

**Consumer satisfaction survey findings
FY 2009**

Survey procedures

The Michigan Department of Community Health (MDCH) has mandated that all CMHSP's offer the Mental Health Statistics Improvement Program satisfaction scale (MHSIP) to all adults receiving Assertive Community Treatment (ACT) services. Similarly the Youth Satisfaction Survey (YSS) was required to be offered to the parents of all children receiving home-based services. The same instruments were used to survey all adults and children receiving other services in the CMH network, respectively.

The survey period for all SMI, SED, and DD consumers was June 1 to June 14, 2009. All surveys were administered anonymously and returned to the Quality Management department for data entry and analysis.

Another set of data for the SMI-SED-DD population were gathered throughout the year, between 30 and 120 days after consumers' discharge from their last CMH network provider. These data were gathered by phone interview with those consumers who could be reached and were willing to participate.

Within the Substance Use Disorder network, an abbreviated version of the MHSIP measure, consisting only of the General Satisfaction and Outcomes scales, was administered by providers during a one-week period in each of the first three quarters of the year.

MHSIP survey: Adults

The MHSIP survey consists of 36 items, each scaled from 1 (Strongly Agree) to 5 (Strongly Disagree). Items are phrased so that lower scores represent more positive evaluations. The MHSIP items are aggregated into several scales, identified in Table 1, below. As in previous years, responses were quite positive on all scales (recall that lower numbers are more positive):

Table 1: MHSIP scale scores
(lower score = more positive evaluation)

Scale	N current consumers	Mean - current consumers	N post-discharge	Mean - post-discharge
General Satisfaction	448	1.60	116	2.27
Access	344	1.65	86	2.24
Quality/Appropriateness	360	1.59	41	2.25
Participation in Treatment Planning	426	1.65	115	2.08
Outcomes	278	1.85	3	2.4
Functioning	405	1.95	106	2.23
Social Connectedness	414	1.89	103	2.17

For all scales, scale scores surveys during service averaged between 1.5 and 2.0, and post-discharge scores averaged between 2.0 and 2.5. This is consistent with previous findings and

theoretical expectations about satisfaction survey results – people currently in service typically do rate their services more positively than those who have left service, for a number of reasons.

Youth Satisfaction Survey (YSS): Parents/guardians of children

As with the MHSIP, the YSS was administered following discharge from all CMH services. It was also offered to consumers actively in service, including 100% of families receiving home-based services, and a sample of families receiving other services.

Note that on the YSS, in contrast to the MHSIP, more positive evaluations are denoted by *higher* scores on the five-point scale.

Table 2: YSS scale scores
(higher score = more positive evaluation)

Scale	N current consumers	Mean - current consumers	N post-discharge	Mean - post-discharge
Access to Services	359	4.48	42	3.65
Participation in Treatment	360	4.49	41	3.60
Cultural Sensitivity	336	4.59	10	4.05
Appropriateness	348	4.45	41	3.39
Outcomes	340	3.29	24	3.79
Social Connectedness	355	4.27	40	4.28

As with the MHSIP, services were evaluated positively on all dimensions. This was especially true for families currently receiving services, and less so for those who had recently terminated services. An exception was the Outcomes scale, where the post-discharge rating was higher than the rating by consumers in service. Also, Social Connectedness was rated about the same in both cases. These findings may be attributable to some computer problems that compromised data validity for some items in these scales. In sum, however, the evidence is that consumers and families rate network services quite highly.

Post-discharge response rates

In FY 2009, for the first time, the post-discharge survey tracked rates of successfully contacting consumers. A very high proportion of consumers were not able to be reached by phone post-discharge - 74% of adults and 66% of families of children served ending services between 30 and 120 days previously – to be clear, these represent the proportion of consumers *not* able to be reached. We have no formal data from previous years, but there does appear to be a trend of increasing failure to reach consumers for the survey.

Almost a third of the phone numbers called for the FY 2009 post-discharge survey were not valid. We attribute this in part to the availability of “pay-as-you-go” cell phones, with economic hardship leading to an inability to maintain phone service. For the second-largest group of unreachable consumers – almost 20% of those we attempted to reach – a valid number existed, but the consumer was reported to have moved from the last known point of contact.

These facts suggest that the post-discharge satisfaction findings are not likely to be representative of CMH consumers' attitudes and perceptions following services in general. So, the data should be interpreted with caution. The findings also provide a dramatic illustration of the economic and material challenges facing individuals with SMI, SED, and DD in Genesee County.

Consumers receiving Substance Use Disorder services

A total of 1167 surveys were obtained from consumers served by the Substance Abuse Coordinating Agency (SACA). The Michigan Department of Community Health requires reporting the proportion of consumers who were "satisfied." Lacking a state-supplied definition of satisfaction, the PIHP has defined it as a mean score on the five-point tool of less than 3.0 (i.e. averaging on the positive side of the scale). Based on this definition, 1073 of 1166 consumers (92%) were satisfied.

Program-level findings

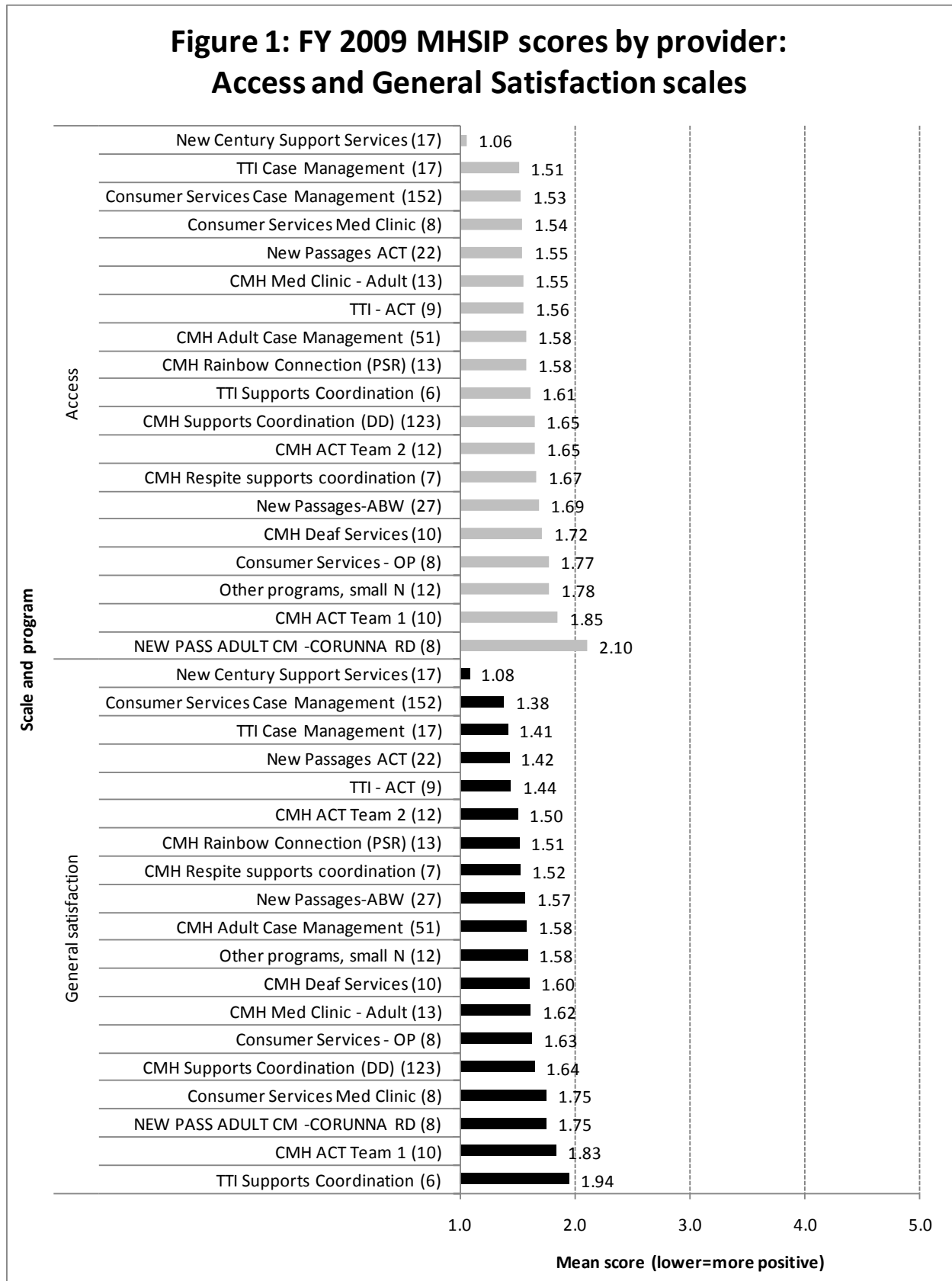
Provider-level findings from all of the above datasets are presented in Figures 1 through 7. All programs submitting at least 10 MHSIP or YSS records were included. While there is substantial variability among programs, all are rated positively.

Past surveys have suffered from low penetration rates. For this reason, MI/DD providers were required to track all consumers offered the 2009 survey, and which consumers declined the survey. Survey penetration rates, i.e., the proportion of the program's population who were surveyed or refused survey, are presented in Figures 10 and 11. Note that the survey period was two weeks, and some programs, e.g. medication clinics and outpatient providers, are not likely to encounter all of their consumers within this timeframe.

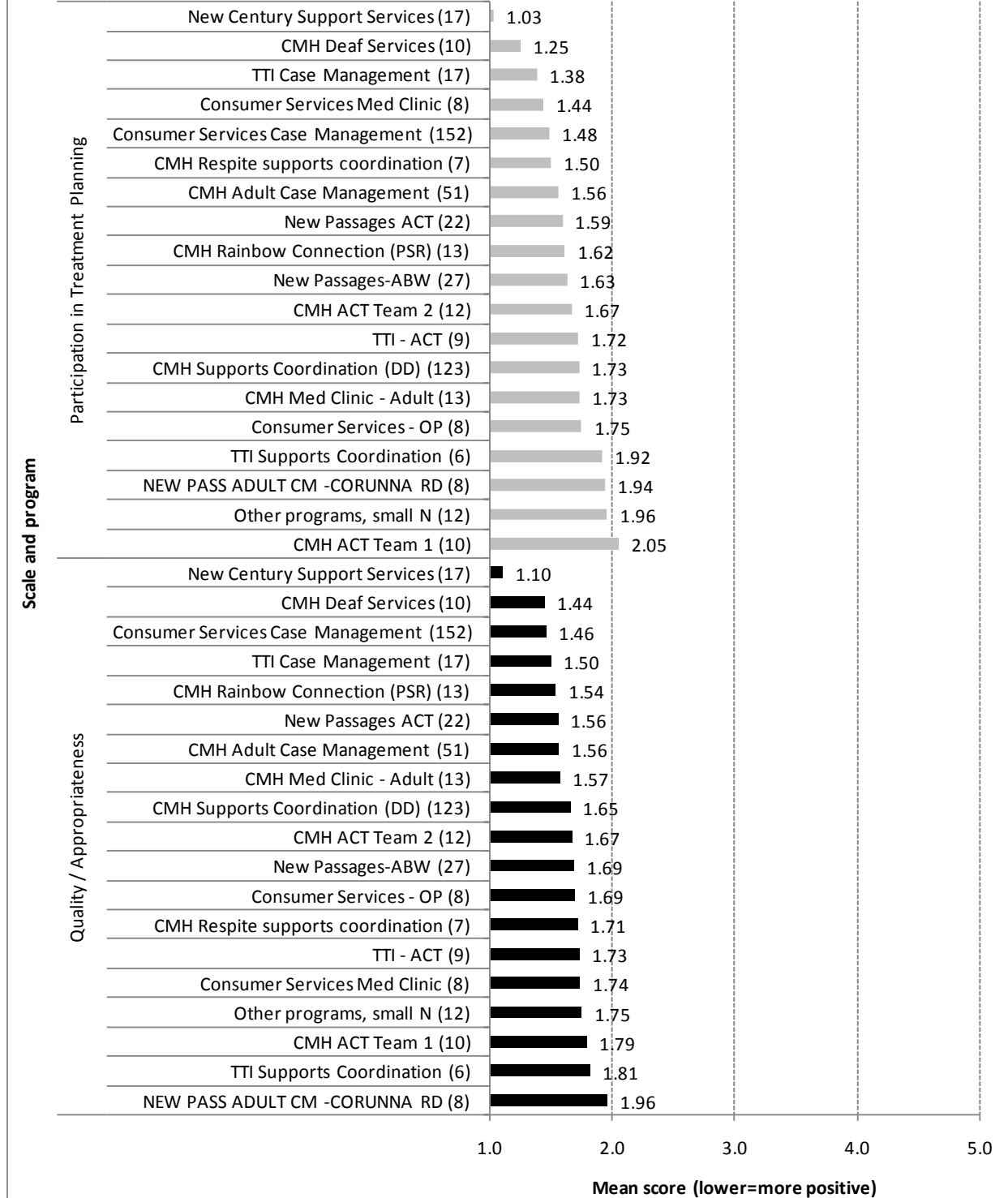
Trends

Versions of the MHSIP and YSS have been used since fiscal 2007. Figures 12 and 13 depict trends over time on the subscales of each measure. Note that not all subscales were included in each year's survey. With a couple of exceptions, a general trend toward lower scores over time – reflecting more positive evaluation – is evident for the MHSIP and the YSS. No scale shows a large decrement in consumer evaluations of care over time.

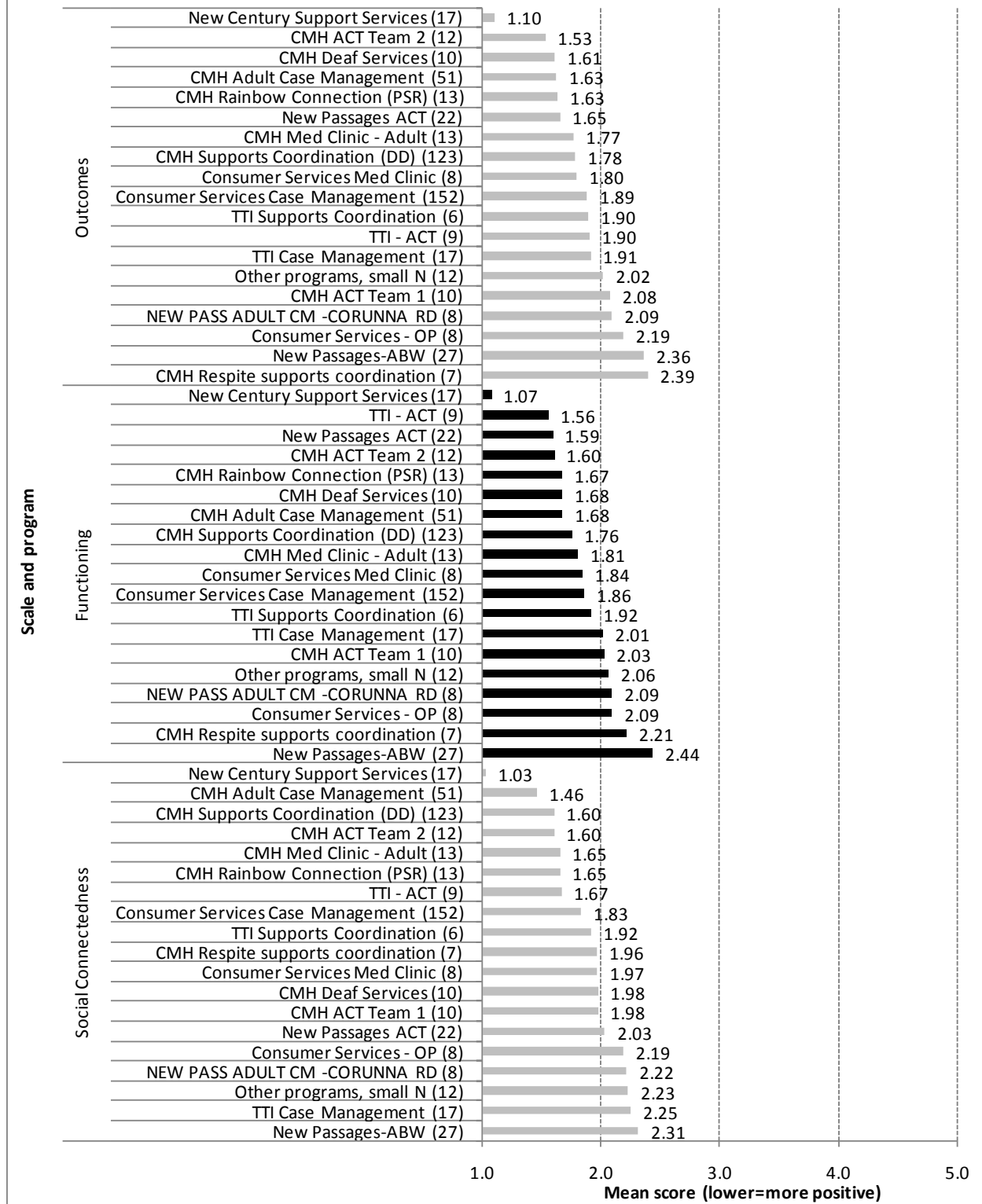
**Figure 1: FY 2009 MHSIP scores by provider:
Access and General Satisfaction scales**



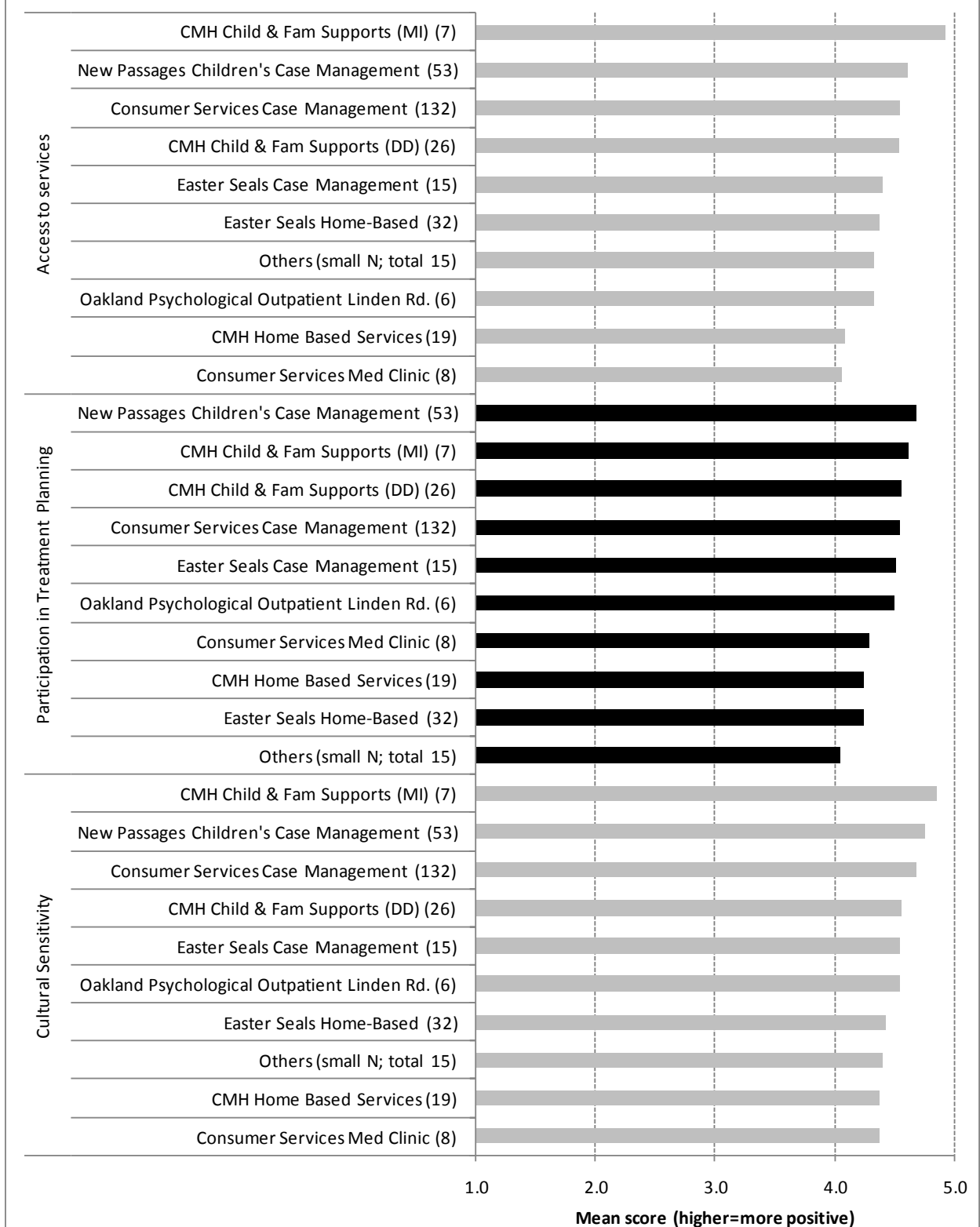
**Figure 2: FY 2009 MHSIP scores by provider:
Participation in Treatment Planning and
Quality/Appropriateness scales**



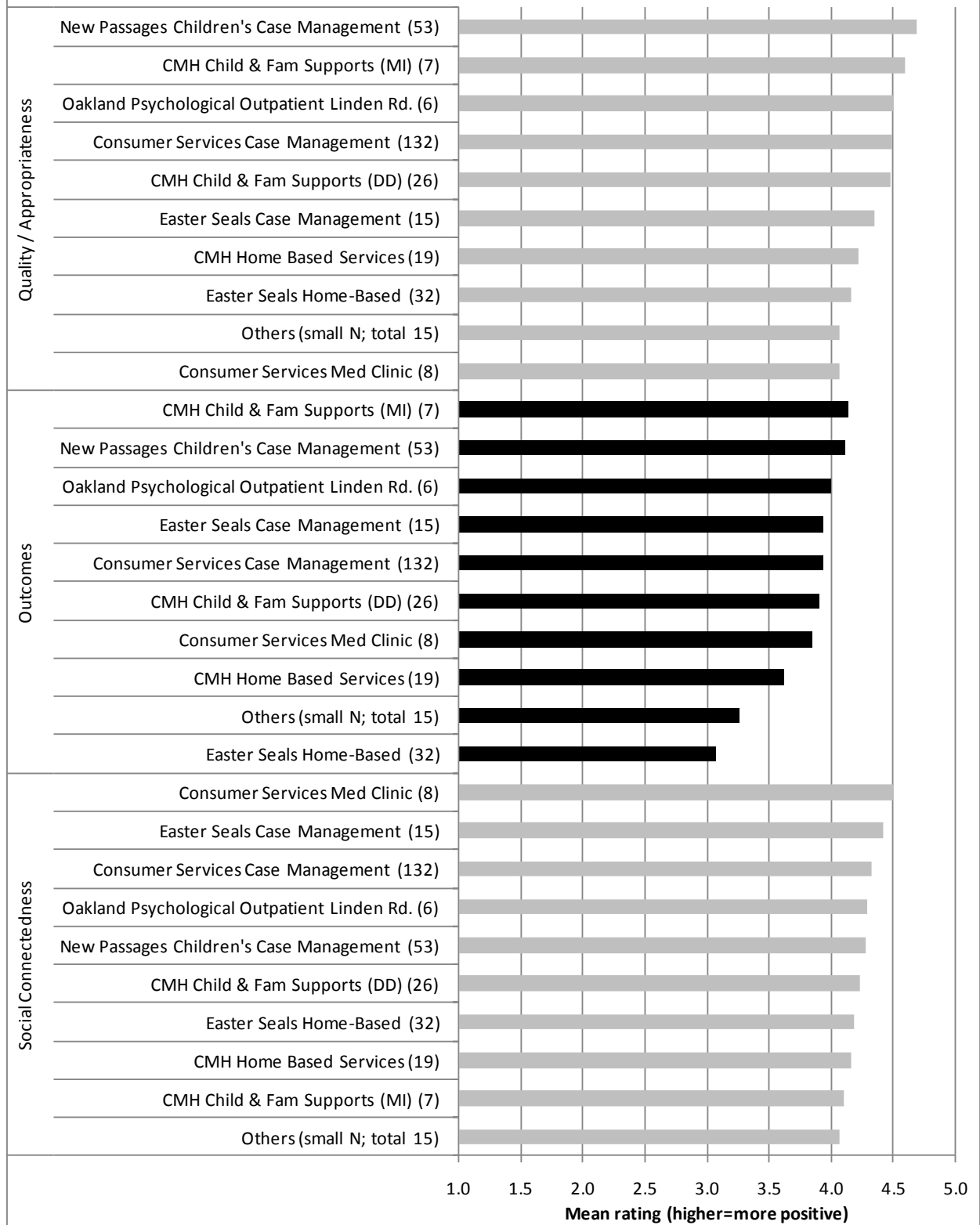
**Figure 3: FY 2009 MHSIP scores by provider:
Outcomes, Functioning, and Social Connectedness**



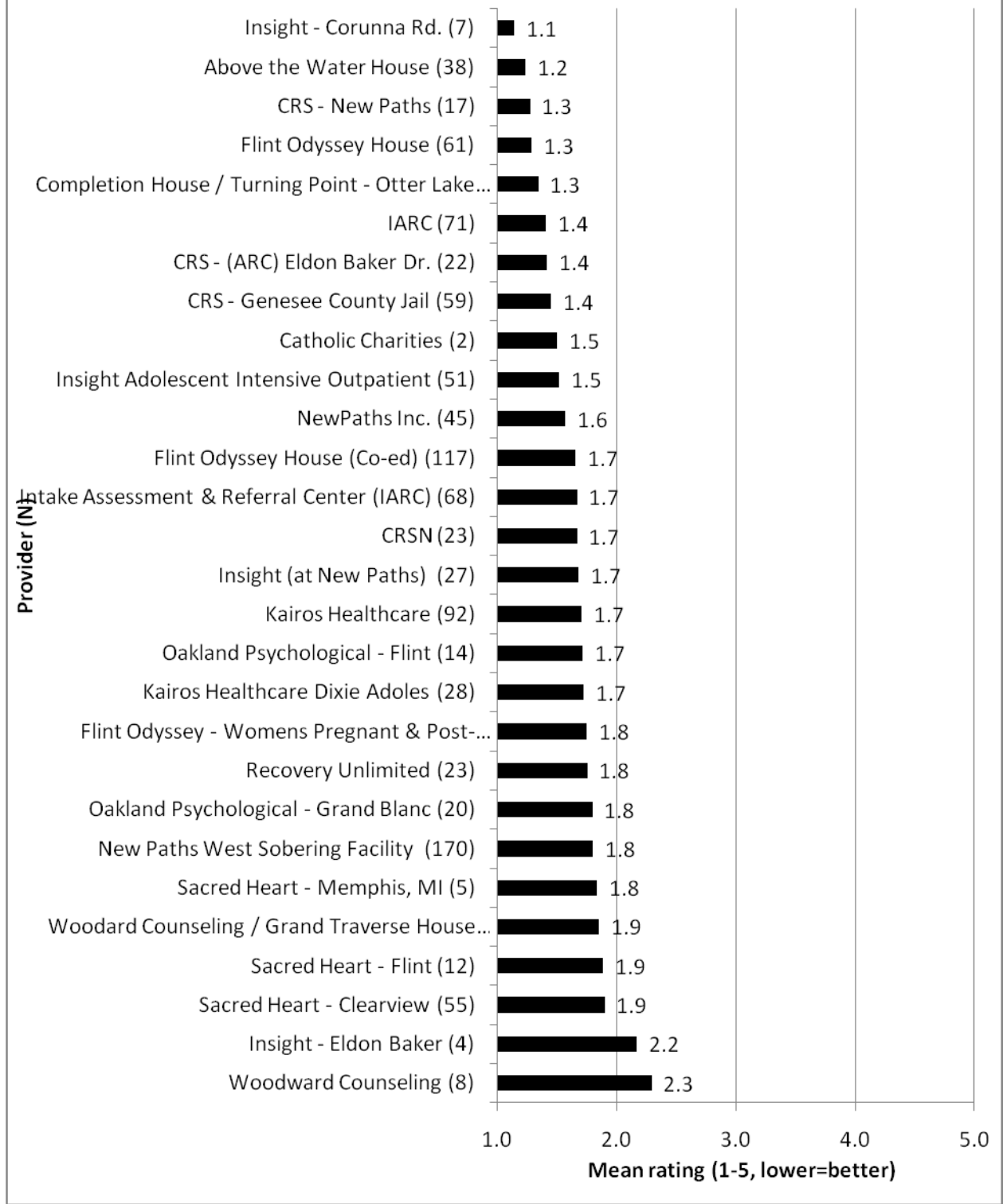
**Figure 4: FY 2009 YSS scores by provider:
Cultural Sensitivity and Participation in Tx Planning scales**



**Figure 5: FY 2009 YSS scores by provider:
Qual / Approp, Outcomes, Social Connectedness**



**Figure 6: General satisfaction scores by SUD provider
(lower score = more positive rating)**



**Figure 7: Outcomes ratings by SUD provider
(lower score = more positive rating)**

