

## **GENESEE COUNTY CMH SERVICES PIHP**

### **SUMMARY OF CONSUMER INTERVIEWS**

**January 2009**

The Michigan Department of Community Health site review team conducted a total of 93 interviews with consumers from the Genesee County CMH Services PIHP. Individuals were selected for the voluntary interviews through a random selection process. Of this total number, 43 face-to-face interviews and 21 telephone interviews were conducted with primary consumers. Nine face-to-face interviews and 20 telephone interviews were conducted with secondary consumers. Four hard of hearing or deaf consumers were interviewed.

Family members, guardians, or staff members assisted in completing 29 interviews where consumers possessed limited cognitive or verbal skills. Twenty-five other scheduled interviews did not take place because reviewers were either unable to contact individuals by telephone or individuals chose not to participate in the interview process when they were contacted.

#### **Customer Services**

During the interview process, consumers were asked how they learned about the services they were receiving and the following responses were given: through the school system, family members, self referrals, guardians, primary care physicians, hospitals, and friends. A few consumers could not recall how they were referred for community mental health services.

When asked how consumers learned about the various services available to them through the Genesee County CMH Services PIHP providers, they indicated that they had been informed about the services from their community mental health intake worker, case manager, supports coordinator, or their home-based staff. When asked if they had received brochures that clearly defined what services were available, 45 of those interviewed said they had received such brochures, and 48 indicated that they were informed about the services available through staff.

Seventy-two of the interviewed individuals stated that they were aware of the Customer Services Department; nineteen said they were not aware, and two individuals stated that they were not sure.

During the interview process, there was discussion regarding staff turnover and whether or not consumers had many different clinicians during their treatment. Consumers were asked if staff changes affected them or their services. Fifty consumers said they had experienced staff turnover of two or more workers. Thirty-eight of these consumers said

that these changes had no affect on their services. Twelve consumers shared their thoughts about staff changes and the following are some representative comments:

“I did not get along with my old case manager and got rid of him. Things are better now.”

“My daughter had four different case mangers within six months and currently has the best one.”

“Our son cried a lot when he changed case managers and he had to start all over again with the new one.”

“Change in staff was positive.”

“Staff changes are always occurring.”

### **Recipient Rights and Grievance and Appeals**

Seventy-seven consumers said they knew about recipient rights and 15 consumers did not. One consumer did not respond. Eighty-two were familiar with the grievance and appeals process, indicating they understood how to use the process for resolving disputes or filing appeals when there was a disagreement about mental health treatment or services. Nine individuals said they were not informed about the grievance and appeals process. Two consumers did not respond.

Eleven consumers had filed a recipient rights complaint. Nine individuals indicated they were satisfied with the outcome and said that the recipient rights staff did a good job resolving the complaint. One consumer was not satisfied with the outcome and staff. Another consumer has a complaint pending.

### **Person-Centered Planning**

During the interview process, consumers were asked about person-centered planning and how it is being used to meet their goals, hopes, and dreams. Eighty-two of the consumers interviewed indicated they chose the participants for their planning meeting and 76 consumers recalled choosing the meeting location. In addition, 58 consumers knew what independent facilitation was and had decided on the type of facilitation for their meeting.

Eighty-eight consumers remembered at least one of their goals discussed at the person-centered planning meeting. The following are a sampling of some of the goals that were identified as areas individuals were working on in their person-centered plans of service: attend day program, be healthy, go to McDonalds, cataract surgery, get a job, pay bills, respite, decrease behavior, be independent, reunite with my children, be a truck driver, budget money, no screaming and yelling, socialize, help other people, be a normal kid, maintain sobriety, lose weight, attend the Senior Citizens Program, get my teeth fixed, move to Portland Oregon, and work on reading and math.

When asked if a copy of the person-centered plan of service was received within 15 days, 79 of the individuals interviewed confirmed timely receipt of their plans, and three could not recall when they got their plan.

Sixty-four of the interviewed consumers were receiving medication services through Genesee County CMH Services PIHP service provider psychiatrists. Fifty-six of the 64 consumers receiving medications said they were satisfied with their medications while eight consumers were not. Sixty consumers were satisfied with their psychiatrist while four were not.

Fifteen of the interviewed consumers were informed about Peer Support Specialist services. Seventy-four consumers said they were not aware of these services and four consumers did not respond. Of the 15 informed consumers, ten indicated that Peer Support Specialist services were made available to them.

Seventy-nine individuals indicated that they had a choice in the type of services provided. Twenty-two said they chose their clinician or psychiatrist and 69 said that they were assigned one. Two consumers did not respond. Seventy of the consumers believed the PIHP would allow them to choose another clinician if it became necessary or desirable.

When discussing natural supports with individuals, 79 said they understood the concept and that it had been discussed with them. Eighty-two consumers recalled discussing community supports and how they would be used to achieve their goals. Individuals discussed various activities in which they participated for fun and/or enrichment. Eighty-seven consumers recalled using the person-centered planning process to periodically review their plans with their caseworker or treatment team.

Thirty-two of the 93 consumers interviewed indicated they were not employed and of those, 15 individuals stated they would like to work. Seven indicated Genesee County CMH Services PIHP was assisting them in locating employment.

Three individuals indicated they were currently receiving respite services and were offered a choice of respite services. Three were satisfied with the amount and type of respite they were receiving at this time.

Consumers were asked about the elimination of services and if this had occurred or not. If it had occurred, individuals were asked whether it had been addressed first in the person-centered planning process. There was one consumer who responded that their services were terminated without prior discussion or advanced notice. The consumer mentioned their therapy sessions had been cut.

### **Health and Safety**

Twenty-six consumers reported that they had concerns about their health care. Of the 26 individuals with health concerns, 24 said they had discussed these concerns with provider

staff and 22 felt their health issues were being adequately addressed. Consumers spoke of the following health concerns during the interview process: cataracts, dental, arthritis, obesity, asthma, epilepsy, smoking, sleep apnea, back pain, high blood pressure, foot surgery, diabetes, head injuries, and Fibromyalgia.

Eighteen consumers reported they had a co-occurring substance use disorder and that Genesee County CMH Services PIHP had offered to treat both the mental illness and substance use disorder. Substance use disorder treatments mentioned included: Alcoholics Anonymous and Narcotics Anonymous meetings, CMH support Groups, and individual one-on-one counseling relating to co-occurring disorders.

Safety concerns were reported by 30 of the individuals interviewed. When asked if these concerns were discussed with provider staff, 26 individuals stated they had discussed these safety concerns with provider staff and 28 felt they were being adequately addressed. These safety issues included: a consumer always wants someone with them when they go out into the community, a daughter requires 24/7 supervision, some people in Flint are dangerous and you must keep your home doors locked, a daughter is a risk taker, a consumer fights with classmates at school, and a consumer's girl friend invites strange people to the house.

### **Crisis Planning**

Individuals were asked if they had been in crisis and if so, how easy had it been for them to access services. Forty-one consumers indicated having experienced a crisis, but only 20 had used the after-hours phone service. Sixteen consumers reported getting a live voice and four had to respond to an automated phone tree. Nineteen individuals who said they had used the after hours crisis services found them to be helpful in resolving their crisis. One consumer said the crisis line people were not helpful. When consumers were asked if they knew what a crisis plan was, 58 said they did and 51 consumers indicated that the Genesee County CMH Services PIHP providers had offered them the opportunity to develop a crisis plan.

### **Psychiatric Advanced Directive**

Sixty-four primary consumers were asked if they knew what a Psychiatric Advanced Directive was and nine said they did. Six said they had been offered the opportunity to develop this type of directive and six mentioned that the Genesee County CMH Services PIHP providers offered them assistance with completing a Psychiatric Advanced Directive form.

### **Consumer Satisfaction**

Forty-eight of the 93 individuals interviewed indicated they had completed satisfaction surveys regarding Genesee County CMH Services PIHP services. Ten of the consumers interviewed reported they had seen consumer satisfaction survey results. Eighty-three consumers said they never saw reports that summarized satisfaction survey results.

When individuals were asked about satisfaction with services, 88 consumers out of 93 interviewed indicated satisfaction, and four consumers stated they were not satisfied. One consumer did not respond.

**Individuals throughout the interview process gave the following comments on how CMH services improved their life; along with suggestions for the Genesee County CMH Services PIHP service providers:**

“CMH provides a place for my daughter to live and she attends the day program.”

“I love to help the group home staff with cleaning, clearing the dining room table, and shoveling snow.”

“Because of CMH services I have a busy life. I have friends, go on outings, bowling, and to the movies.”

“I can think more clearly now and make decisions on my own.”

“Our daughter does not fight anymore. She does her chores and is doing better in school.”

“Home based services are very helpful and my kids are home schooled.”

“I am now able to understand my son and be a better parent.”

“I get medications from CMH. The staff provides support and I am now able to make decisions for myself and getting more out of life.”

“As the result of CMH services, I don’t do drugs, I am not suicidal, I’m more healthy, and happy.”

“My son is 27 years old and lived with me for most of his life. Today he has his own place to live. As his mother, if I were to pass away today I would know all his needs are being met.”

“Our daughter is being helped to find employment. The case manager helps with her paperwork and is always available to help.”

“Genesee County CMH Services is treating me better than I was treated at a CMH in California.”

“Because of HIPAA we can only have one child at a time see the psychiatrist. The CMH waiting room should have an area for children as well as a TV with children programs.”

“There is only one child psychiatrist at CMH. There are no choices.”

“My daughter would not let me rock her. Now she loves it. Her social skills have also improved.”

“I have a better mood and can concentrate.”

“Mothers who have bi-racial children need help to manage their daughter’s hair. I am white and don’t have experience taking care of African American hair. Perhaps this should be added to the family plan of service.”

“I feel children should not have to take psychotropic medications prescribed by the psychiatrist.”

“It would be nice to have age appropriate toys in the playroom.”

“There should be activities whereby consumers can meet all CMH staff members.”

“CMH should have a support group for women.”

“When I think of suicide, I like to go to crisis residential rather than the hospital.”

“My case manager has helped me immensely with transportation and emergencies.”

“The medications and psychiatric treatment have helped control my daughter’s behaviors and her sleep disorder to the benefit of the entire family.”

“CMH should hire more case managers.”

“My daughter now has more good days. When she has bad days the ACT team helps her.”

“The CMH staff is always cheerful.”

“I would like to spend more time with the psychiatrist.”

“The ACT team keeps me focused on taking my medications.”

“I like going to the Drop-In. The activities are great and we go to different places.”

“My case manager handles all my problems, provides links to doctors and the dentist.”