

## Consumer satisfaction survey findings FY 2008

### 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 MHSIP project's Youth Satisfaction Survey (YSS) was required to be offered to the parents of all children receiving home-based services. The same instruments (minus a few brand-new items included in the DCH versions) were used to survey all adults and children receiving other services in the CMH network, respectively.

The survey period for ACT and home-based consumers was May 12-23, 2008. Providers of other services were instructed to offer surveys to all consumers seen between May 21 and June 6, 2008. All surveys were administered anonymously and returned to the Quality Management department for data entry and analysis.

A final set of data were gathered throughout the year, between 30 and 120 days after consumers' final service from any CMH network provider. (The wide timeframe was selected because, for a number of administrative reasons, the time between a consumer's last service and the actual recording of discharge can vary significantly.) These data were gathered by phone interview from those consumers who could be reached and were willing to participate.

### MHSIP survey: Adults' satisfaction

The MHSIP survey consists of 36 items, each scaled from 1 (Strongly Agree) to 5 (Strongly Disagree). Items are phrased so that lower scores always represent more positive evaluations. The MHSIP items are aggregated into several scales, identified in Table 1, below.

As in previous years, responses were extremely 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	1.70	114	2.11
Access	344	1.75	104	2.07
Quality/Appropriateness	360	1.69	66	2.02
Participation in Treatment Planning	426	1.75	112	2.05
Outcomes	278	2.02	0	*
Functioning	405	1.95	0	*
Social Connectedness	414	1.94	0	*

\* The Outcomes, Functioning and Social Connectedness scales were included in a new version of the MHSIP, used in survey of active cases but not in the post-discharge survey

Scale scores tended to cluster into two groups. Figure 1 depicts the scores with the 95% confidence interval for each - that is, the range in which, statistically, it is expected that scores would fall 95% of the time if re-measured. As in previous surveys, the first four scales - those that reflect attributes of the care provided - cluster together. The last three scales - reflecting the individual's status in clinical improvement, daily functioning, and relationships - score slightly higher (i.e., less positive).

Two hypotheses may explain this finding. First, the "demand characteristics" of satisfaction surveys are well-known - people usually give very positive ratings in most situations. It may be that this tendency is less prevalent when rating one's own functioning than when rating a service provider. Second, respondents to the lower-scoring scales were, by definition, not finished with CMH services, since these were measured only for current consumers. Regardless of the quality of services, it would not be expected that they would have achieved the highest levels of comfort and functioning, if they were still receiving services.

Evaluations were significantly more negative in the post-discharge group than among those currently receiving services. This pattern can be explained in a number of ways; available information do not allow us to determine the exact reason. Despite this trend, the post-discharge evaluations are still quite positive.

#### **Youth Satisfaction Survey (YSS): Parent/guardian satisfaction with children's services**

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)

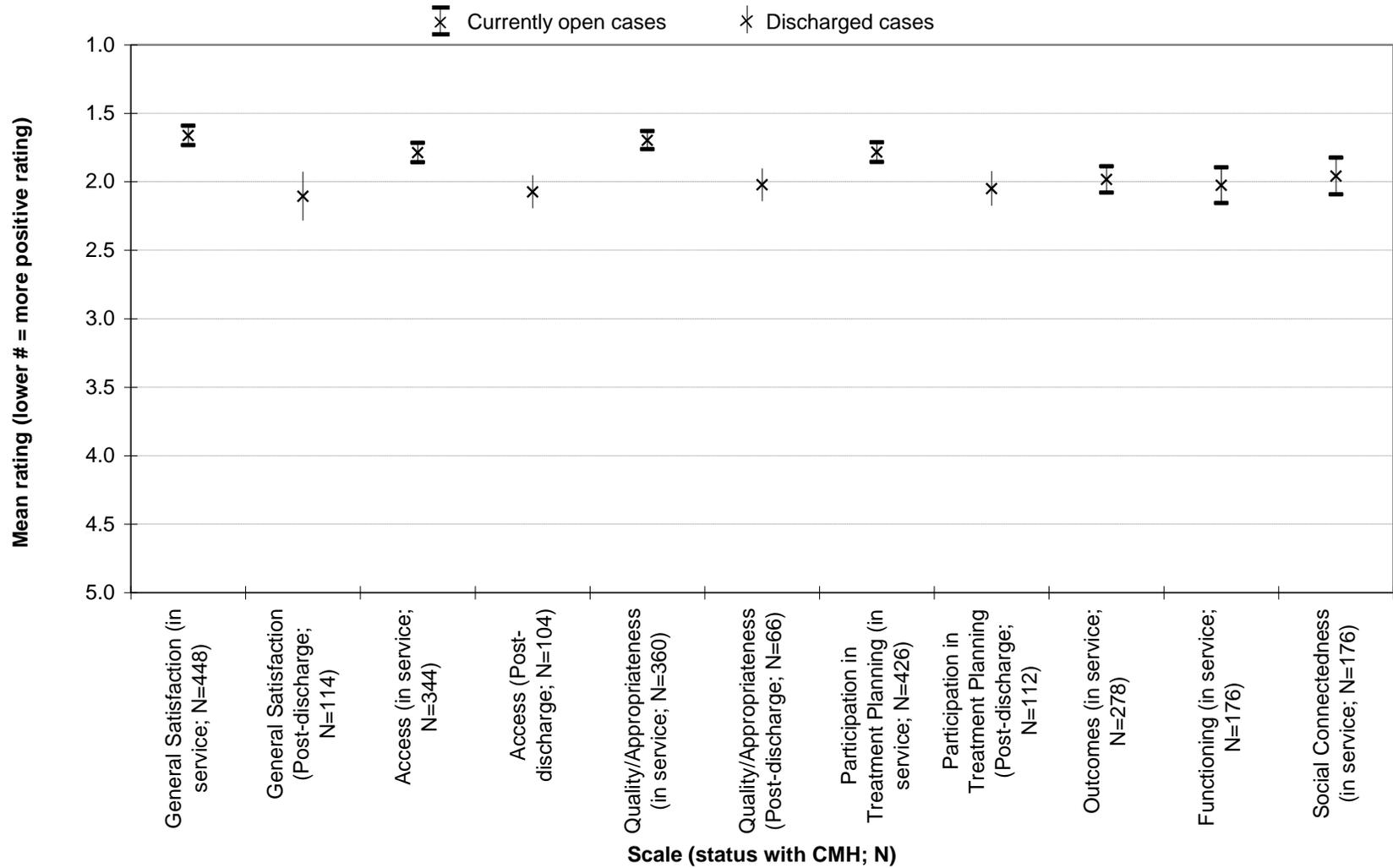
<b>Scale</b>	<b>N current consumers</b>	<b>Mean - current consumers</b>	<b>N post-discharge</b>	<b>Mean - post-discharge</b>
Access to Services	93	4.51	56	4.09
Participation in Treatment	95	4.46	55	4.11
Cultural Sensitivity	88	4.60	20	4.30
Appropriateness	92	4.36	55	4.07
Outcomes	71	3.73	0	*
Social Connectedness	71	4.26	0	*

\* The Outcomes and Social Connectedness scales were included in a new version of the YSS, used in survey of active cases but not in the post-discharge survey.

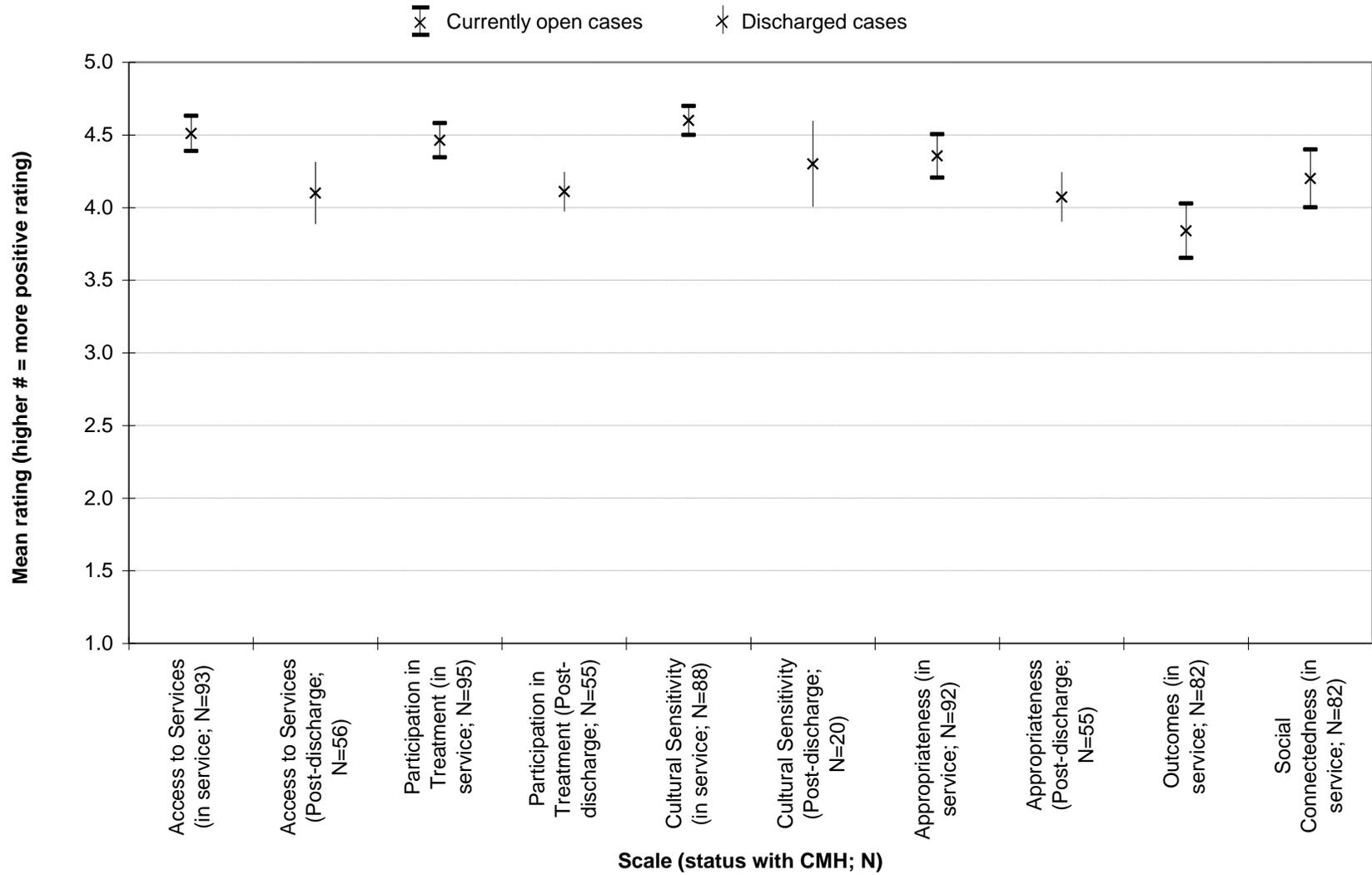
As with the MHSIP, services were evaluated quite highly on all dimensions. This was especially true for families currently receiving services, and less so for those who had recently terminated services (Figure 2).

In sum, the evidence is that consumers and families rate network services quite highly. In general, programs tended to perform similarly. Comparisons by program may be found in figures 3 through 6. All programs submitting at least 10 MHSIP or YSS records were included.

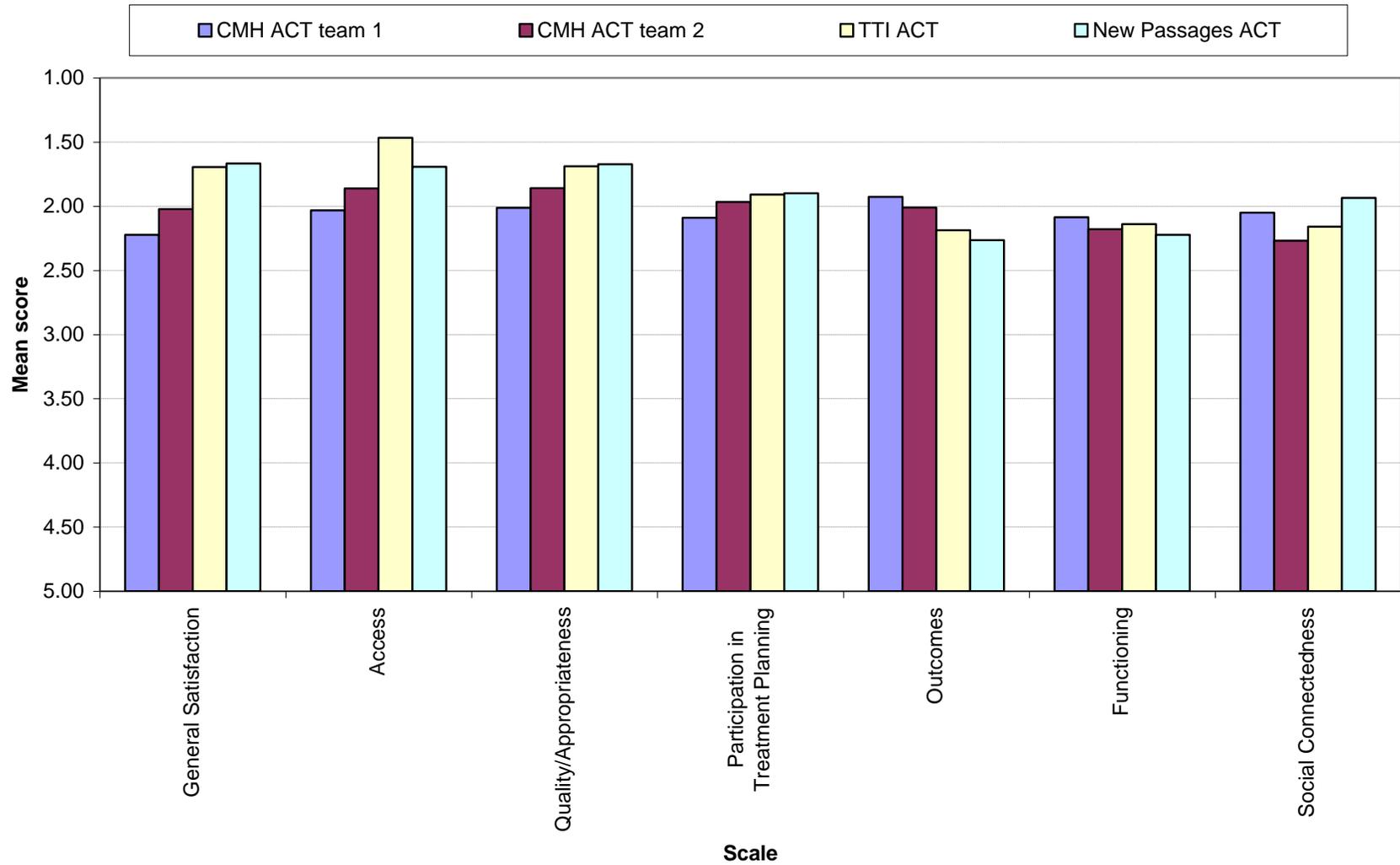
**Figure 1: FY 2008 MHSIP scale scores: Mean and 95% confidence interval**

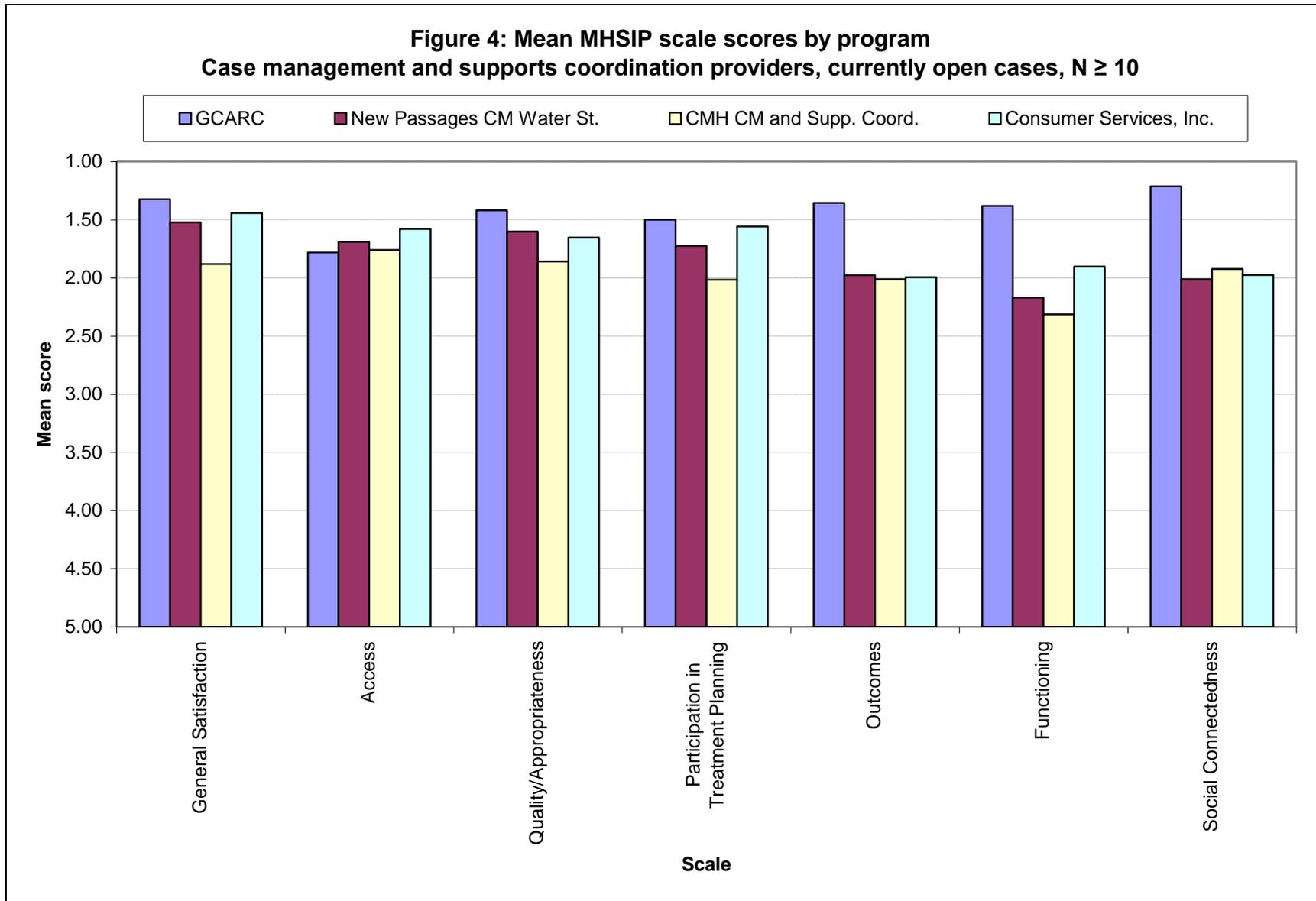


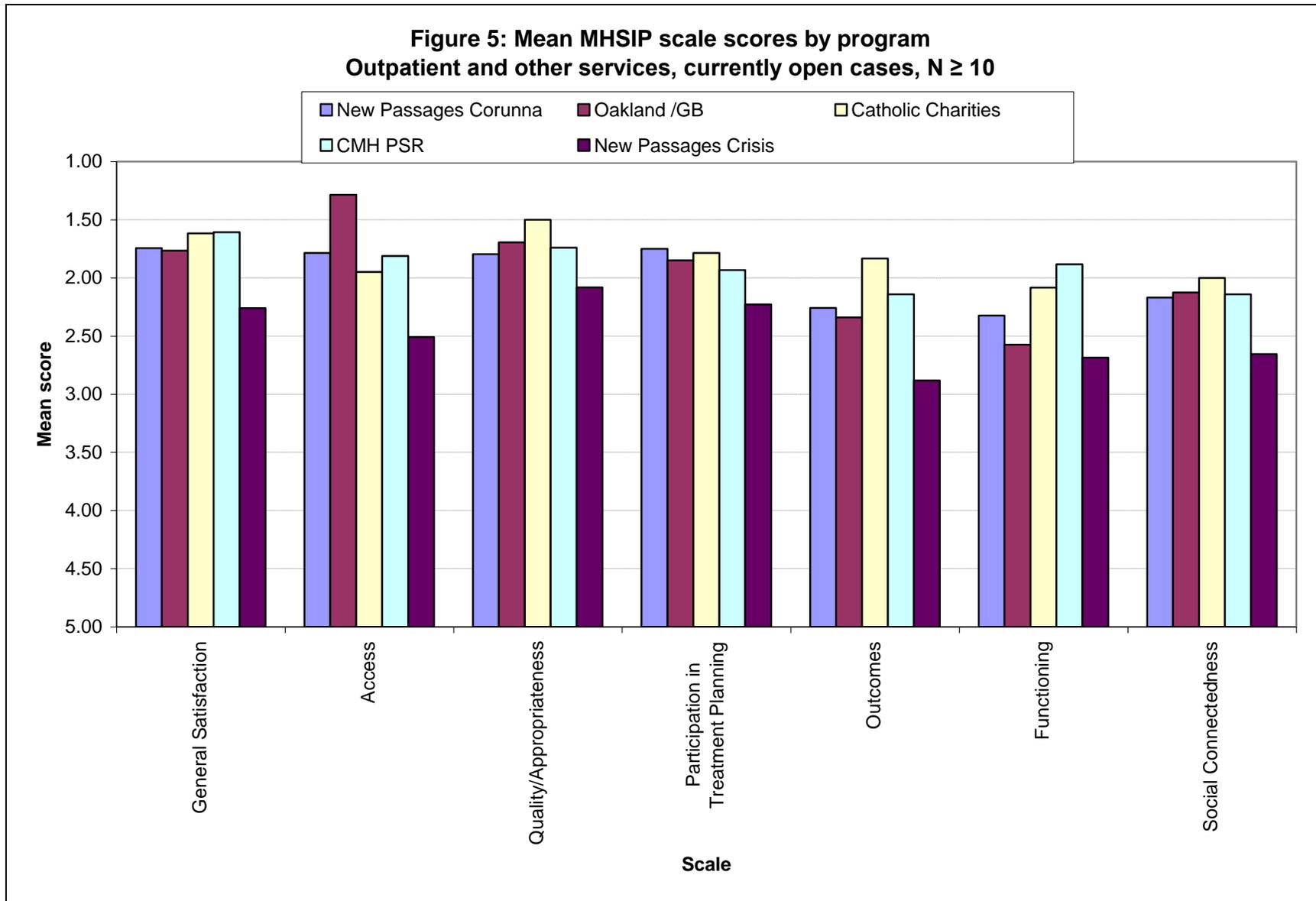
**Figure 2: FY 2008 YSS scale scores: Mean and 95% confidence interval**



**Figure 3: Mean MHSIP scale scores by program  
ACT providers, currently open cases, N ≥ 10**







**Figure 6: Mean YSS scale scores by provider - currently open cases, programs with N ≥ 10**

