Survey).

The findings from the 2008 survey has provided a comparative look at the ratings from previous surveys. CAMHD has processed the survey findings through its Performance Improvement Steering Committee (PISC) to evaluate the performance of the division as seen through the eyes of the providers. Recommendations were made to the CAMHD’s Executive Management Team for discussions and the implementation of applicable strategies to continue improvement in its operations to strengthen CAMHD’s relationship with its provider network.

## **SURVEY**

In the survey providers are asked to rate thirteen (13) sections of the CAMHD, including eight (8) Branches, on a scale of 0-4 (unacceptable to outstanding), on several business functions. All survey responses were designed on a four (4)-point scale, which included the responses of:

- **“Outstanding”** (4 points)
- **“Exceeds Expectations”** (3 points)
- **“Meets Expectations”** (2 points)
- **“Needs Improvement”** (1 point)
- **“Unacceptable”** (0 points)

In addition, opportunity was provided for supplemental comments to explain **“Needs improvement”** or **“Unacceptable”**, which could give a clearer picture of their opinions.

Percentages were calculated to reflect whether CAMHD met or did not meet expectations.

- **Meeting Expectations** included the three (3) responses, **“Outstanding”**, **“Exceeds Expectations”** and **“Meets Expectations”**.
- **Not Meeting Expectations** included the two (2) responses, **“Needs Improvement”** and **“Unacceptable”**.

An average rating of **2.0 or more** reflects that the CAMHD has met the expectations of the the providers.

## **FINDINGS**

### **Provider Responses**

The survey was sent to eighteen (18) contracted provider agencies. Agencies were encouraged to distribute the survey to those staff who had direct contact with CAMHD staff and to anonymously return the surveys in stamped envelopes provided with the surveys mailed to them. The survey was also sent to provider agencies by email to distribute electronically to their staff. Thirty-six (36) surveys returned to CAMHD. Table 1 indicates what service category the respondents provided. Emergency Services was the category not represented in the survey.

**Table 1**

<b>Provider Service Category</b>	<b>Percentage of Total Sample</b>	<b>Ratings Received</b>
Emergency Services	0%	0
Assessment & Outpatient Services	6%	2
Intensive Home Intervention Services	17%	6
Out of Home Services	72%	26
Multidimensional Treatment Foster Care Services	6%	2
Functional Family Therapy Services	11%	4
Multi-systemic Therapy Services	17%	6

**Overall, how satisfied were providers with the CAMHD system in 2008? Did the Sections meet the expectations of the providers?**

Respondents of the 2008 survey rated the CAMHD system a 2.2 on a 4.0 scale indicating that as a system CAMHD met their performance expectations (i.e., average rating of 2.0 or higher).

- Overall since the fiscal year 2006 CAMHD has met the expectations of the responding providers.
- The Informational Technology Section has not met the respondents' expectations for the past two (2) years. (See Table 2)

**Table 2**

Provider Satisfaction with Sections	Average Ratings (0 – 4)		
	FY06	FY07	FY08
Overall Satisfaction	2.3	2.2	2.3
Central Administration	2.6	2.2	2.4
Fiscal Section/Admin Supports*	2.3	2.0	2.0
Clinical Services Office	NA	2.1	2.4
Performance Management	2.2	2.2	2.4
Family Guidance Centers	2.3	2.1	2.4
Information Technology	2.4	1.8	1.8

**Did the Branches meet the expectations of the Providers in 2008?**

Overall the Branches did meet the expectations of the providers with the exception of the Windward Family Guidance Center Branch. The Windward Oahu Branch did not meet expectations for timeliness of utilization management/review decisions and communicating in a professional manner. (See Table 3)

**Table 3**

Provider Satisfaction with Hawaii FGC	Average Ratings (0 – 4)		
	FY06	FY07	FY08
Overall Satisfaction	2.1	2.2	2.3
Communication of youth's needs and coordination of services in a timely manner.	1.8	2.2	2.2
Timeliness of Service Authorizations	2.0	2.0	2.2
Timeliness of utilization management/review decisions.	*N/A	2.0	2.3
Adequate intensity and duration of approved services	*N/A	2.3	2.4
Timeliness of responses to inquiries on utilization management issues.	*N/A	2.2	2.1
Branch staff's overall ability to communicate in a professional and courteous manner.	2.3	2.5	2.5
Provider Satisfaction with Honolulu FGC			
Overall Satisfaction	2.1	2.1	2.7
Communication of youth's needs and coordination of services in a timely manner.	2.0	2.1	2.7
Timeliness of Service Authorizations	2.1	2.0	2.6
Timeliness of utilization management/review decisions.	*N/A	2.1	2.7
Adequate intensity and duration of approved services	*N/A	2.2	2.8
Timeliness of responses to inquiries on utilization management issues.	*N/A	2.1	2.7
Branch staff's overall ability to communicate in a professional and courteous manner.	2.2	2.3	2.7

**Table 3 continued**

<b>Provider Satisfaction with Kauai FGC</b>	<b>Average Ratings (0 – 4)</b>		
	<b>FY06</b>	<b>FY07</b>	<b>FY08</b>
<b>Overall Satisfaction</b>	<b>2.2</b>	<b>2.4</b>	<b>2.1</b>
Communication of youth’s needs and coordination of services in a timely manner.	2.2	2.5	2.2
Timeliness of Service Authorizations	2.2	2.3	2.0
Timeliness of utilization management/review decisions.	*N/A	2.5	2.1
Adequate intensity and duration of approved services	*N/A	2.3	2.1
Timeliness of responses to inquiries on utilization management issues.	*N/A	2.2	2.1
Branch staff’s overall ability to communicate in a professional and courteous manner.	2.4	2.7	2.4
<b>Provider Satisfaction with Maui FGC</b>			
<b>Overall Satisfaction</b>	<b>1.9</b>	<b>1.8</b>	<b>2.2</b>
Communication of youth’s needs and coordination of services in a timely manner.	1.8	1.7	2.3
Timeliness of Service Authorizations	2.0	1.4	2.2
Timeliness of utilization management/review decisions.	*N/A	2.0	2.2
Adequate intensity and duration of approved services	*N/A	2.1	2.3
Timeliness of responses to inquiries on utilization management issues.	*N/A	2.0	2.2
Branch staff’s overall ability to communicate in a professional and courteous manner.	1.9	2.1	2.3
<b>Provider Satisfaction with Central FGC</b>			
<b>Overall Satisfaction</b>	<b>2.3</b>	<b>2.2</b>	<b>2.7</b>
Communication of youth’s needs and coordination of services in a timely manner.	2.3	2.2	2.8
Timeliness of Service Authorizations	2.2	2.1	2.7
Timeliness of utilization management/review decisions.	*N/A	2.1	2.7
Adequate intensity and duration of approved services	*N/A	2.2	2.8
Timeliness of responses to inquiries on utilization management issues.	*N/A	2.2	2.7
Branch staff’s overall ability to communicate in a professional and courteous manner.	2.4	2.5	2.8
<b>Provider Satisfaction with Windward FGC</b>			
<b>Overall Satisfaction</b>	<b>2.0</b>	<b>1.9</b>	<b>2.0</b>
Communication of youth’s needs and coordination of services in a timely manner.	2.0	1.8	2.1
Timeliness of Service Authorizations	2.1	1.9	2.1
Timeliness of utilization management/review decisions.	*N/A	1.9	1.9
Adequate intensity and duration of approved services	*N/A	1.9	2.1
Timeliness of responses to inquiries on utilization management issues.	*N/A	1.9	2.0
Branch staff’s overall ability to communicate in a professional and courteous manner.	2.1	1.9	1.9

**Table 3 continued**

Provider Satisfaction with Leeward FGC	Average Ratings (0 – 4)		
	FY06	FY07	FY08
<b>Overall Satisfaction</b>	<b>2.3</b>	<b>2.1</b>	<b>2.4</b>
Communication of youth’s needs and coordination of services in a timely manner.	2.1	2.1	2.5
Timeliness of Service Authorizations	2.4	1.9	2.1
Timeliness of utilization management/review decisions.	*N/A	2.1	2.6
Adequate intensity and duration of approved services	*N/A	2.1	2.6
Timeliness of responses to inquiries on utilization management issues.	*N/A	2.1	2.6
Branch staff’s overall ability to communicate in a professional and courteous manner.	2.5	2.5	2.6
Provider Satisfaction with Family Court Liaison Branch			
<b>Overall Satisfaction</b>	<b>2.2</b>	<b>2.3</b>	<b>2.3</b>
Communication of youth’s needs and coordination of services in a timely manner.	2.1	2.5	2.2
Timeliness of Service Authorizations	2.1	2.2	2.3
Timeliness of utilization management/review decisions.	*N/A	2.3	2.4
Adequate intensity and duration of approved services	*N/A	2.2	2.4
Timeliness of responses to inquiries on utilization management issues.	*N/A	2.3	2.4
Branch staff’s overall ability to communicate in a professional and courteous manner.	2.3	2.2	2.5

\*Functions were first introduced in the 2007 survey.

**Did the Central Administration Section (CAS) meet the expectations of the providers in 2008?**

Overall the CAS met the expectations of providers in 2008. (See Table 4)

**Table 4.**

Provider Satisfaction with Central Administration Section	Average Ratings (0 – 4)		
	FY06	FY07	FY08
<b>Overall Satisfaction</b>	<b>2.6</b>	<b>2.2</b>	<b>2.4</b>
Overall business relationship with CAMHD administration	2.6	2.2	2.4
Central Administration staff’s overall ability to communicate in a professional and courteous manner	2.7	2.2	2.4

**Did the Clinical Services Office (CSO) meet the expectations of providers in fiscal year 2008?**

For the second consecutive year the CSO met the expectations of the providers in 2008 in all seven (7) functions rated. The ratings increased significantly from 2007 to 2008. (See Table 5)

**Table 5**

Provider Satisfaction with Clinical Services Office	Average Ratings (0 – 4)	
	FY07	FY08
Overall Satisfaction	2.1	2.4
CSO staff's overall ability to communicate in a professional & courteous manner	2.2	2.6
Timely response to clinical inquiries response	2.1	2.4
Helpful responses to clinical inquiries	2.3	2.4
Rational clarifications for Interagency Performance Standards and Practice Guidelines	2.1	2.4
Timeliness of Resource Management requests	2.1	2.4
Helpfulness of Resource Management responses	2.1	2.3
Helpfulness of CSO/Practice Development Programs	1.9	2.3

**Did the Administrative Services Section meet the expectations of providers in fiscal year 2008?**

While overall the Administrative Services Section met the expectations of providers in 2008, providers indicated that the Section did not meet expectations in the section's response timeliness to fiscal inquiries.

**Table 6**

Provider Satisfaction with Administrative Services Section	Average Ratings (0 – 4)		
	FY06	FY07	FY08
Overall Satisfaction	2.3	2.0	2.0
Accuracy and timeliness of claims payments	2.3	2.0	2.3
Timeliness of claims appeals process	2.4	2.0	2.0
Timeliness of responses to fiscal inquiries	2.3	2.0	1.8
AS staff's overall ability to communicate in a professional & courteous manner	2.3	2.0	2.2

**Did the Performance Management Section meet the expectations of the providers in 2008?**

The Performance Management (PM) Section met the expectations of providers in all four (4) functions assessed.

**Table 7**

Provider Satisfaction with Performance Management Section	Average Ratings (0 – 4)		
	FY06	FY07	FY08
Overall Satisfaction	2.2	2.2	2.4
Efficiency of program monitoring	2.2	2.0	2.3
Effectiveness of program monitoring	2.1	2.0	2.2
Timeliness of responses to performance inquiries	2.2	2.3	2.3
PM staff's overall ability to communicate in a professional & courteous manner	2.6	2.7	2.7

**Did the Informational Technology Section meet the expectations of the providers in 2008?**

The IT Section did not meet the expectations of the providers in 2008 in all four (4) functions assessed in 2008.

**Table 8**

<b>Provider Satisfaction with Informational Technology Section</b>	<b>Average Ratings (0 – 4)</b>		
	<b>FY06</b>	<b>FY07</b>	<b>FY08</b>
<b>Overall Satisfaction</b>	<b>2.4</b>	<b>1.8</b>	<b>1.8</b>
Overall business relationship with IT	2.4	1.8	1.9
Timeliness of responses to information systems inquiries	2.4	1.7	1.7
IT's staff overall ability to communicate in a professional & courteous manner	2.5	1.9	1.8

**PROVIDER COMMENTS**

A section of the satisfaction survey included specific suggestions and/or comments. These comments have been distributed to all CAMHD Branches and Sections to address specific concerns identified in the comments.

**ACTION PLAN**

1. The Provider Relations Liaison will distribute the final satisfaction survey report to all CAMHD staff and contracted providers.
2. CAMHD sections and Branches will review the survey results and develop action plans to address any concerns raised by providers specific to their sections or Branches.
3. The areas needing improvement as identified in the survey results and the specific Sections and/or Branch action plans will be included in CAMHD's continual internal quality monitoring throughout the year in its efforts to improve on its overall relationship in all areas with providers.
4. Members of the PISC will report back to the committee plans or actions to be taken by their respective areas to address the concerns of the providers in a timeframe set by the PISC.

**RECOMMENDATIONS**

1. Members of the PISC will report back to the committee plans and actions taken by their respective areas to address the areas needing improvement and the concerns raised by providers in a timeframe set by the PISC as well as.
2. Set up a task group to review the current satisfaction survey to:
  - improve the survey questionnaire design and questions to generate more actionable and useful data;
  - reduce any biases that the current survey may be introducing into the resulting data; and
  - determine how to get higher response rates, including online surveys,

**NEXT SURVEY**

The next annual survey will be distributed to providers in May 2009.

**ATTACHMENTS**

1. Provider Satisfaction Survey, Fiscal Year 2008

**Child and Adolescent Mental Health Division  
Annual Provider Satisfaction Survey**

**Please check applicable box indicating your contracted level(s) of care:**

Evaluation Period:	July 1, 2007 -June 30, 2008					
Provider Type:	<input type="checkbox"/> Emergency Services	<input type="checkbox"/> Assessment & Outpatient	<input type="checkbox"/> Intensive Home Intervention	<input type="checkbox"/> Out of Home services	<input type="checkbox"/> MTFC Services	<input type="checkbox"/> FFT Services <input type="checkbox"/> MST Services

Your assessment of CAMHD related to the following areas.	Outstanding	Exceeds Expectations	Meets Expectations	Needs Improvement	Unacceptable
<b>1. CAMHD Central Administration</b>					
• Overall business relationship with CAMHD administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Central Administration staff's overall ability to communicate in a professional and courteous manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Clinical Services Office (CSO)</b>					
• CSO staff's overall ability to communicate in a professional and courteous manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timely responses to clinical inquiries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Helpful responses to clinical inquiries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Rational clarifications of Interagency Performance Standards Practice Guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timeliness of resource management requests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Helpfulness of resource management responses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Helpfulness of CSO/Practice Development training programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Administrative Supports (AS)</b>					
• Accuracy and timeliness of claims payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timeliness of claims appeals process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timeliness of responses to fiscal inquiries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• AS staff's overall ability to communicate in a professional and courteous manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Child and Adolescent Mental Health Division  
Annual Provider Satisfaction Survey**

Your assessment of CAMHD related to the following areas.	Outstanding	Exceeds Expectations	Meets Expectations	Needs Improvement	Unacceptable
<b>4. Performance Management (PM)</b>					
• Efficiency of program monitoring review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Effectiveness of program monitoring review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timeliness of responses to performance inquiries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• PM staff's overall ability to communicate in a professional and courteous manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Informational Technology (IT) - formerly MIS</b>					
• Overall business relationship with IT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timeliness of responses to information systems inquiries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• IT staff's overall ability to communicate in a professional and courteous manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Hawaii Family Guidance Centers (HFGC)</b>					
• Communication of youth's needs and coordination of services in timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timeliness of service authorizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timeliness of utilization management/review decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate intensity and duration of approved services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timeliness of responses to inquiries on UM issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• HFGC staff's overall ability to communicate in a professional and courteous manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Child and Adolescent Mental Health Division  
Annual Provider Satisfaction Survey**

Your assessment of CAMHD related to the following areas.	Outstanding	Exceeds Expectations	Meets Expectations	Needs Improvement	Unacceptable
<b>7. Maui Family Guidance Centers (MFGC)</b>					
• Communication of youth's needs and coordination of services in timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timeliness of service authorizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timeliness of utilization management/review decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate intensity and duration of approved services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timeliness of responses to inquiries on UM issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• MFGC staff's overall ability to communicate in a professional and courteous manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Kauai Family Guidance Centers (KFGC)</b>					
• Communication of youth's needs and coordination of services in timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timeliness of service authorizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timeliness of utilization management/review decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate intensity and duration of approved services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timeliness of responses to inquiries on UM issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• KFGC staff's overall ability to communicate in a professional and courteous manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. Central Family Guidance Centers (COFGC)</b>					
• Communication of youth's needs and coordination of services in timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timeliness of service authorizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timeliness of utilization management/review decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate intensity and duration of approved services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timeliness of responses to inquiries on UM issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• COFGC staff's overall ability to communicate in a professional and courteous manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Child and Adolescent Mental Health Division  
Annual Provider Satisfaction Survey**

Your assessment of CAMHD related to the following areas.	Outstanding	Exceeds Expectations	Meets Expectations	Needs Improvement	Unacceptable
<b>10. Honolulu Family Guidance Centers (HONFGC)</b>					
• Communication of youth's needs and coordination of services in timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timeliness of service authorizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timeliness of utilization management/review decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate intensity and duration of approved services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timeliness of responses to inquiries on UM issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• HONFGC staff's overall ability to communicate in a professional and courteous manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11. Leeward Oahu Family Guidance Centers (LOFGC)</b>					
• Communication of youth's needs and coordination of services in timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timeliness of service authorizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timeliness of utilization management/review decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate intensity and duration of approved services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timeliness of responses to inquiries on UM issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• LOFGC staff's overall ability to communicate in a professional and courteous manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. Windward Family Guidance Centers (WOFGC)</b>					
• Communication of youth's needs and coordination of services in timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timeliness of service authorizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timeliness of utilization management/review decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate intensity and duration of approved services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timeliness of responses to inquiries on UM issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• WOFGC staff's overall ability to communicate in a professional and courteous manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Child and Adolescent Mental Health Division  
Annual Provider Satisfaction Survey**

Your assessment of CAMHD related to the following areas.	Outstanding	Exceeds Expectations	Meets Expectations	Needs Improvement	Unacceptable
<b>13. Family Court Liaison Branch (FCLB)</b>					
• Communication of youth’s needs and coordination of services in timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timeliness of service authorizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timeliness of utilization management/review decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate intensity and duration of approved services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Timeliness of responses to inquiries on UM issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• FCLB staff’s overall ability to communicate in a professional and courteous manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments are requested for “Needs Improvement” or “Unacceptable” checked boxes. You may attach another comment sheet as needed.**

**Please Return Using Enclosed Addressed Envelope Via Mail:**

Provider Relations Liaison  
Child and Adolescent Mental Health Division  
3267 Kilauea Avenue  
Honolulu, Hawaii 96816

Thank you !