

GHS consumer satisfaction report FY 2015

Survey methodologies

In 2015, GHS made significant changes to its consumer survey methodology. Where previously, a paper survey was offered to all consumers, in the 2015 pilot, face-to-face and phone interview techniques were used. GHS staff used three techniques to gather data:

- Adding a focus group component to the last section of existing psychosocial groups offered in the Customers Services department (4 groups, 21 individuals)
- Phoning consumers for interviews (57 individuals)
- Directly interviewing consumers available in Customer Services (eight individuals)

Thus, a total of 86 individuals were surveyed.

Additionally, GHS conducted a special phone survey of guardians of active adult and child Respite consumers. Seventy-four individuals were interviewed, including guardians of adults and children; respondents included guardians of those receiving respite services only, and of those receiving respite along with other services.

Finally, GHS's Customer Services department conducts a periodic survey of consumers who have left services within the past two months. Of 151 consumers selected, with three attempts to contact each, 18 consumers (12%) were reached and consented to respond.

Interview survey findings

Quantitative results

Structured questions, and response distributions were as follows:

1. How well are services helping you meet your goals?
A lot: 72% Some: 21% Not much: 7%

Questions 2-5 were all structured with available responses including Disagree, Neither, or Agree. Responses for these were as follows:

Question	% agree	% disagree	% neither
1. The people helping me believe that I can grow, change, and recover.	90%	5%	5%
2. The services I receive have helped me deal better with daily problems.	86%	4%	11%
3. The services I receive have helped me control my life.	82%	4%	14%
4. The services I receive have helped me do more things that are important to me.	84%	6%	10%

As in previous years' surveys, these responses reflect substantial positive evaluation of services. This year's survey presented similar content to previous years', but there were two important differences. First, the five-response scheme previously used was collapsed to three responses (strongly agree and strongly disagree were removed). Second, a direct interview / focus group methodology was used.

Questions 2 through 4 are quite similar to questions offered in previous paper consumer surveys. In each case, the proportion of responses in agreement with the statement was slightly higher in the current survey than in previous surveys (the difference was between 4 and 7 percentage points). This finding is consistent with the idea of "demand effects" in an interview methodology –people often tend to respond more positively in a face-to-face social situation than on paper.

Qualitative results

Open-ended responses were requested to three questions. The questions, and categories derived from the responses, were are follows:

What here has helped you the most, and how did it help? Responses: 83

- Medications / medical services: 51% (44)
Examples:
Medicine has helped
Meds have helped with depression and mood swings
- Emotional support and respect: 35% (29)
Examples:
Doctor, caseworker, and peer support. When I'm having problems, I can talk to them.
Case management - somebody to talk to
Case worker is great person to talk to. She listens to me.
- Life improvements: 23% (19)
Examples:
Case worker helped me by talking to me about going to school.
Case manager and peer support specialist help me to walk through a problem when I need help.
- Meaningful activity / growth: 12% (10)
Examples:
Therapist has helped me handle my business
Classes helped with my self-esteem.
- Other: 7% (6)
Examples:
Don't know
Case manager the most.

If you could change three things about your services here, what would they be? Responses: 83

- No changes identified: 54 (65%)
Examples:
Don't know
Nothing
I'm content
- Service quality or results: 16 (19%)
Examples:
Would like clinicians to listen, establish rapport. Sometimes feels impersonal.
The attitude of the [program] staff towards me.
Messages to therapists are usually not returned.
- Expressions of need without clear reference to GHS services: 11% (9)
Examples:
Getting housing faster
Would like computer training

What else do we need to know, to make our services better? Responses: 79

- No changes: 56 (71%)
Examples:
Can't think of anything
Keep up the good work
- Concerns about service quality or suggestions for changes: 10 (13%)
Examples:
Customize programs to different diagnoses. Make programming for differently functioning clientele.
We need to know more about medicines and possible side effects.
- Access concerns: location, time, cost: 4 (5%)
Examples:
Wish there was an outlet closer to Fenton. Don't have reliable car.
You do a wonderful job. It would be nice if you were open on the weekend.
- Information or resources 3 (4%)
Examples:
Give out information about the cost of transportation
Would be nice if GHS gave clients picture ID to get state ID

Respite survey findings

The following summarizes responses to four multiple-response questions:

Question	Responses		
How well do Respite services meet your needs?	Pretty well 81%	Somewhat 14%	Not too well 5%
How long did it take to begin services: was it OK, too long, or way too long?	OK 86%	Too long 11%	Way too long 3%
How satisfied are you with the care provided by your worker?	Satisfied 88%	Partly satisfied 11%	Not satisfied 1%
When it was time to find a worker, how easy was it to find one?	Easy 72%	Medium 14%	Hard 15%

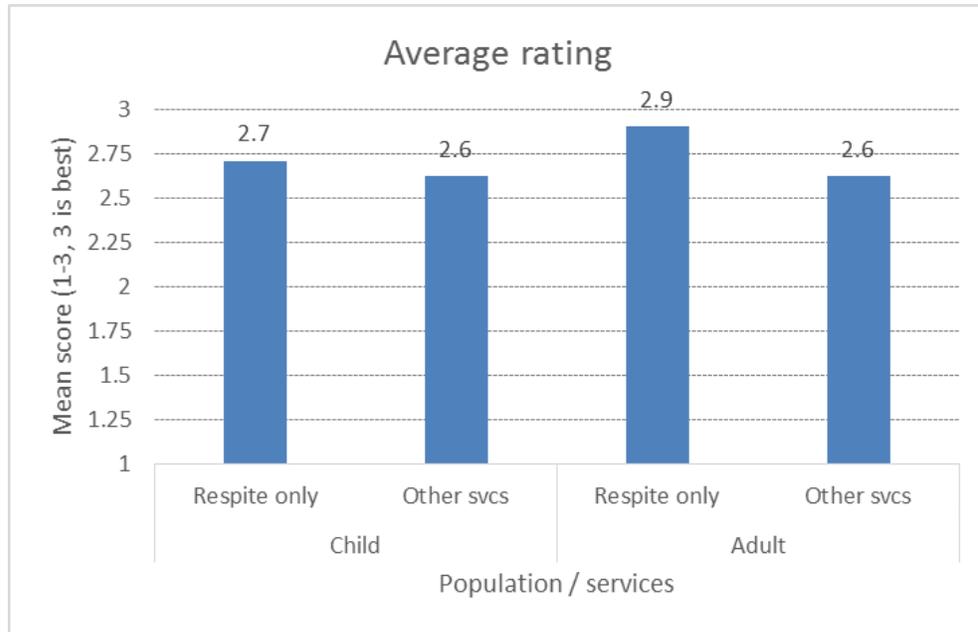
Respondents were asked what percentage of the time respite services were available when they needed them. The response distribution was as follows:

What percentage of the time is Respite available when you need it?	
Mean	83%
Median	90%
Response at or above	% of respondents
10%	99%
25%	96%
40%	93%
50%	93%
60%	83%
75%	80%
90%	62%
100%	43%

Open-ended comments were categorized as follows:

Open-ended content	N
Positive comments	28
Desire more hours	27
Problems with staff availability, turnover, or delays to start service	11
Staff quality, credentials, or match with consumer needs	9
Difficulty scheduling to meet consumer's needs	6
Desire for other modes of respite, e.g. overnight, vacation	3

There was little evidence of differences among the four groups surveyed, in terms of mean rating on the Likert items:



Post-discharge survey

The 12% response to the post-discharge survey is consistent with many phone survey methodologies. It is complicated by the fact that many GHS consumers have complex lives, with frequently-changing addresses and phone numbers.

Items were rated on a five-point scale, from 1 (Strongly agree) to 5 (Strongly disagree). Median rating for all responses was 2.

Responses were as follows:

Item	% 1	% 2	% 3	% 4	% 5	
I like the services that I received.	26%	63%	0%	5%	5%	
I was able to get all the services I thought I needed.	32%	63%	0%	5%	0%	
The people helping me believed that I could grow, change, and recover.	22%	67%	0%	6%	6%	
The people helping me were sensitive to my cultural or ethnic background - things like race and religion.	24%	71%	6%	0%	0%	
As a direct result of the services I received:	I deal more effectively with daily problems.	22%	72%	0%	6%	0%
	I am better able to control my life.	11%	83%	6%	0%	0%
	I do better in social situations.	5%	68%	11%	11%	5%
	Symptoms like mood or behavior problems are not bothering me as much.	0%	58%	16%	16%	11%
	I do things that are more meaningful to me.	16%	74%	0%	5%	5%

Responses to the open-ended question “Is there anything else you would like to tell us about the quality of services you have received?” are not summarized here, because there were only two, and it is not clear they can be generalized as evaluations of services.

Summary and conclusions

Consistent with prior years’ findings, all three surveys’ quantitative results revealed generally positive evaluations of services, both in quantitative and qualitative responses.

Consumers identified a number of factors as important in their services, most prominently the following: medication, emotional support and respect, and assistance in improving their life situations.

In response to the interview question, “What do we need to know, to make our services better?” a single broad area was identified by 19% of consumers: service quality and results. This included comments about staff attitudes or respectfulness, a desire for more support in accessing community services such as residence and transportation.

The survey regarding respite services also yielded generally positive evaluations of services. There was, however, one important outlier in this area: the question about ease of finding a worker. While almost three-quarters of respondents indicated it was “easy” to find a worker, 15% reported it was “hard.” This is consistent with anecdotal reports.