

Introduction

The Michigan Department of Community Health (MDCH) requires a survey be administered annually to programs identified by the Michigan Quality Improvement Council. All BABH programs and contract providers will have the opportunity to complete the Mental Health Statistics Improvement Program (MHSIP) and the Youth Satisfaction Survey for Families (YSSF) over a two-week period of time. MDCH provides implementation guidelines and instructions to each Prepaid Inpatient Health Plan (PIHP).

Each BABH program and contract providers have utilized the MHSIP and the YSS to conduct a region wide perception of care survey to determine any areas of deficit. The data obtained by the BABH programs and the contract providers was provided to BABH Performance Improvement for analysis. The survey outcomes will be compared to the Baseline Perception of Care Report that was prepared by the 2013 data.

Survey Response Rates

Clinicians tracked who was given a survey with a tally form for each program. Consumers were given an option to decline answering the survey questions. Those consumers who declined were removed from the total number of surveys distributed. The response rates were calculated by dividing the number of surveys that were returned, by the number of surveys that were distributed. Figure 1 and 2 indicates the return rate for each provider by program and age category.

Figure 1

	2014				2013
MHSIP-Adult	Distributed	Received	Declined	Response Rates	Response Rates
BABH-ACT	25	16	0	64%	41%
BABH-CSM	130	45	0	35%	27%
BABH-OBRA	20	4	0	20%	36%
Arenac-CSM	70	51	0	73%	27%
Arenac-OPT	143	116	0	81%	36%
LIST	65	38	0	58%	88%
MBPA-CSM	154	50	0	32%	35%
MBPA-OPT	148	115	0	78%	24%
MPA-CSM	176	52	0	30%	30%
MPA-OPT	185	133	0	72%	17%

Figure 2

	2014				2013
YSS-Children	Distributed	Received	Declined	Response Rates	Response Rates
Arenac-CSM	13	4	0	31%	31%
BABH-CSM	**	**	**	**	31%
Arenac-OPT	40	22	0	55%	35%
Bay-Arenac HB	53	15	0	28%	15%
LIST	60	24	0	40%	*129%
MPA-CSM	32	16	0	50%	
MPA-OPT	178	82	0	46%	32%

*Maybe inaccurate as a result of unreturned tally sheets ** No data available

Methodology

Two survey populations were identified to be part of the sample. The sample was a convenience sample of all who were scheduled to be seen within a pre-identified time frame. The survey populations were broken into program types. Each program was given a choice of any two-week time frame in November through February. Adults 18 and older who have been diagnosed with a mental illness will be broken into program types. All adult consumers will receive the MHSIP. The Adults in the CSM/SC and OPT programs will receive the MHSIP 36 and will be sent to the BABH Performance Improvement for analysis. (ACT participants are not included in this report. ACT results have been aggregated and analyzed in a separate report per MDCH reporting standards).

Youth, 17 years and younger, who have been diagnosed with a mental illness or a severe emotional disturbance, will be broken into program types. The CSM/SC and the OPT programs will receive the YSS 26 and will be sent to the BABH Performance Improvement for analysis. (Home-based participants are not included in this report. Home-based results have been aggregated and analyzed in a separate report per MDCH reporting standards).

The survey was hand delivered by the clinician or support staff. A postage paid envelope with a return address to BABH Performance Improvement was provided with each survey. If assistance was needed, the consumer was directed to the customer services department, or a peer supports specialist within their geographic location. If the consumer requested assistance from the assigned clinician, this was allowed. Youth, who are 13 or older, may complete the survey independently. Those youth who are 12 and under may be assisted by a parent or guardian.

The consumers did have the option to decline participation. If the consumer declined, this was noted and removed from the number distributed.

Scoring

MHSIP – Seven domains are included in the survey. Each domain has multiple questions related to the domain topic. The domains are as follows: general satisfaction, access to care, quality of care, participation in treatment, outcomes of care, functional status, and social connectedness. Each question in the domain is required to have a response choice of 1 - 5 in order for the domain to be included in the sample. If one question is left blank, the responses of the remaining questions for that domain are excluded from the calculations of that domain. There are 6 response choices for each question within the domain, which are assigned a numeric value. Note that the number of responses included in the domain average and domain percentage of agreement could be less than that of each individual question as a result of the exclusion of unanswered questions when calculating the domain.

Strongly Agree=1

Agree=2

Neutral=3

Disagree=4

Strongly Disagree=5

Not Applicable=9

The mean of each individual question is calculated. Those less than or equal to 2.5 are considered to be “in agreement”. The total number of respondents who were “in agreement” is then divided by the total respondents. The resultant number is then multiplied by 100 to provide a percentage.

Those questions that have a “Blank” or a response of “Not Applicable” were removed from the sample.

YSS – There are six domains included in the survey. Each domain has several individual questions related to the domain topic. Each question in the domain is required to have a response choice of 1 - 5 in order for the domain to be included in the sample. If one question is left blank, the responses of the remaining questions for that domain are excluded from the calculations of that domain. The domains are as follows: quality and appropriateness (satisfaction with service), access to care, family participation in treatment planning, outcomes of care, cultural sensitivity of staff, and social connectedness. There are 5 response choices for each question within the domain, which are assigned a numeric value.

Strongly Agree=5

Agree=4

Neutral=3

Disagree=2

Strongly Disagree=1

The mean of each individual question is calculated. Those greater than or equal to 3.5 are considered to be “in agreement”. The total number of respondents who are “in agreement” is then divided by the total respondents. The resultant number is then multiplied by 100 to provide a percentage. Those questions that have a “blank” are removed from the sample.

Data Analysis

Each survey was entered into an excel spreadsheet. The ACT and HBS programs were categorized by numeric codes provided by MDCH.

The results are analyzed as follows:

BABH Program and Contract Providers (Attachment A YSS and Attachment B MHSIP)

- By Domain
- By Domain Line Item

Survey Findings

The Youth Perception of Care Survey (YSS)

Figure 3 demonstrates the percentage of agreement for each domain. Please refer to the scoring methodology above with questions related to the calculations. Those who responded to the survey indicated agreement consistent or at an increased percentage compared to those who responded for the 2013 survey. Each domain scored above the desired threshold of 80% except the “Perception of

Outcomes of Services”. BABH and the contract providers scored the highest (90% or above) in the “Perception of Cultural Sensitivity” and “Perception of Participation” domains.

Figure 3

Youth Percent in Agreement	2011	2012	2013	2014
Quality and Appropriateness (General Satisfaction)	92%	91%	87%	88%
Perception of Access	97%	93%	91%	84%
Perception of Cultural Sensitivity	98%	96%	97%	99%
Perception of Participation in Treatment	96%	93%	93%	91%
Perception of Outcome of Services	70%	63%	54%	55%
Perception of Social Connectedness	92%	90%	78%	85%

Perception of Cultural Sensitivity: This indicates that the staff are respectful (99%, 146/148), staff respect their family’s religious or spiritual beliefs (93%, 136/146), staff spoke in a way that they understood (99%, 146/148) and staff were sensitive to cultural/ethnic background (93%, 138/148).

Perception of Participation: This indicates that families felt they helped to choose their child’s services (83%, 121/146), helped to choose their child’s treatment goals (92%, 135/147) and families felt they were able to participate in their child’s treatment (93%, 136/147).

The “Perception of Outcomes of Services” domain received the lowest score (55%) and was the only domain that fell below the desired threshold of 80%. This was a 1% satisfaction increase from 2013 results. This indicates that only (63%, 93/148) of the families felt that their child was better at handling daily life, (55%, 81/148) felt their child got along better with family, (61%, 90/147) felt their child got along better with friends and other people, (58%, 84/146) felt their child was doing better in school/work, (56%, 82/147) felt their child was better able to cope, (56%, 83/148) felt they were satisfied with their current family life and (59%, 87/147) felt that their child was better able to things that he/she wanted to do.

Figure 4-Individual question in each domain

Youth	2014
Access	
Q7. The services my child and/or family received were right for us.	88%
Q8. The location of services was convenient for us.	85%
Q9. Services were available at times that were convenient for us.	90%
Q10. My family got the help we wanted for my child.	79%
Q11. My family got as much help as we needed for my child.	77%
Participation in Treatment	
Q2. I helped to choose my child’s services.	83%
Q3. I helped to choose my child’s treatment goals.	92%
Q6. I participated in my child’s treatment.	93%
Cultural Sensitivity	
Q12. Staff treated me with respect.	99%
Q13. Staff respected my family’s religious/spiritual beliefs.	93%

Q14. Staff spoke with me in a way that I understand.	99%
Q15. Staff were sensitive to my cultural/ethnic background.	93%
Appropriateness	
Q1. Overall, I am satisfied with the services my child received.	89%
Q4. The people helping my child stuck with us no matter what.	87%
Q5. I felt my child had someone to talk to when she/he was troubled.	90%
Outcomes	
Q16. My child is better at handling daily life.	63%
Q17. My child gets along better with family.	55%
Q18. My child gets along better with friends and other people.	61%
Q19. My child is doing better in school and/or work.	58%
Q20. My child is better able to cope when things go wrong.	56%
Q21. I am satisfied with our family life right now.	56%
Q22. My child is better able to do things he or she wants to do.	59%
Social Connectedness	
Q23. I know people who will listen and understand me when I need to talk.	83%
Q24. I have people that I am comfortable talking with about my child's problems.	83%
Q25. In a crisis, I would have the support I need from family or friends.	83%
Q26. I have people with whom I can do enjoyable things.	81%

Survey Findings

The Adult Perception of Care Survey (MHSIP)

Figure 5 demonstrates the percentage of agreement for each domain. Please refer to the scoring methodology above with questions related to the calculations. Those who responded to the survey indicated agreement consistent or at an increased percentage compared to those who responded for the 2013 survey in four of the domains. Four domains scored above the desired threshold of 80% except for “Perception of Outcomes”, Perception of Functioning” and “Perception of Social Connectedness ” in which the percentage of agreement decreased by 7-11%. BABH and the contract providers scored the highest (90% or above) in the “General Satisfaction”, “Perception of Access”, “Perception of Quality and Appropriateness” and “Perception of Participation in Treatment” domains.

Figure 5

Adult Percent in Agreement	2011	2012	2013	2014
General Satisfaction	97%	91%	93%	96%
Perception of Access	96%	88%	95%	96%
Perception of Quality and Appropriateness	95%	91%	90%	94%
Perception of Participation in Treatment	95%	90%	92%	94%
Perception of Outcome of Services	68%	69%	78%	69%
Perception of Functioning	72%	64%	76%	63%
Perception of Social Connectedness	76%	72%	80%	74%

General Satisfaction: Those who responded to the survey indicated that they liked the services received (97%, 586/603), if they had other choices they would still choose to receive services through this current mental health agency (94%, 567/601), and the respondents would recommend this agency to their families/friends (94%, 565/603).

Perception of Access: Those who responded indicated that the location of services were convenient (89%, 538/603), that staff were willing to see them as often as they felt needed (91%, 564/602), staff returned their calls within 24 hours (93%, 540/583), respondents felt that the services were available at times that were good to them (94%, 569/604), they were able to get all the services they thought were needed (91%, 547/599) and respondents indicated that they were able to see a psychiatrist when they wanted (81%, 459/564).

Perception of Quality and Appropriateness: Those who responded indicated staff believed that they could grow, change and recover (91%, 543/597), respondents felt they were free to complain (89%, 528/595), were given information about their rights (96%, 581/603), they felt that staff encouraged them to take responsibility for how they lived their life (93%, 557/598) and were informed by staff about side effects to be aware of (83%, 473/572). Respondents also reported that staff respected their wishes regarding confidentiality (94%, 568/603), respondents felt that staff were sensitive to their cultural/ethnic background (90% 515/571), that staff helped them obtain information needed in order to manage their illness/disability (91% 539/591) and responds felt that they were encouraged to utilize consumer run programs (82%, 472/579).

Perception of Participation in treatment: Those who responded indicated that they felt comfortable asking questions regarding their treatment, services and medications (92%, 553/599) and respondents reported that they decided on their treatment goals, not staff (88%, 521/593).

The “Perception of Functioning” domain received the lowest score (63%) and the percentage in agreement decreased by 17% from 2013. This indicates that only (54%, 317/586) felt that their symptoms were not bothering them as much, (63%, 383/604) felt they did things that were more meaningful to them, only (69%, 406/588) reported being able to better take care of their needs, (60%, 352/590) felt they were better able to handle things that went wrong and (65%, 382/589) reported being better able to do things that they wanted to do.

Figure 6 Individual questions in each domain.

Adult	2014
General Satisfaction	
Q1. I like the services that I received.	97%
Q2. If I had other choices, I would still choose to get services from this mental health agency.	94%
Q3. I would recommend this agency to a friend or family member.	94%
Access	
Q4. The location of services was convenient.	89%
Q5. Staff were willing to see me as often as I felt it was necessary.	91%
Q6. Staff returned my calls within 24 hours.	93%
Q7. Services were available at times that were good for me.	94%
Q8. I was able to get all the services I thought I needed.	91%

Q9. I was able to see a psychiatrist when I wanted to.	81%
Quality/Appropriateness	
Q10. Staff believed that I could grow, change and recover.	91%
Q12. I felt free to complain.	89%
Q13. I was given information about my rights.	96%
Q14. Staff encouraged me to take responsibility for how I live my life.	93%
Q15. Staff told me what side effects to watch for.	83%
Q16. Staff respected my wishes about who is and who is not to be given information about my treatment services.	94%
Q18. Staff were sensitive to my cultural/ ethnic background (e.g., race, religion, language, etc.).	90%
Q19. Staff helped me obtain the information I needed so that I could take charge of managing my illness and disability.	91%
Q20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	82%
Participation in Treatment Planning	
Q11. I felt comfortable asking questions about my treatment, services, and medication.	92%
Q17. I, not staff, decided my treatment goals.	88%
Outcomes	
Q21. I deal more effectively with daily problems.	76%
Q22. I am better able to control my life.	71%
Q23. I am better able to deal with crisis.	67%
Q24. I am getting along better with my family.	67%
Q25. I do better in social situations.	58%
Q26. I do better in school and/or work.	58%
Q27. My housing situation has improved.	61%
Q28. My symptoms are not bothering me as much.	54%
Functioning	
Q28. My symptoms are not bothering me as much.	54%
Q29. I do things that are more meaningful to me.	63%
Q30. I am better able to take care of my needs.	69%
Q31. I am better able to handle things when they go wrong.	60%
Q32. I am better able to do things that I want to do.	65%
Social Connectedness	
Q33. I am happy with the friendships I have.	70%
Q34. I have people with who I can do enjoyable things.	71%
Q35. I feel I belong in my community.	55%
Q36. In a crisis, I would have the support I need from family or friends.	71%

Recommendations/Improvement Opportunities

It is recommended that this information be shared with department staff and the Consumer Council and review each domain and each question to identify areas of deficit. It is recommended to provide information regarding local process for follow up regarding consumer satisfaction scores and follow up of dissatisfaction. The QI Council recommended that an acceptable threshold be set at an 80% rate of agreement per domain. Each domain that is below 80% is subject to a corrective action/improvement plan. It was also recommend that those with a low number of returned responses review their process and determine if additional action may need to be taken. The low number of responses may result in an

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acceptable and/or unacceptable threshold based on the standard set. The low numbers may not allow the results to be generalized throughout the population.

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