Genesee Health System
Consumer survey report FY 2017

Survey process

In Fiscal 2017, GHS's consumer survey process continued to proceed as 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 consumers who were served in medication clinics 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.

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 February 6 and February 19, 2017. Again, this was in alignment with Region 10 procedures.

Other methods of gauging consumer sentiment include the following. Starting in mid-2016, a tablet was made available in the GHS lobby, allowing consumers to answer a single question (which varied over time). Initial results of this new process were included. Also, within 30 to 90 days after discharge, Customer Services contacts consumers who left services, to ask a series of questions.

Finally, data from formal grievances received by the GHS Customer Services department were reviewed.

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 respect.
7. 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 282 surveys were received from adults. Figure 1 shows the proportion of positive responses for each item.

Consistent with last year's surveys, measures of outcomes ("as a result of..." items focused on coping, symptom reduction, social functioning, and general functioning) were rated lower than the other items, measuring satisfaction, cultural sensitivity, and recovery orientation.

On Question 8, "What would make services better?" 151 consumers provided responses. These were grouped into the following categories:

- **41% - “Nothing” or positive comments about services.** Examples:
  - *What they are doing is good.*
  - *I’ve been coming here for 10+ years and have never had any problem. Staff is always great.*
  - *I have no complaints or suggestions.*

- **32% - Responses difficult to interpret as evaluations of services.** Examples:
  - *Keep with the treatment respecting everyone it should be ok.*
  - *I would like to advocate for people with mental illness and learn how to be effective in the community.*
  - *This is too vague of a survey*

- **9% - Identification of specific services or service characteristics desired.** Examples:
  - *A job program.*
  - *HAVING ALL SCRIPTS SENT IN INSTEAD OF PRINTED.*
- **8% - Desire for improved access to staff.** Examples:
  - More time with my case manager.
  - Not waiting so long.
  - Keep a person on the same case manager.
  - I was having problems w/meds and had a difficult time getting info to <staff person>. Tried 3 times, they said they sent her a message but I never heard back from her.

Other responses discussed concerns with staff attitude, listening, or response to consumers (5%), requests for better transportation or more convenient service locations (5%), and statements about community issues and needs.

One hundred forty-one consumers responded to Question 9, “Is there anything else...” Of these, 70 (50%) responded only “No”, “N/A” or similarly, leaving 71 responses with meaningful content. The following categories were identified among these:

- **65% - Positive statements about staff, agency, or services.** Examples:
  - This is the friendliest place I’ve been at, no one has disrespected me or upset.
  - Great case manager.
  - Because of the services, I have met many people/worker who are sensitive and compassionate about my care and open enough to help me grow inward as well as outward.
  - I’m glad that I started coming here. Has helped a lot.

- **13% - Negative evaluations or expressions of concern about staff or services.** Examples:
  - Dr. ___ isn’t willing to listen. Spends all his time with me looking at his computer. Not willing to try new meds. Same ole treatment with limited results.
  - I understand that some people need a case manager and it helps them. But I feel no need for one it doesn’t benefit me in any way. I wish I could just come for my meds.
  - You wasted my time

- **32% - Comments about other issues.** Examples:
  - Still homeless; as of today friendless
  - I’m glad there are supports available in the community.
  - I didn’t want therapy, my mom made me go.

### Child / family surveys

Parents and families of children served returned 225 surveys. Figure 2 shows response summaries by provider and 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.

The following categories were identified in the 102 open-ended responses to Question 8, “What would make services better...?”

- **34% - Positive statements about staff, agency, or services.** Examples:
- I don’t really think they need to improve on anything they are already GREAT!
- Services are great for my family. We have had good case managers.

- **25% - Expressions of a desire for additional or different services. Examples:**
  - Coming out to my house more often.
  - Teen youth program; child care while working
  - I think if they had services for children during summer months. Support groups, camp’s, things like that.
  - Longer service time (not aging out).

- **17% - Comments about issues not identified otherwise categorized. Examples:**
  - I feel everything has been done to the best of your ability. We just need to continue with services in hopes that someday we will see a breakthrough.
  - Beverages
  - find ways for people that can’t afford insurance away to get help

- **16% - Statements that were difficult to interpret. Examples:**
  - everything is just
  - It get little better month still bad?

- **7% - Desire for different hours or service location. Examples:**
  - Later hours-it is hard to schedule around work.
  - Time constraints and no service providers in Fenton. Be able to schedule med service outpatient and group.
  - Evening hours for Peds psychiatrist - OR- multiple locations. Moving to Beecher Rd. made it / makes it difficult to take my 10 y.o. out of school because we have a 20 min drive there and then 20 min back to school. Before, it was 5-6 min drive.

**MHSIP and YSS 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, MHSIP and YSS evaluations of services and outcomes have remained high and quite stable over the past several years. Slight increases are evident in YSS scores during the 2015 survey and a similar increase in scores on most MHSIP items in 2016. No clear explanation is available for this. One hypothesis is some sort of systematic factors such as staffing or process changes, but what these might have been is not clear. In the following years, scores returned to the previous ranges.

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, which were nonetheless fairly high.

**Post-discharge surveys**

It is quite difficult to successfully contact consumers after they have left services. The GHS customer services department generates a sample monthly, and makes three attempts to reach each consumer. Questions asked are similar to some MHSIP and Region 10 questions. See Figure 5 for a summary of findings (N = 47).
Consistent with other findings, ratings of service outcomes – while still positive – tended to be less so than other ratings of satisfaction and quality.

There were 27 responses to the question, “Is there anything else you would like to tell us about the quality of services you have received?” They were categorized as follows:

- **63% - Positive evaluations of or comments about services. Examples:**
  - Truly appreciate your services and truly grateful.
  - They did help, I wish I could do it again.
- **15% - Comments about service access or availability. Examples:**
  - I think the scheduling is tight. It’s hard to get in.
  - Wasn’t satisfied because he didn’t get the help he needed because he wasn’t old enough for some of the programs.
- **19% - Other comments. Examples:**
  - Interested in how to get started on Medicaid.
  - Can’t Answer in Nursing Home
  - Said that he never received any services from us.

**Lobby surveys**

Beginning in late Fiscal 2016, brief one-question surveys were offered to consumers on a tablet computer located in the GHS main building lobby. From June 2016 through June 2017, the question “How do we do returning phone calls?” was asked. Responses were as follows (N = 395):

<table>
<thead>
<tr>
<th>Item</th>
<th>Proportion of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calls are returned quickly.</td>
<td>73%</td>
</tr>
<tr>
<td>Calls are returned too late.</td>
<td>13%</td>
</tr>
<tr>
<td>Calls are usually not returned.</td>
<td>22%</td>
</tr>
</tbody>
</table>

From January through July 2017, the following question was asked: “How well did staff focus on what you really need today? Pick the answer closest to what you think.” The distribution of the 112 responses was as follows:

<table>
<thead>
<tr>
<th>Response</th>
<th>Proportion of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>They focused on my needs very well.</td>
<td>50%</td>
</tr>
<tr>
<td>They focused on my needs somewhat.</td>
<td>19%</td>
</tr>
<tr>
<td>They understood but focused on something else.</td>
<td>18%</td>
</tr>
<tr>
<td>They didn’t understand what I need.</td>
<td>13%</td>
</tr>
</tbody>
</table>
Several factors lead to questions about the scope and applicability of the results using this new process. First, the survey is offered in the GHS lobby, where it is available to individuals seeking services through the Region 10 Access Center, and even those using the non-GHS pharmacy located on the first floor. A substantial number of Access Center consumers are found not eligible.

Second, 73 of the responses (65%) were entered within 30 seconds of another response. There is no safeguard against multiple responses by the same individual, and it is possible that dissatisfied individuals tended to give more multiple responses than more satisfied individuals.

While there are questions, and no comparative data are available to allow a quantitative evaluation of the findings, the data do suggest an opportunity for exploration. Further development of procedures may be necessary to ensure the data are reliable.

**Analysis of grievances**

Between 10/1/2016 and 9/20/2017, 70 formal grievances were filed with the GHS Customer Services department. The majority of these were requests to change providers (49%) or staff (39%). Major reasons identified included dissatisfaction with quality of service and failures of staff to contact or meet with consumers as scheduled. However, many of the records did not provide details regarding reasons. Staff from whom consumers said they wished to change fell into two categories – primary case managers and psychiatrists.

The remaining nine grievances concerned difficulty in interaction with specific ACT staff, financial questions, providers’ failure to respond to requests, and various other issues.

**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.

There were some differences between providers on some items, but their significance is not clear. 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 pattern of scores was different than that observed in 2016. Ongoing monitoring of results over time will be necessary to clarify whether there is simply year-to-year variability, or whether specific patterns become evident.

Open-ended responses most frequently were expressions of a positive evaluation of services. Consumers also made requests for specific types of services, or increased services.

A few concerns were identified in the open-ended questions, 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. These issues were echoed in the pattern of grievances.
The initial year of lobby survey data provided less positive evaluations of staff responsiveness. However, it is not clear to what extent these are valid and reliable evaluations specifically of GHS services. Further consideration of the process will be necessary to ensure better data.
Figure 1: Region 10 adult survey response summary:
Percent responding "yes" overall and by provider

<table>
<thead>
<tr>
<th>Survey Response</th>
<th>CSI (27)</th>
<th>GHS (48)</th>
<th>HNNP (158)</th>
<th>TTI (24)</th>
<th>Mail (17)</th>
<th>All (274)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I like the services I have received.</td>
<td>95%</td>
<td>97%</td>
<td>97%</td>
<td>93%</td>
<td>98%</td>
<td>97%</td>
</tr>
<tr>
<td>I deal more effectively with daily problems.</td>
<td>83%</td>
<td>88%</td>
<td>92%</td>
<td>93%</td>
<td>93%</td>
<td>93%</td>
</tr>
<tr>
<td>I am better able to control my life.</td>
<td>85%</td>
<td>94%</td>
<td>92%</td>
<td>93%</td>
<td>94%</td>
<td>94%</td>
</tr>
<tr>
<td>I do better in social situations.</td>
<td>83%</td>
<td>89%</td>
<td>82%</td>
<td>89%</td>
<td>87%</td>
<td>94%</td>
</tr>
<tr>
<td>My symptoms are not bothering me as much.</td>
<td>79%</td>
<td>83%</td>
<td>87%</td>
<td>89%</td>
<td>93%</td>
<td>94%</td>
</tr>
<tr>
<td>Staff were sensitive to my cultural/ethnic background and treated me with respect.</td>
<td>75%</td>
<td>75%</td>
<td>80%</td>
<td>92%</td>
<td>75%</td>
<td>75%</td>
</tr>
<tr>
<td>Staff believed that I could grow, change, and recover.</td>
<td>92%</td>
<td>98%</td>
<td>98%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Overall, I am satisfied with the services my child receives.
As a result of services received my child is better able to do things he/she wants to do.
As a result of services received my child gets along better with family and others.
Services were available at times that were convenient for my family.
Staff were sensitive to my family’s cultural/ethnic background and treated us with respect.
As a result of services received my child is better at handling everyday life.
My family got the help we needed for my child.
Figure 3: MHSIP score trend (ACT programs only) transformed so that 5 is the most positive evaluation

Mean rating

- General satisfaction
- Access
- Quality / appropriateness
- Outcomes
- Community inclusion

Mean ratings for each category from 2012 to 2017.
Figure 4: Youth Satisfaction Survey trend
Home-based programs only

<table>
<thead>
<tr>
<th>YSS scale</th>
<th>2012</th>
<th>2013</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriateness</td>
<td>4.22</td>
<td>4.28</td>
<td>4.58</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participation in treatment</td>
<td>4.26</td>
<td>4.30</td>
<td>4.57</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access</td>
<td>4.33</td>
<td>4.34</td>
<td>4.64</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural sensitivity</td>
<td>4.34</td>
<td>4.36</td>
<td>4.65</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcomes</td>
<td>3.86</td>
<td>3.97</td>
<td>3.74</td>
<td>3.87</td>
<td>3.88</td>
</tr>
</tbody>
</table>
Figure 5: 2017 post-discharge survey questions
(X axis reversed; lower numbers (higher bars) represent more positive evaluations)

Question

Mean (1-5, lower = more positive)

<table>
<thead>
<tr>
<th>Question</th>
<th>% Agree or Strongly Agree</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>I like the services that I received.</td>
<td>100%</td>
<td>1.5</td>
</tr>
<tr>
<td>I was able to get all the services I thought I needed.</td>
<td>84%</td>
<td>1.8</td>
</tr>
<tr>
<td>The people helping me believed that I could grow, change and recover.</td>
<td>100%</td>
<td>1.5</td>
</tr>
<tr>
<td>The people helping me were sensitive to my cultural or ethnic background - things like race and religion.</td>
<td>100%</td>
<td>1.5</td>
</tr>
<tr>
<td>I deal more effectively with daily problems.</td>
<td>95%</td>
<td>2.2</td>
</tr>
<tr>
<td>I am better able to control my life.</td>
<td>77%</td>
<td>2.2</td>
</tr>
<tr>
<td>I do better in social situations.</td>
<td>77%</td>
<td>2.2</td>
</tr>
<tr>
<td>Symptom like mood or behavior problems are not bothering me as much.</td>
<td>84%</td>
<td>2.6</td>
</tr>
<tr>
<td>I do things that are more meaningful to me.</td>
<td>60%</td>
<td>2.0</td>
</tr>
</tbody>
</table>

Mean rating (lower number = more positive)
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 whom 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.