

Genesee Health System Consumer survey report FY 2016

Survey process

In Fiscal 2016, for the first time, GHS's consumer survey process was part of a unified Region 10 process that went beyond MDHHS mandated systems. Both survey content and procedures were shared across the network. Surveys were offered to every consumer served in a medication clinic during the month of July. Consumers were instructed to rate all services, not just medication clinic services. In addition, 100 adult and 100 child surveys were mailed to a random selection of consumers / families not receiving medication clinic services. Given that ACT, Home-based and I/DD populations receive other assessments of quality and outcomes, surveys were limited to individuals with SMI or SED, and no I/DD, who were not receiving ACT or home-based services at the time of the survey.

In addition, per MDHHS requirements, GHS offered the MHSIP and YSS surveys to adults receiving ACT services and families of children receiving home-based services during the two weeks between January 13 and January 26, 2016. Again, this was in alignment with Region 10 procedures.

The present report will be updated when comparisons to Region-wide findings are available.

Survey content

The Region 10 adult survey consisted of the following, each scored Yes or No:

1. I like the services I have received.
2. As a result of services I have received I deal more effectively with daily problems.
3. As a result of services I have received I am better able to control my life.
4. As a result of services I have received I do better in situations with other people.
5. As a result of services I have received my symptom are not bothering me as much.
6. Staff were sensitive to my cultural/ethnic background and treated me with
7. respect.
8. Staff believed that I could grow, change, and recover.

The child survey items were as follows, again with Yes and No as the available responses:

1. Overall, I am satisfied with the services my child receives.
2. As a result of services received my child is better able to do things he/she wants to do.
3. As a result of services received my child gets along better with family and others.
4. Services were available at times that were convenient for my family.
5. Staff were sensitive to my family's cultural/ethnic background and treated us with respect.
6. As a result of services received my child is better at handling everyday life.
7. My family got the help we needed for my child.

Child surveys were to be completed by parents/guardians, with one offered per child served.

In both the adult and child surveys, the following open-ended questions were asked as well:

8. What would make services better for you or the community as a whole?
9. Is there anything else you would like to comment on?

MHSIP and YSS survey items are provided in Appendices 1 and 2. Each is scored from 1 to 5. Note that, in the surveys themselves, the scoring directions are reversed: on the MHSIP, positive responses are scored as lower numbers; on the YSS, positive responses are scored as higher numbers. **In this report, the MHSIP scores are reversed so that results are parallel for both surveys, with higher scores representing more positive evaluations.**

Region 10 survey results

Adult surveys

A total of 455 surveys were received from adults. Figure 1 shows the proportion of positive responses for each item.

Consistent with prior surveys involving similar content, measures of outcomes (coping, symptom reduction, social functioning, and general functioning, items 2-5) were rated lower than measures of satisfaction, cultural sensitivity, and recovery orientation (items, 1, 6, and 7).

On Question 8, “What would make services better...,” the largest proportion of open-ended responses (35%) were positive evaluations of service, e.g., “It’s all good,” “Nice People working together.” 15% were not readily classifiable as evaluations of service, e.g., “stop the killings in the world, stop racist,” “To do better as a whole. From the services of CMH.”

Another 15% were classified as identifying issues with the quality of care, for example, “listen to the needs of patients more better & closely,” “Be more hands on & save lives more faster,” “work together with each other.” Response content was identified as quality-related where it identified a desire for improvement in services, whether or not the response appeared to represent realistic expectations or understanding the of nature and scope of CMH services.

Nine percent of responses concerned issues with access to care, e.g., “More time w/the Dr., c/m, peer,” “If I could have both service on one day,” and “more contact w/case managers.”

Other comments covered a range of content including concerns about staff turnover, desire for additional types of services, expressions of individual personal goals, and other topics.

On Question 9, “Is there anything else...” 54% of responses reflected positive evaluations. Another 20% were idiosyncratic expressions. An additional 19% and 10% reflected Access and quality issues, respectively.

Child / family surveys

Parents and families of children served returned 143 surveys. Figure 2 shows response summaries by item. Similarly to the adult survey responses, the highest proportion of positive responses was on items reflecting cultural sensitivity, overall satisfaction, and positive evaluation of services. As with adults, items reflecting improvement in functioning were not as positively evaluated.

Patterns of open-ended responses were quite similar to those for adults.

Provider comparisons

The proportion of “yes” responses was computed on each item for each provider, and for surveys returned by mail. Summary data are presented in Figures 5 and 6 for the adult and child surveys, respectively. There are differences among providers, sometimes relatively large, in the rate of positive responses.

Survey “penetration rate” was computed: the number of surveys received divided by the number of consumers for which a Service Activity Log was received from providers’ medication clinic programs during the survey period:

Adult survey

Provider/survey source	N distinct consumers served in med clinic	N surveys received	Survey penetration rate
Mailed surveys	100*	11	11%
CSI	177	54	31%
GHS	203	111	55%
HNNP	260	157	60%
Oakland	4	6	150%
TTI	105	112	107%

Parent survey

Provider/survey source	N distinct consumers served in med clinic	N surveys received	Survey penetration rate
Mailed surveys	100*	19	11%
CSI	97	48	49%
Easter Seals	13	16	123%
GHS	36	43	119%
HNNP	47	15	32%
Oakland	0	2	∞

There were substantial differences among providers, with some providers reporting more surveys than consumers served. This suggests possible differences in survey processes. It is unknown to what extent these differences might have influenced reported results.

MHSIP results

The MHSIP and YSS surveys were offered only to a subset of consumers – those receiving ACT and home-based services, respectively – because those are the populations for which they are mandated by MDHHS.

In general, scores on MHSIP and YSS scales have remained high for the past several years. The exception is a slight drop in MHSIP scores during the 2013 and 2014 surveys. These may be attributable to staffing issues with two providers during those years, which may have impacted the quality of care.

* For the mailed survey, the number mailed is reported.

On both the MHSIP and the YSS, scores on questions reflecting service outcomes were slightly lower than those regarding quality, satisfaction, and process aspects of care. The lowest scores on the YSS tended to be on the Cultural Sensitivity scale.

Summary

Overall, consumer ratings of quality, satisfaction, appropriateness, and outcomes were positive. Measures of outcomes tended to be lower than other scales. This may be attributable in part to the fact that, in ongoing care, desired outcomes have by definition not yet been obtained.

For children, the population-wide survey indicated high satisfaction with cultural appropriateness of services. However the YSS survey, administered to families of children receiving home-based services, showed less positive responses. Item analysis indicated that all items on the YSS cultural appropriateness scale were scored lower than other items. Thus, the issues appear to be less around a single content area than overall. GHS will follow up with home-based providers to attempt to ascertain what issues may be involved.

In provider-level analysis, there were substantial differences between providers on some items. Given that the survey process is new in FY 2016, these could be due to process differences and/or actual differences in the constructs being measured. The substantial differences among providers in survey penetration rate do suggest that there were process differences, but any impact of these on scores is unclear. The issues will be followed up in consultation with the providers.

Open-ended responses most frequently were expressions of a positive evaluation of services. Some concerns were identified particularly around specific issues with quality of care. Some of these referred to specific staff actions or characteristics, e.g., not listening. Others were expressions of desire for a change in care, e.g., a different medication. GHS quality and provider relations will follow up with providers to clarify and discuss these issues.

Figure 1: Region 10 adult survey results

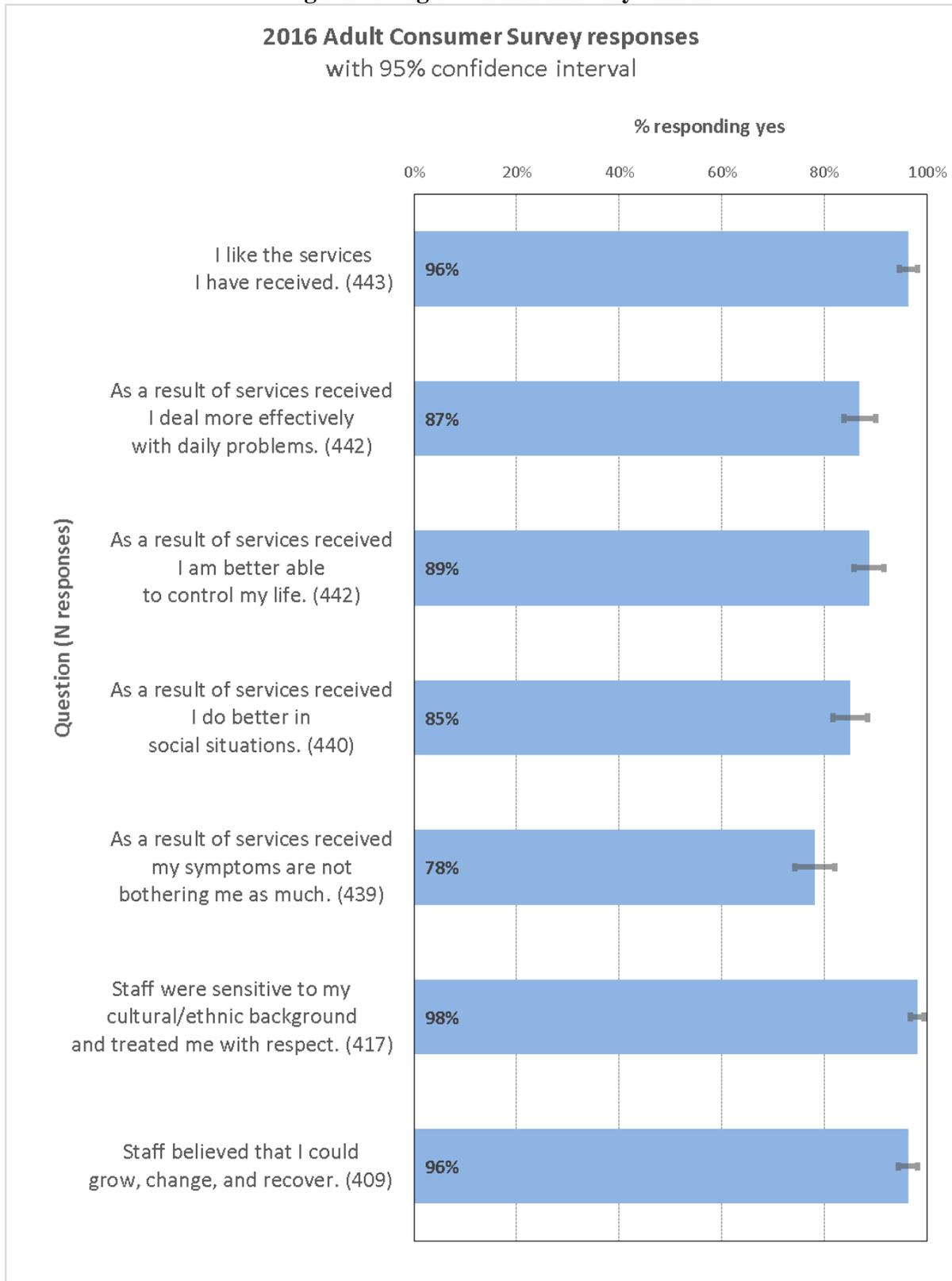


Figure 2: Region 10 child/family survey responses

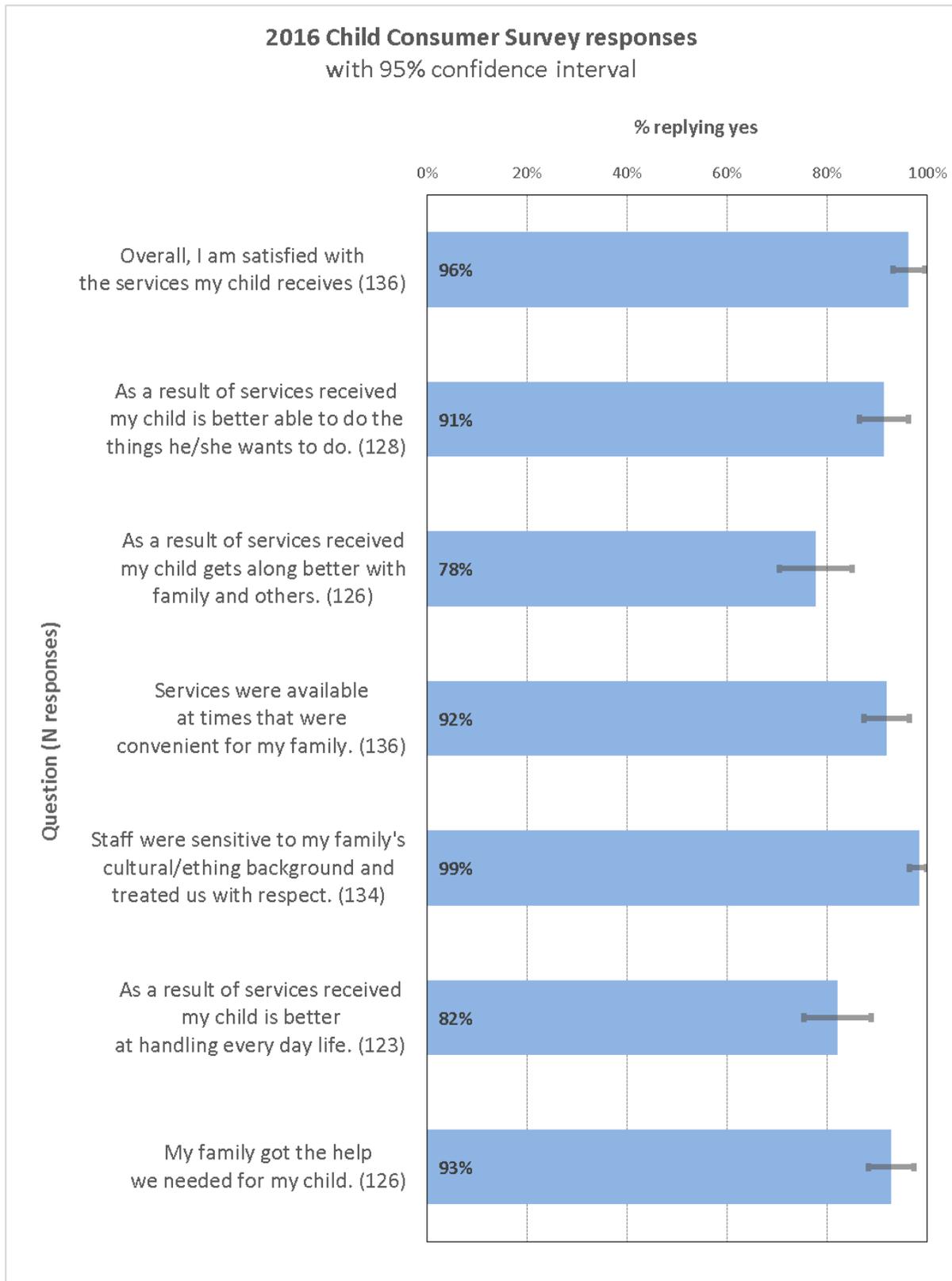


Figure 3: MHSIP trend: ACT programs only

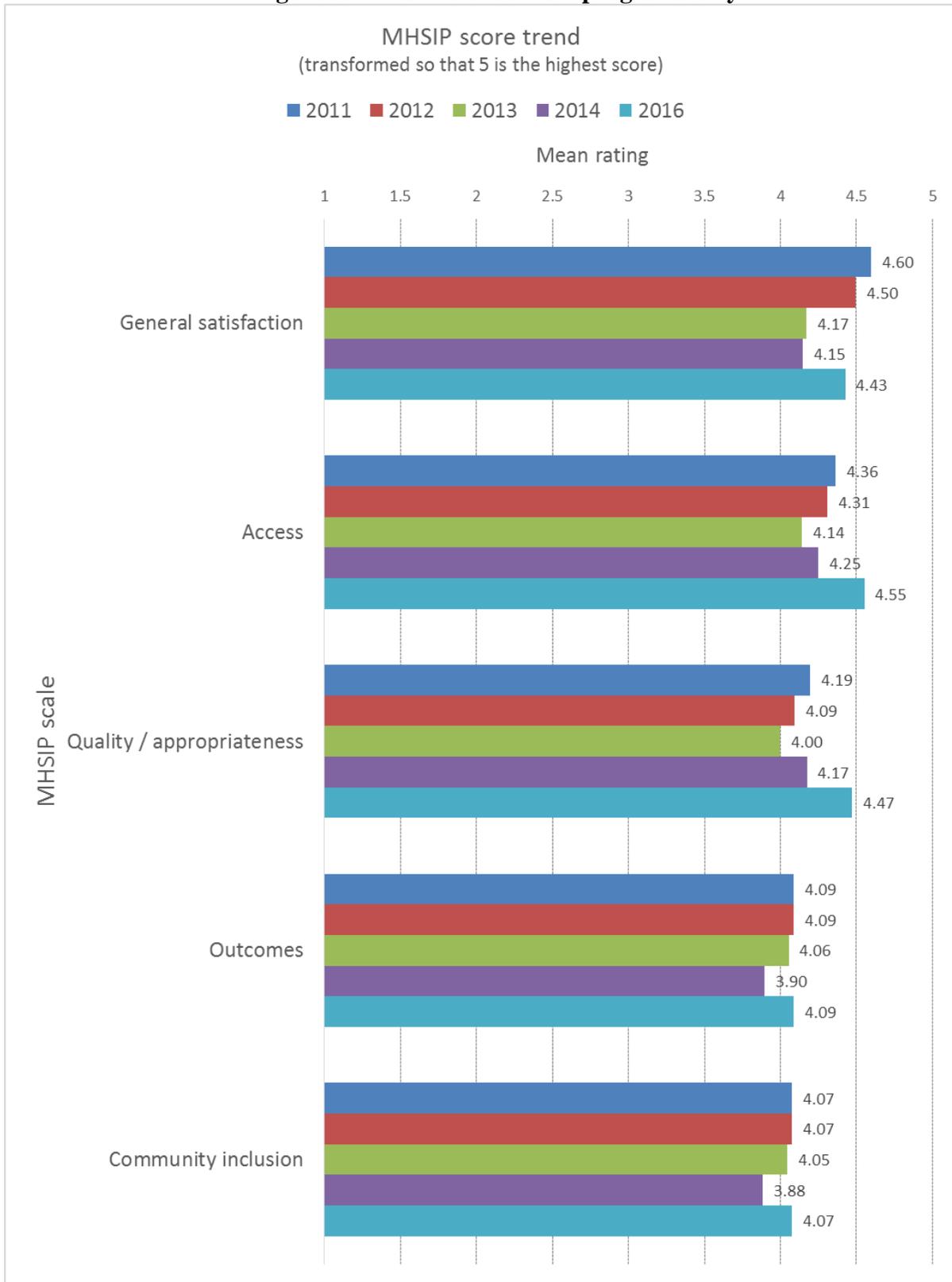


Figure 4: Youth Satisfaction Survey trend: home-based programs only

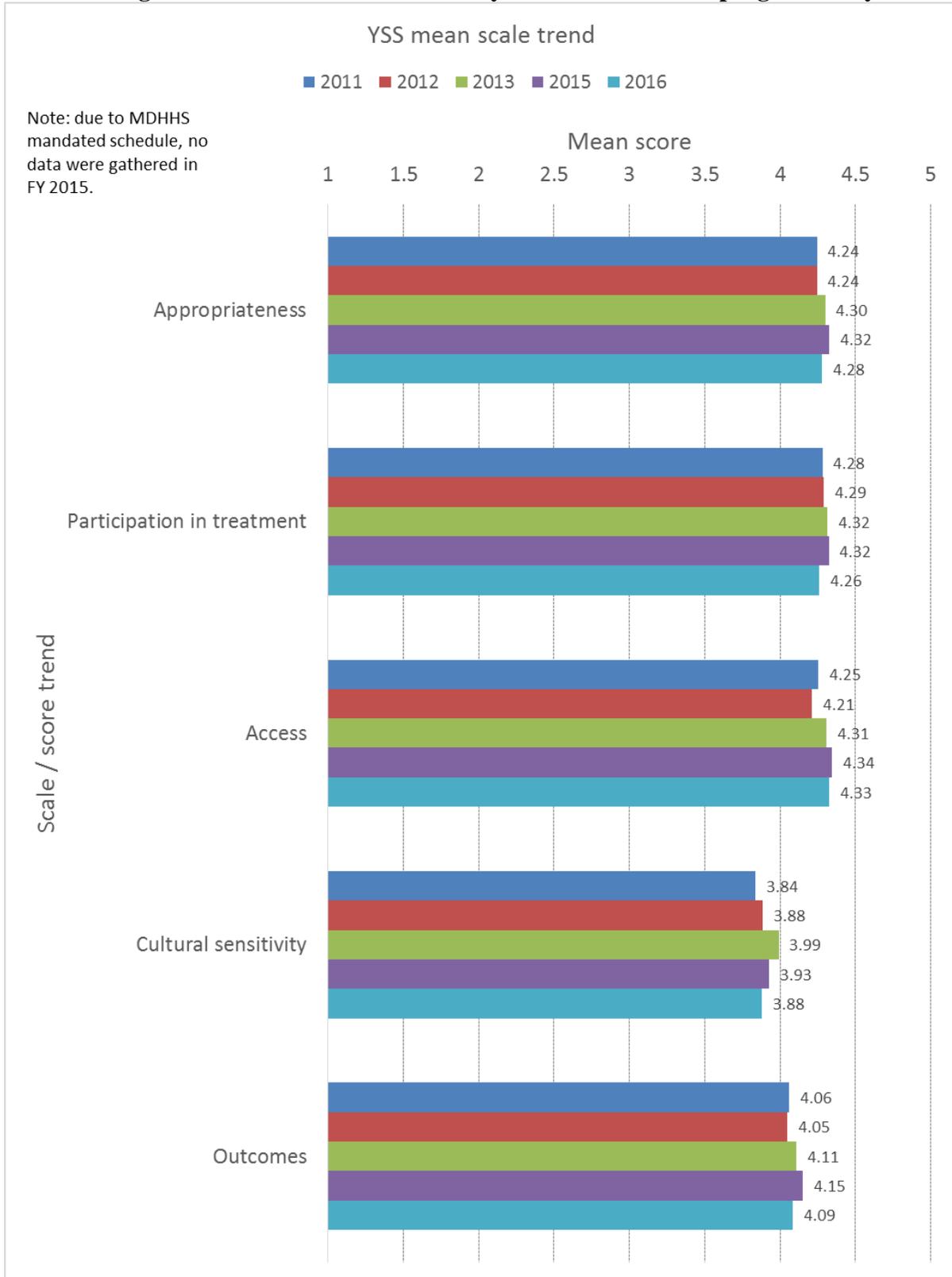


Figure 5: Region 10 adult survey summary by provider

Adult survey response summary by provider

■ Mailed surveys (11) ■ CSI (54) ■ GHS (111) ■ HNNP (157) ■ Oakland (6) ■ TTI (112)

% responses that were positive

0% 20% 40% 60% 80% 100%

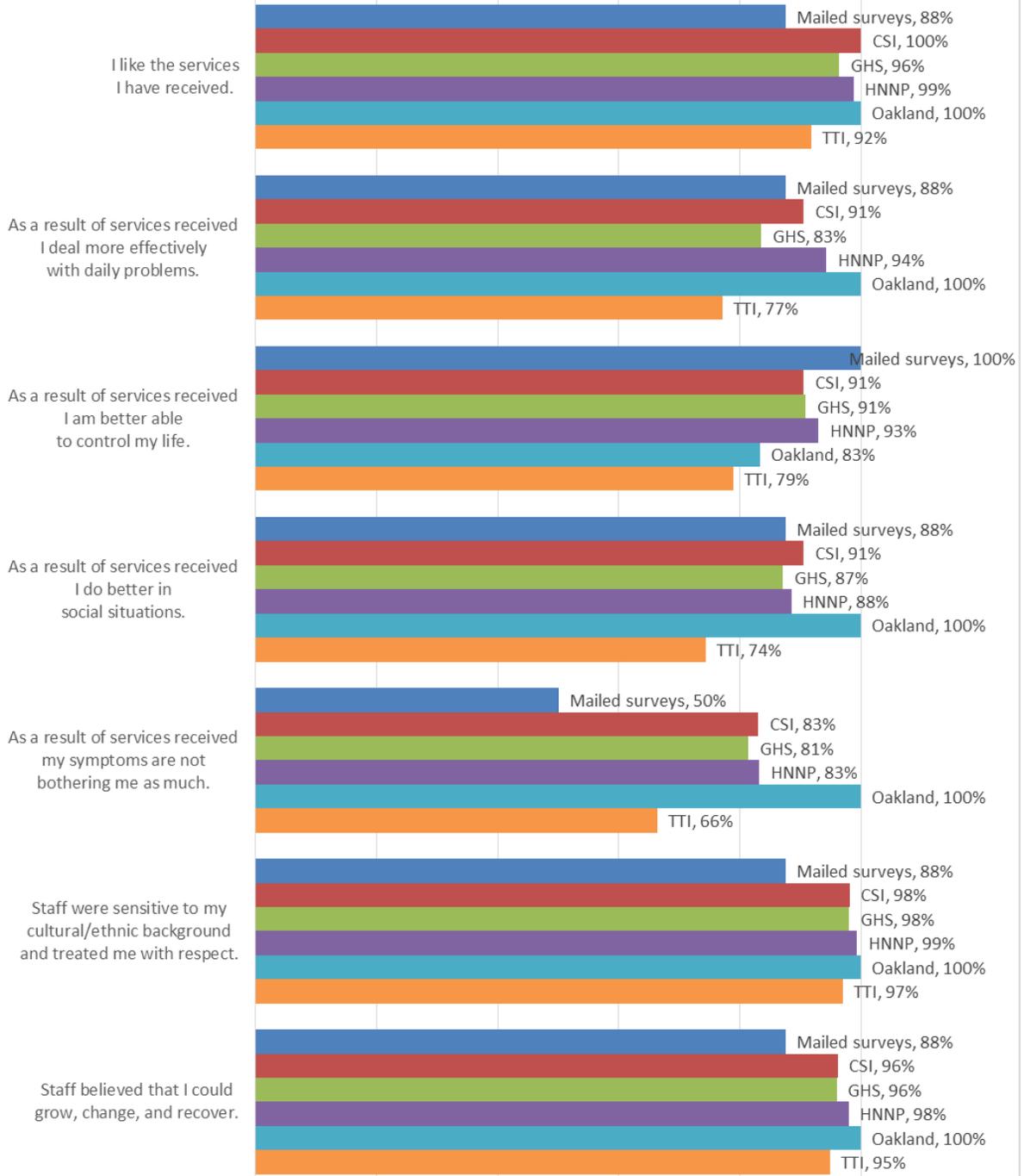
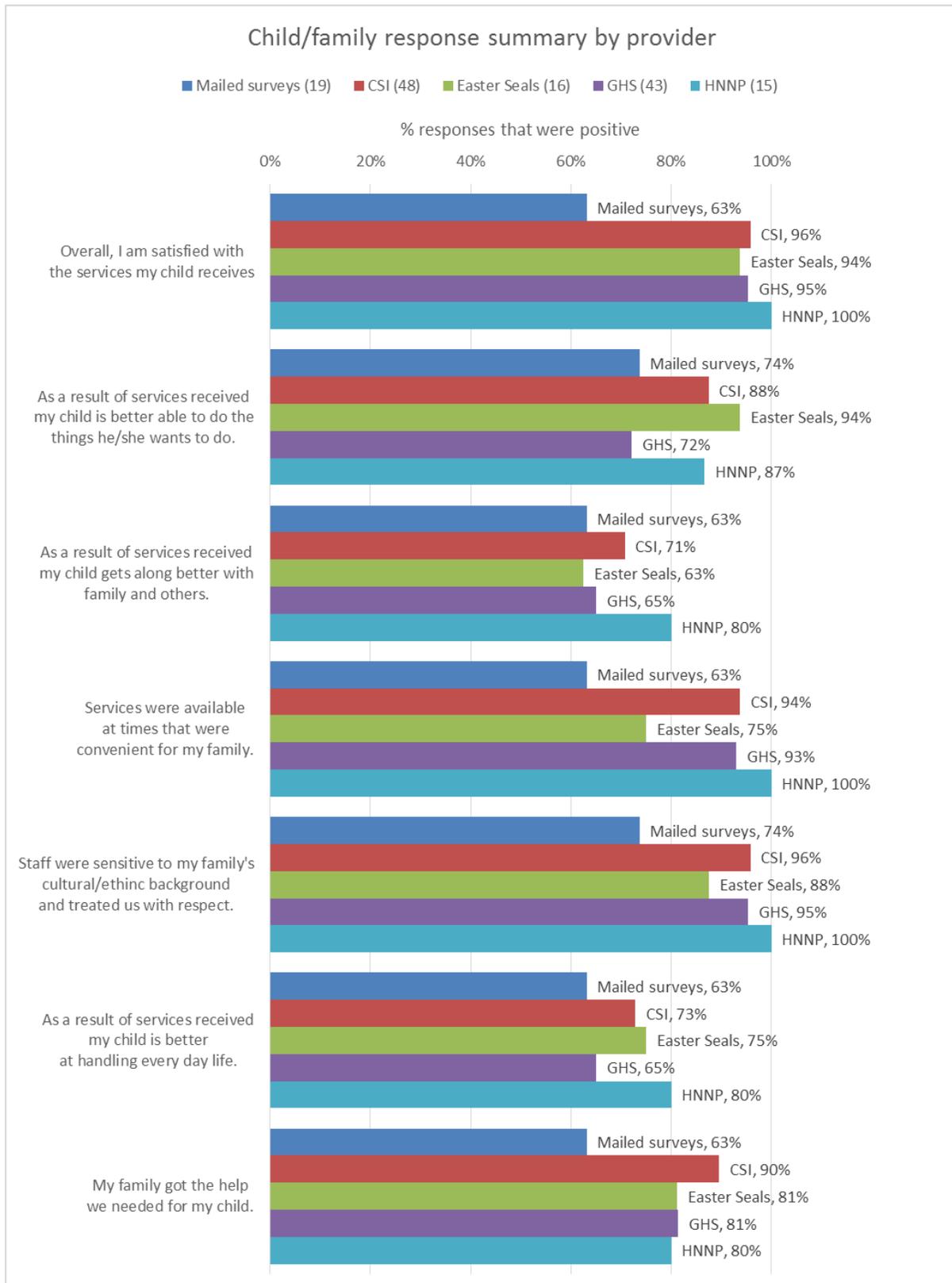


Figure 6: Region 10 Child/Family response summary by provider



APPENDIX 1: MHSIP items

1. I like the services that I received.
2. If I had other choices, I would still choose to get services from this mental healthcare provider.
3. I would recommend this agency to a friend or family member.
4. The location of services was convenient.
5. Staff were willing to see me as often as I felt it was necessary.
6. Staff returned my calls within 24 hours.
7. Services were available at times that were good for me.
8. I was able to get all the services I thought I needed.
9. I was able to see a psychiatrist when I wanted to.
10. Staff believed that I could grow, change and recover.
11. I felt comfortable asking questions about my treatment, services, and medication.
12. I felt free to complain.
13. I was given information about my rights.
14. Staff encouraged me to take responsibility for how I live my life.
15. Staff told me what side effects to watch for.
16. Staff respected my wishes about who is and who is not to be given information about my treatment services.
17. I, not staff, decided my treatment goals.
18. Staff were sensitive to my cultural/ethnic background (e.g., race, religion, language, etc.).
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness or disability.
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).

As a direct result of the services I received:.

21. I deal more effectively with daily problems.
22. I am better able to control my life.
23. I am better able to deal with crisis.
24. I am getting along better with my family.
25. I do better in social situations.
26. I do better in school and/or work.
27. My housing situation has improved.
28. My symptoms are not bothering me as much.
29. I do things that are more meaningful to me.
30. I am better able to take care of my needs.
31. I am better able to handle things when they go wrong.
32. I am better able to do things that I want to do.

For questions 33-36 please answer for relationships with persons other than your mental health provider(s).

33. I am happy with the friendships I have.
34. I have people with who I can do enjoyable things.
35. I feel I belong in my community.
36. In a crisis, I would have the support I need from family or friends.

Note: demographic items required by MDHHS are not included here.

APPENDIX 2: YSS items

1. Overall, I am satisfied with the services my child received.
2. I helped to choose my child's services.
3. I helped to choose the goals in my child's service plan.
4. The people helping my child stuck with us no matter what.
5. I felt my child had someone to talk to when he/she was troubled.
6. I participated in my child's treatment/services.
7. The services my child and/or family received were right for us.
8. The location of services was convenient for us.
9. Services were available at times that were convenient for us.
10. My family got the help we wanted for my child.
11. My family got as much help as we needed for my child.
12. Staff treated me with respect.
13. Staff respected my family's religious/spiritual beliefs.
14. Staff spoke with me in a way that I understood.
15. Staff were sensitive to my cultural/ethnic background (e.g., race, religion, language)

As a direct result of the services I received:

16. My child is better at handling daily life.
17. My child gets along better with family members.
18. My child gets along better with friends and other people.
19. My child is doing better in school and/or work.
20. My child is better able to cope when things go wrong.
21. I am satisfied with our family life right now.
22. My child is better able to do things he or she wants to do.

As a result of the services my child and/or family received: please answer for relationships with persons other than your mental health provider(s)

23. I know people who will listen and understand me when I need to talk.
24. I have people that I am comfortable talking with about my child's problems.
25. In a crisis, I would have the support I need from family or friends.
26. I have people with whom I can do enjoyable things.

Note: demographic items required by MDHHS are not included here.