

Genesee Health System  
2013 consumer satisfaction findings

## EXECUTIVE SUMMARY

The 2013 survey followed similar format to previous years' efforts, focusing on primary providers of services in the MH/DD network, and all SUD providers. 3004 consumer surveys were received. Findings were consistent with past results, indicating quite positive evaluations of service quality. Ratings of outcomes were slightly lower than ratings of quality and other important service attributes, though still positive. Post-discharge phone surveys (N=103) reflected slightly lower but, again, still quite positive evaluations. However, because the post-discharge sample is affected by many factors, the reasons for this difference cannot be determined.

Content analysis of 201 consumer grievances received in 2013 indicated the following major areas of concern: requests for staff or program change (47%), concerns not otherwise classified (33%), concern about quality of / access to medical services (21%), provider failure to contact the consumer as expected (17%), concern about quality/access for non-medical services (13%), and rude or inappropriate behavior by staff (10%).

There were some statistically significant differences in scores among providers, as well as trends in open-ended content. The Quality Management and Provider Relations departments are engaging with providers scoring substantially lower than their peers, in order to clarify and develop solutions to the concerns.

## PROCEDURE

Surveys were offered to adults and children seen by primary providers in the MI/DD and SUD networks, between Dec 1 and Dec 14, 2013. The whole-network survey was synchronized with the survey of ACT and home-based providers required by the Michigan Department of Community Health (MDCH). For the third year, because MDCH's mandated survey timeframe was delayed, GHS's network survey was also delayed from its previous spring schedule. As in previous years, MDCH mandated the use of the MHSIP (Mental Health Statistics Improvement Program) and YSS (Youth Satisfaction Survey) tools for ACT and home-based providers, respectively.

Providers were instructed to offer surveys to each consumer they served during the survey period, for whom they were the primary program. As noted above, MDCH required full versions of the MHSIP and YSS for recipients of ACT and children's home-based services, respectively. However, these instruments are quite long. Abbreviated versions of the surveys were used for all other providers. Only the abbreviated data (including selected items from ACT and home-based surveys) are analyzed here. Appendices 1 and 2 contain the survey content.

The YSS tools were offered to parents / caregivers of children receiving mental health services. MHSIP tools were offered to adult consumers in the GHS system, and all consumers receiving Substance Use Disorder services. Assistance was offered to respondents where needed. Providers were instructed in survey administration methods designed to avoid influencing consumer ratings.

A second source of data is a subset of MHSIP questions that are asked of a sample of former consumers after discharge from all network services, by the GHS Customer Services Department. Finally, patterns in consumer grievances (complaints) processed by Customer Services are analyzed.

## FINDINGS

### Survey findings

A total of 233 YSS and 2771 MHSIP surveys were returned from 25 providers / programs. Additionally, 219 consumers were noted to have refused surveys. Thus, about 59% of eligible consumers served during the survey period were offered a survey. Where fewer than 20 consumers from a program were surveyed, the program's data were combined with data from similar programs of the same provider where possible. In some cases this was not possible because programs differed enough that evaluations might not be comparable, or no other program was available within the same provider.

Of 701 consumers whom the Customer Services department attempted to reach following discharge from all network services, 103 (15%) were reached and agreed to be surveyed. While low, this figure is consistent with numbers reported by other CMH's implementing similar processes.

The MHSIP survey content (Appendix, page 14-15) can be divided into three scales: satisfaction, important service attributes, and outcomes. The second of these requires some explanation; its items include content around staff's respect for, sensitivity to, and support of consumers.

The MHSIP measure is written with a response of 1 indicating greatest satisfaction and 5 the least. However, the YSS is scored oppositely: higher scores indicate more positive evaluations. For consistency and ease of interpretation, the MHSIP scales are transformed here so that **for both measures, higher numbers represent the greatest satisfaction and positive evaluation.**

In general, consumers reported high levels of satisfaction and quality on the MHSIP, with slightly lower ratings on the Outcomes scale:

<b>Scale</b>	<b>Mean score (1-5 scale)</b>
Quality / satisfaction	4.39
Important service attributes	4.35
Outcomes	4.02

Given that the consumers surveyed are still in service, and have thus by definition not yet achieved their desired outcomes, it is not surprising that the Outcomes scale is rated slightly lower than the others.

YSS scales were Satisfaction, Person-family focus, and Outcomes; again, see the Appendix for details. The second scale reflects respondents' assessment of services as tailored to families' goals, cultural background, and desired outcomes. YSS findings were similar to MHSIP findings:

<b>Scale</b>	<b>Mean score (1-5)</b>
Satisfaction	4.50
Person-family focus	4.46
Outcomes	3.74

Program-level MHSIP and YSS findings are reported in Figures 1 through 6, pages 8-12. Note that findings from the post-discharge survey are reported as well. These findings are very consistent with those of previous years' surveys. Figures 7-9, page 13, show trends over the past several years, for both the MHSIP and YSS data.

#### Open-ended responses

Six hundred twelve open-ended responses were obtained relative to the MHSIP and YSS. Major response categories were as follows:

<b>Response content</b>	<b>Examples</b>	<b>% of open-ended responses<sup>1</sup></b>
General positive statements	<ul style="list-style-type: none"> <li>• I receive excellent care as well as my daughter</li> <li>• They do a terrific job.</li> <li>• Never had problems</li> </ul>	38%

<sup>1</sup> Categories sum to more than 100% because some responses fell into more than one category.

<b>Response content</b>	<b>Examples</b>	<b>% of open-ended responses<sup>1</sup></b>
Compliments or positive citations of specific staff or programs	<ul style="list-style-type: none"> <li>• &lt;staff&gt; is an amazing worker she has been a big help to me and my family thanks &lt;staff&gt;</li> <li>• &lt;staff&gt; is a great counselor, being an addict herself before, and understanding what the disease is all about</li> <li>• Love the staff very empathetic, caring, honest, and compassionate...thanks &lt;provider&gt;</li> <li>• they help me</li> </ul>	26%
Identification of specific interventions that helped, or specific improvements	<ul style="list-style-type: none"> <li>• I also received help on information concerning my 17 year old daughter.</li> <li>• I am a better role model for my child and my family supports me with everything I do now.</li> <li>• &lt;Provider&gt; encouraged and challenged me to drop clean and I have. Now I get my take homes in less than a month. Also, I have been encouraged to detox and I am going down 5 mgs a week comfortably.<sup>1</sup></li> <li>• The case manager helps me a lot and helps me stay on my medicine. I like the meetings. My therapist is very helpful and listens every appointment.</li> <li>• I love that helpful suggestions that my caseworker offers! Thank You for all the help.</li> </ul>	19%
Unclassifiable or uninterpretable comments	<ul style="list-style-type: none"> <li>• Returning to Chicago in a couple months.</li> <li>• I take my meds and don't drink with them.</li> <li>• I have no trouble with GHS services</li> <li>• Too long of a survey</li> <li>• neutral independent</li> </ul>	15%
Concerns, criticisms and other negative evaluations	<ul style="list-style-type: none"> <li>• I believe maintenance is poorly kept up in this building.</li> <li>• BAD FOOD</li> <li>• too quick to discharge people</li> <li>• More time needs to be allotted to speak with doctors who prescribe medications.</li> </ul>	8%

Each provider was sent a copy of all open-ended responses on its surveys, with any potentially identifying information redacted.

<sup>1</sup> This refers to methadone treatment, where this consumer is now trusted to take medication home rather than needing to come in to take it every day. Also, he/she is working to reduce his/her dose of methadone.

In general, both scores and open-ended responses are consistent with those observed in previous years. Most consumers report they are receiving high-quality services from compassionate and engaged providers, and there is evidence that services make a difference.

### Analysis of grievances

A final source of information about consumer satisfaction – or rather, dissatisfaction – is available: grievances, i.e., complaints received by the GHS Customer Services department. While they are far from a representative sample of consumer attitude overall, grievances can provide some insight into specific areas potentially in need of attention.

In 2013, 201 such contacts, for 189 distinct consumers, were logged by Customer Services. This represents about 1.2% of all individuals served in the network in FY 2013. While the findings cannot be interpreted as representative of general consumer experience, they do provide a separate source of information about patterns of consumer concern within the network.

Content was as follows (note that the concern content is generally written in the second person by the Customer Services department, because follow-up correspondence is generated from the information staff enters):

<b>Type of concern</b>	<b>Examples</b>	<b>N (%)</b>
Request for staff or program change	<ul style="list-style-type: none"> <li>You state that you have requested that your Case Manager, &lt;staff&gt;, be changed but nothing has happened.</li> <li>You told me that you want to transfer your services to &lt;provider&gt;.</li> </ul>	73 (35%)
General concerns not otherwise classified	<ul style="list-style-type: none"> <li>You told me that &lt;provider&gt; has an infestation of bed bugs and you want something done about it.</li> <li>You report that you informed &lt;supervisor&gt; at &lt;program&gt; that a peer knocked your cane from under you on &lt;date&gt; and nothing was done. You want the program to address this issue.</li> <li>&lt;consumer&gt; was sent to Customer Services from access because her case was still showing open, but she didn't have a valid authorization.</li> </ul>	51 (24%)

Type of concern	Examples	N (%)
Concern about access to or quality of medical services	<ul style="list-style-type: none"> <li>• You told me that you want to file a grievance on &lt;staff&gt; because he will not sign a form letting you attend &lt;college&gt;.</li> <li>• You would like &lt;provider&gt; to provide &lt;consumer&gt; with an earlier appointment so that he can get on medication. &lt;Consumer&gt; completed his intake and has been assigned a case manager but won't be able to see the doctor until &lt;2 months in the future&gt;.</li> <li>• Wants staff to follow up with the supervisor at the &lt;provider&gt; med clinic about staff making appt. for her and not being informed about the appt.</li> </ul>	32 (15%)
Provider failure to contact consumer as expected	<ul style="list-style-type: none"> <li>• You say that you have called your daughters' case manager, &lt;staff&gt; and she has not returned your call.</li> <li>• She had not received a response to several unreturned calls.</li> </ul>	27 (13%)
Rude or inappropriate behavior by staff	<ul style="list-style-type: none"> <li>• You report that &lt;staff&gt;, Case Manager yelled at you during a phone contact informing you that she won't be helping you with any more resources. You would like to switch to a different case manager.</li> <li>• Does not want &lt;staff&gt; to call her for anything because he was rude.</li> </ul>	16 (8%)
Concern about service reduction/termination from SUD programs	<ul style="list-style-type: none"> <li>• Consumer said that she was discharged from &lt;program&gt; because of an incident and has no longer has a place to live.</li> <li>• You would like to know if you can get back into &lt;provider&gt;. You believe you were expelled for drinking.</li> </ul>	14 (7%)
Concern about service reduction/termination from MI/DD programs	<ul style="list-style-type: none"> <li>• You filed a grievance because you were told you no longer qualify for transportation assistance through &lt;provider&gt;.</li> <li>• You went out of town to visit with your mother and &lt;provider&gt; case manager closed your case. You would like an appointment to continue there.</li> </ul>	13 (6%)
Concerns about billing or money	<ul style="list-style-type: none"> <li>• You told me you should not be responsible for a bill you received from &lt;provider&gt;</li> <li>• You report that your &lt;private insurance&gt; and Medicare are not covering co-pay on your medication.</li> </ul>	8 (4%)

## DISCUSSION

2013 findings are generally similar to findings in previous years. Consumers expressed high levels of satisfaction with the quality of services and evaluated other characteristics of service

quite positively. Impacts of care – i.e., outcomes – were slightly less positively evaluated than other metrics.

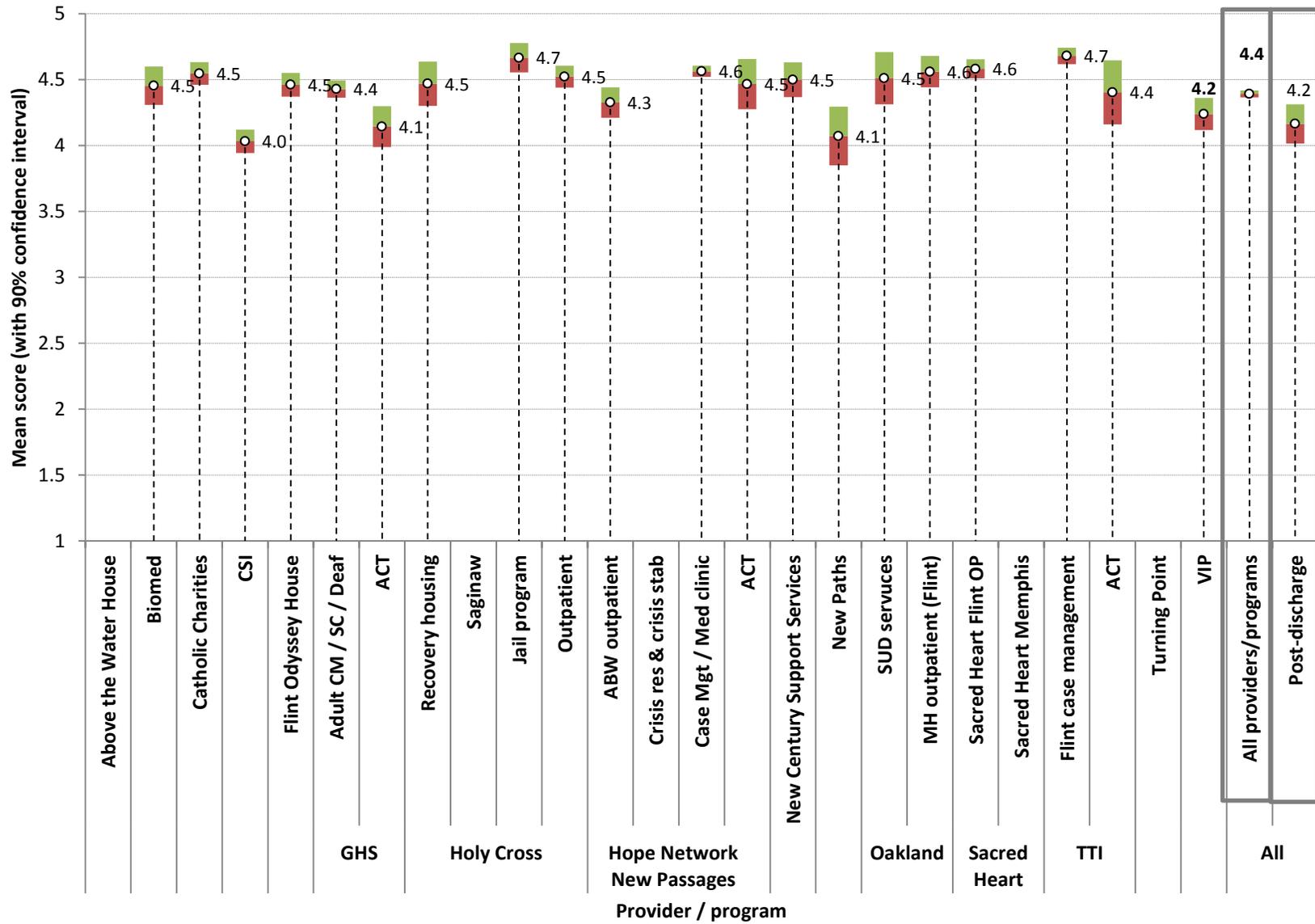
A similar pattern was evident in post-discharge phone surveys of consumers after they had left all GHS services, but scores tended to be lower on each item. Because post-discharge surveys are far from a representative sample, no generalizations can be made from these data about satisfaction, outcomes, or concerns related to all consumers after the end of services.

Consumers' open-ended responses were also consistent with those found in previous surveys. Most common were various types of positive statements, either general, naming specific staff, or identifying specific positive effects of services. Consumers' expressions of concerns and negative evaluations were wide-ranging, rather than suggesting any common themes that might lead to concern about network-wide processes.

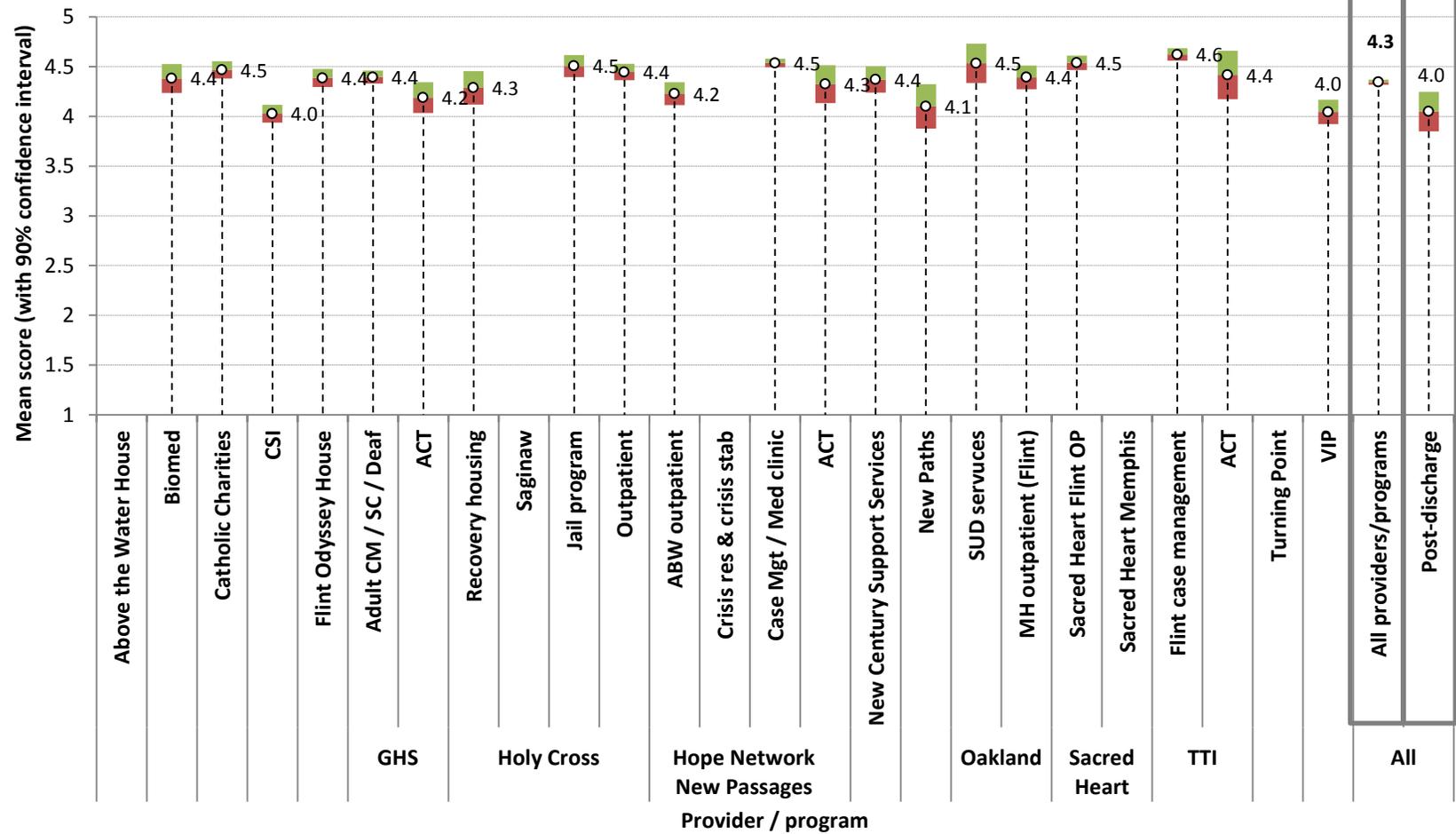
Content of grievances was also similar to that analyzed in past reports. The majority of grievances reflected a desire for staff changes, concerns about access or quality of psychiatric or related medical services, and lack of contact from a provider.

In sum, amid enormous changes and stress for staff as well as consumers, levels of satisfaction and content of consumers' comments – positive and negative – about services remain highly consistent with those observed over the past several years.

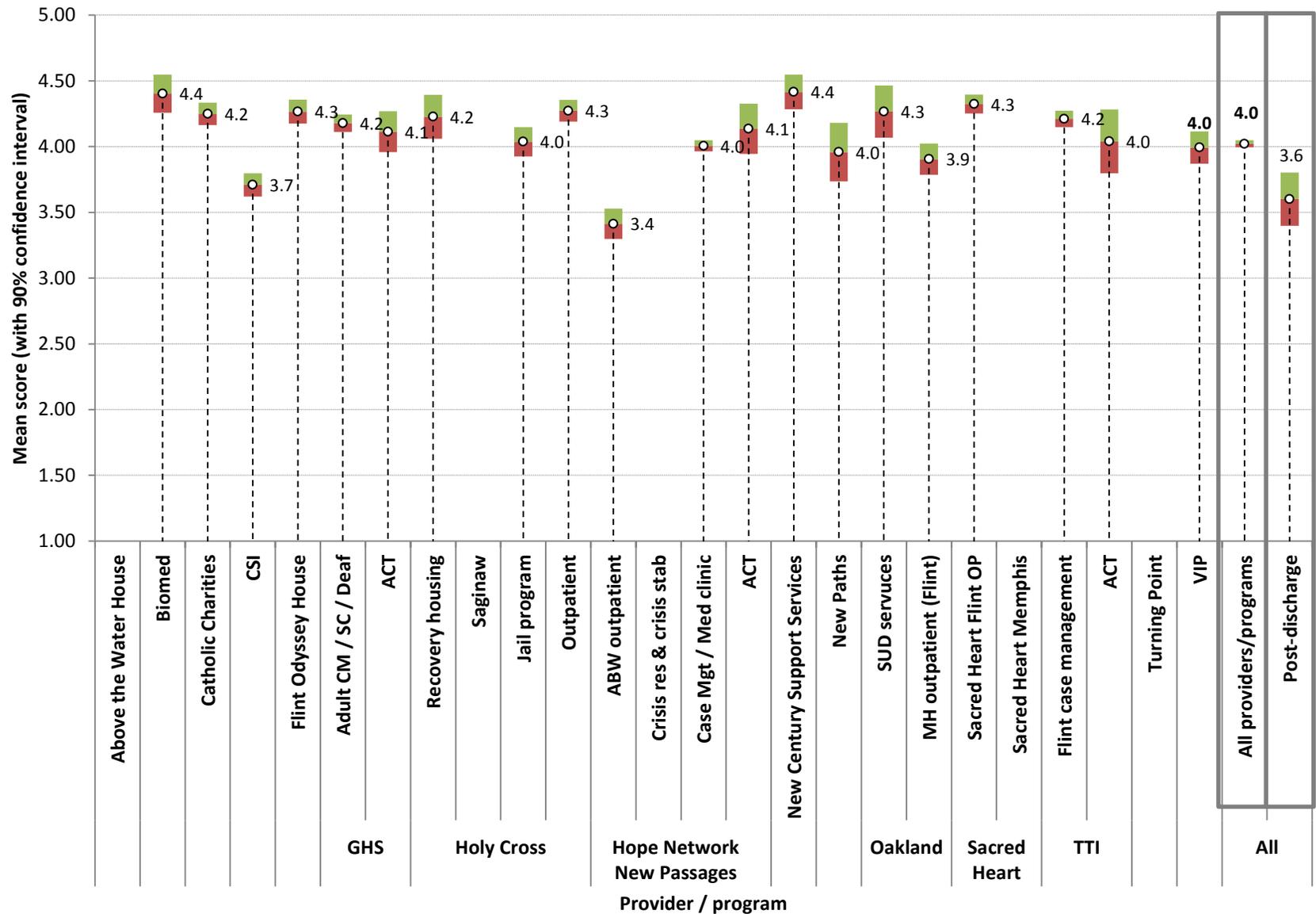
**Figure 1: Mean MHSIP Quality / Satisfaction scores with 90% confidence interval (blank where N < 20)**

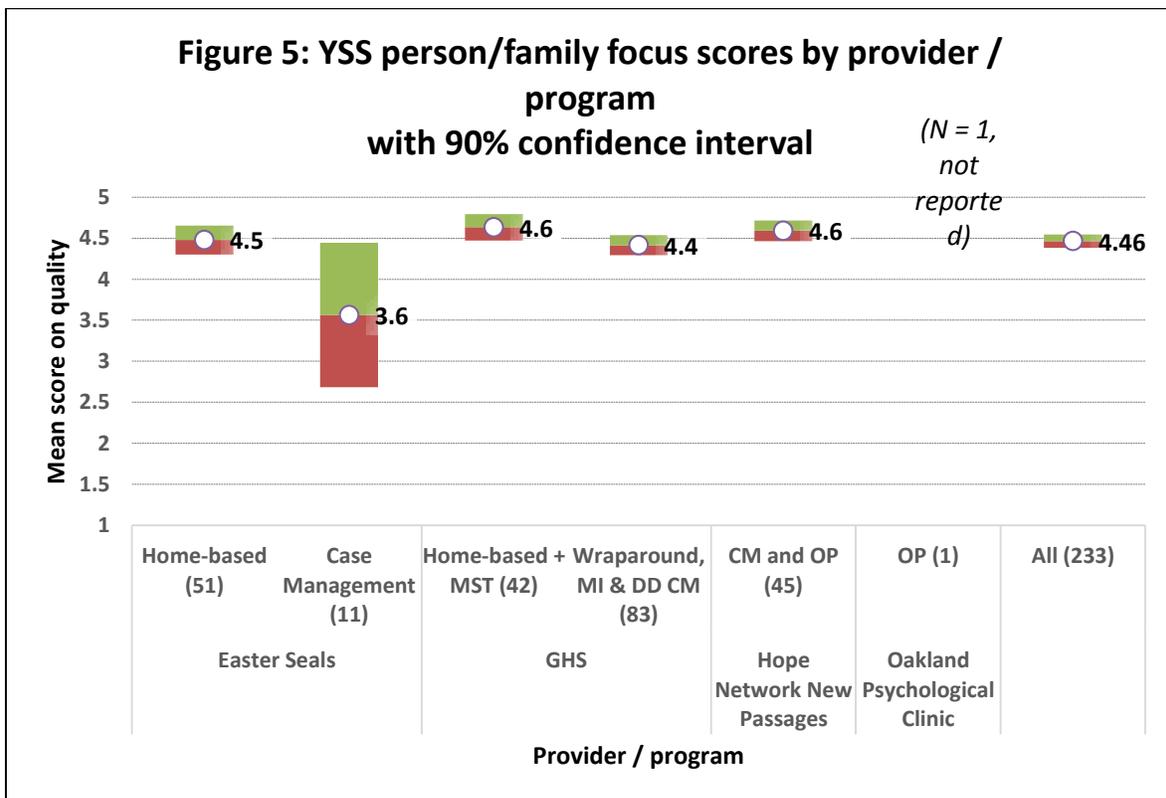
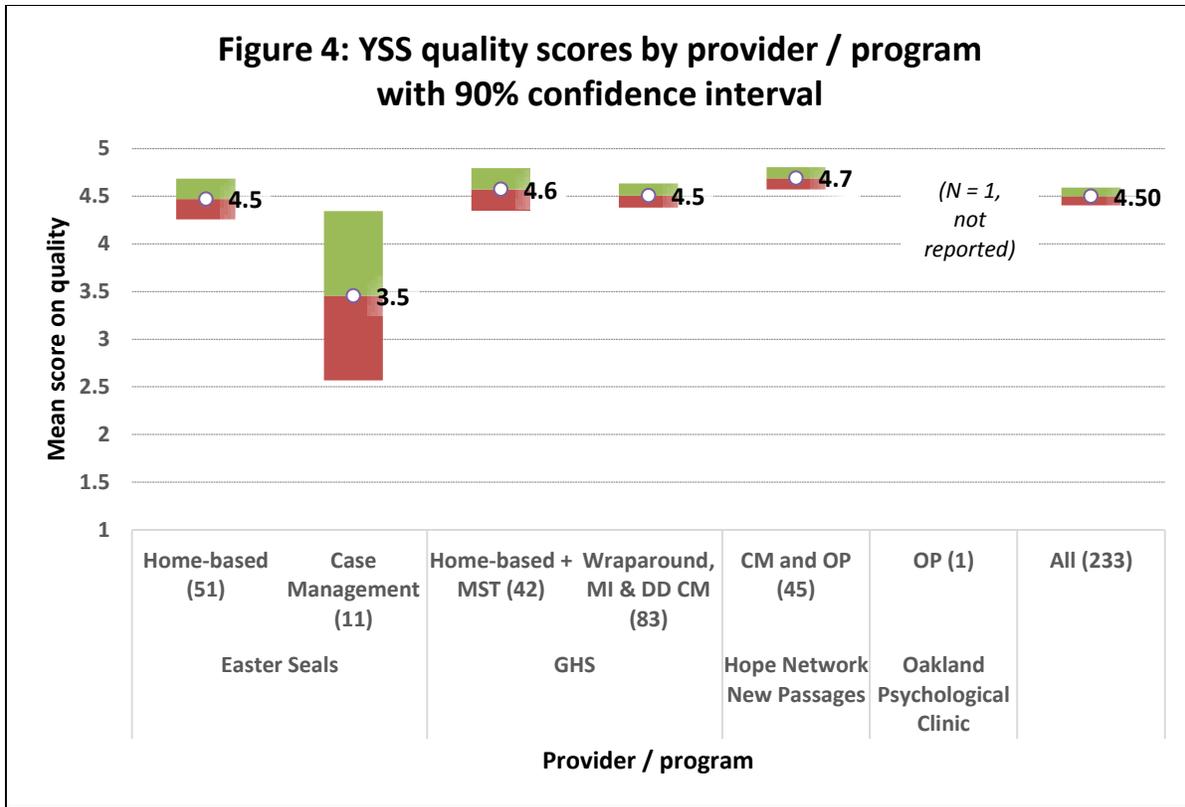


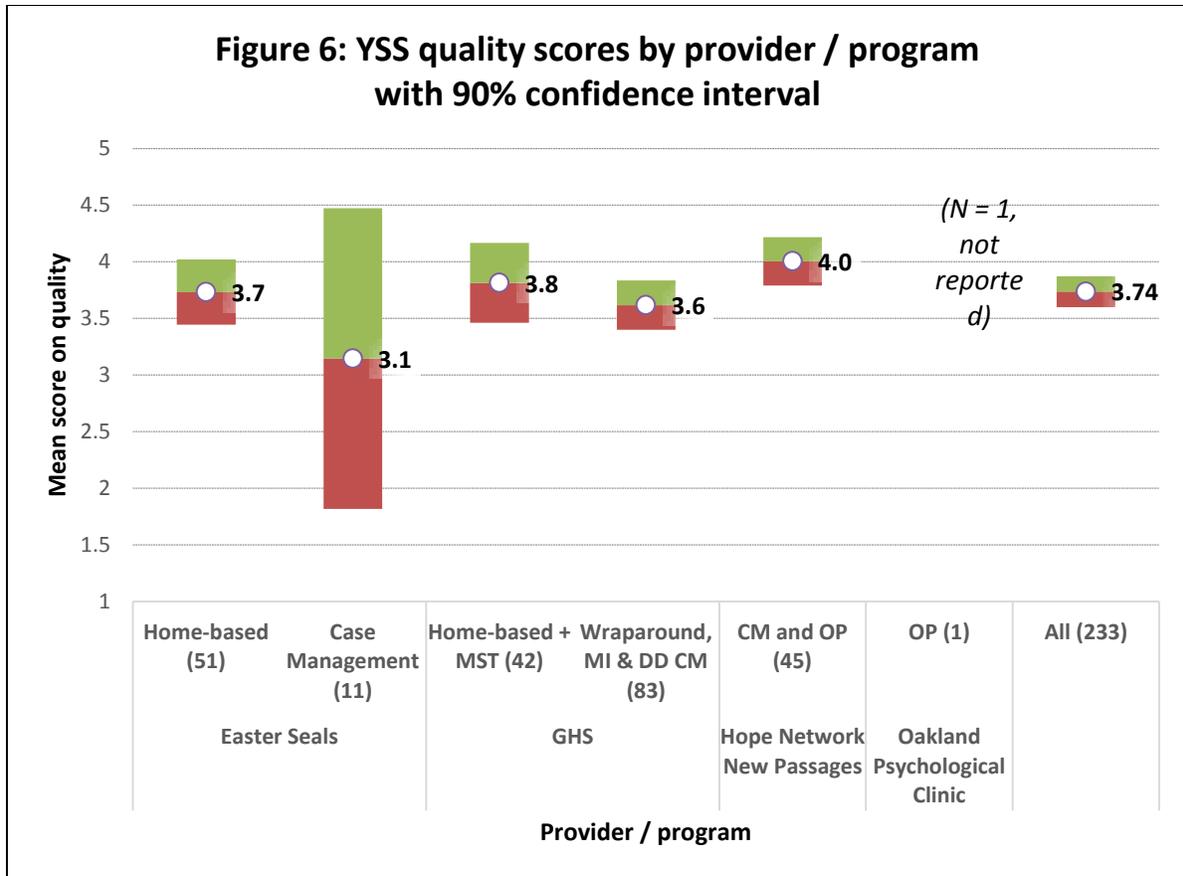
**Figure 2: Mean ratings on important service attributes by provider and program with 90% confidence interval (blank where N < 20)**

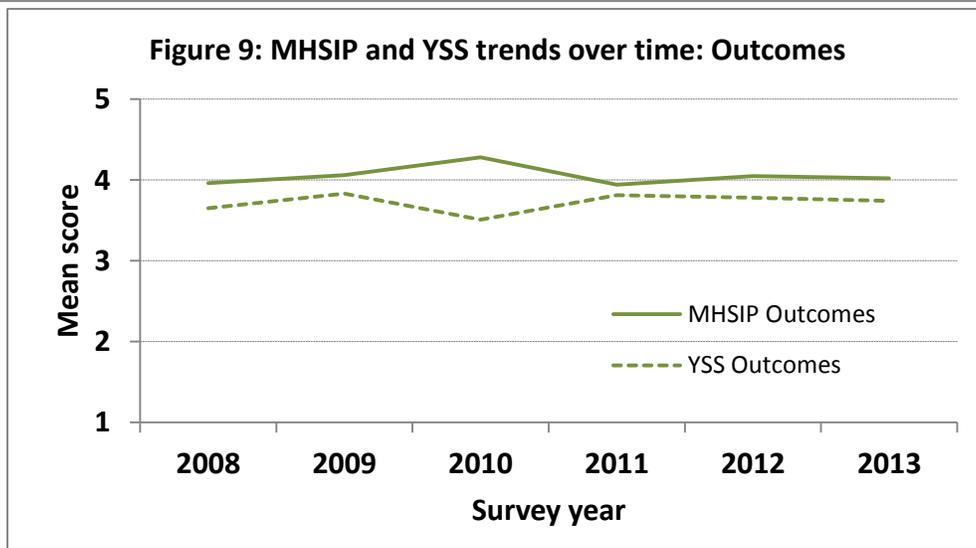
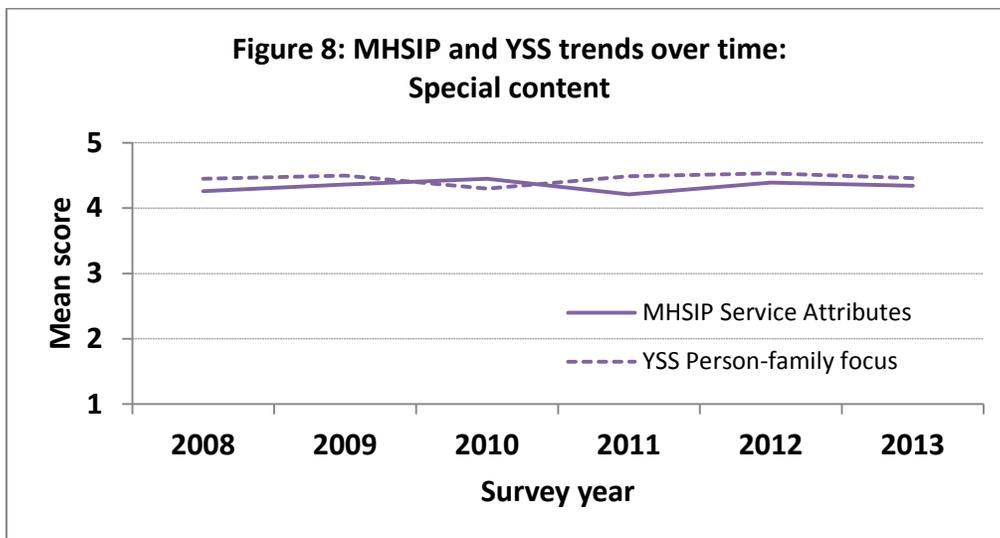
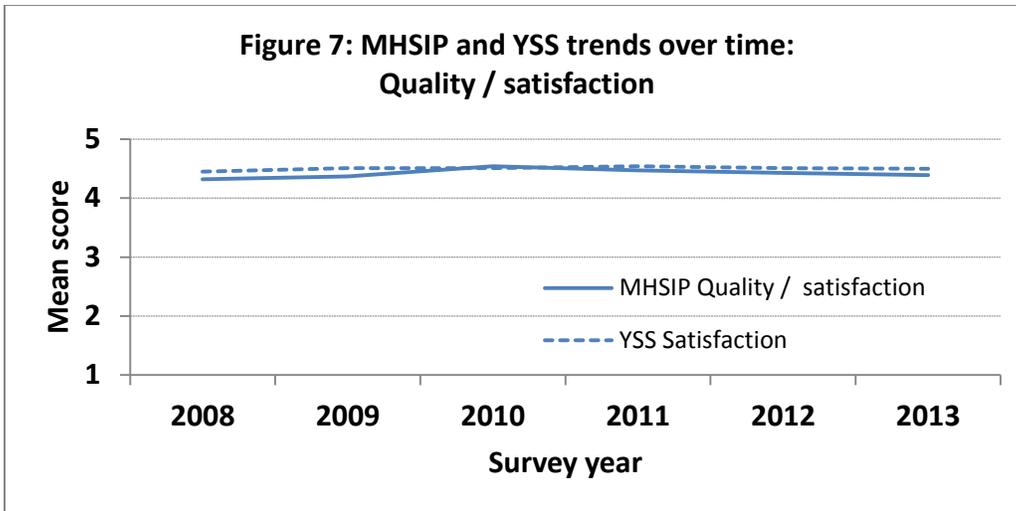


**Figure 3: Mean MHSIP outcome ratings by provider and program with 90% confidence interval (blank where N < 20)**









**Appendix: Survey questions**

Adult survey (MHSIP)

Scoring on the MHSIP response form is inverted from the intuitive direction, with 1 representing Strongly Agree and 5 Strongly Disagree. Results presented in this report are reversed, so that in the present analysis **higher numbers represent more positive evaluations.**

<b>Item</b>	<b>Scale</b>
1. I like the services that I received.	Satisfaction
2. I would recommend this agency to a friend or family member.	Satisfaction
3. I was able to get all the services I thought I needed.	Satisfaction
4. Staff believed that I could grow, change and recover.	Important service attributes
5. Staff were sensitive to my cultural/ethnic background (e.g., race, religion, language, etc.).	Important service attributes
6. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	Important service attributes
<u>As a direct result of the services my child and family received:</u>	
7. I deal more effectively with daily problems.	Outcomes
8. I am better able to control my life.	Outcomes
9. I do better in social situations.	Outcomes
10. My symptoms are not bothering me as much.	Outcomes
11. I do things that are more meaningful to me.	Outcomes

Youth Service Survey (YSS)

Each question is scored from 1 (Strongly Disagree) to 5 (Strongly Agree), so that **higher numbers represent more positive evaluations**. Note that the parent or guardian completes this survey.

<b>Item</b>	<b>Scale</b>
1. Overall, I am satisfied with the services my child received.	Satisfaction
2. The people helping my child stuck with us no matter what.	Person-family centered focus
3. I participated in my child's treatment/services.	Person-family centered focus
4. The services my child and/or family received were right for us.	Person-family centered focus
5. My family got as much help as we needed for my child.	Person-family centered focus
6. Staff were sensitive to my cultural/ethnic background (e.g., race, religion, language)	Person-family centered focus
<u>As a direct result of the services my child and family received:</u>	
7. My child is better at handling daily life.	Outcomes
8. My child gets along better with family members.	Outcomes
9. My child gets along better with friends and other people.	Outcomes
10. I am satisfied with our family life right now.	Outcomes
11. My child is better able to do things he or she wants to do.	Outcomes