Introduction

The Michigan Department of Health and Human Services (MDHHS) requires a survey be administered annually to programs identified by the Michigan Quality Improvement Council. All BABH programs and contract providers serving individuals with a mental illness will have the opportunity to complete the Mental Health Statistics Improvement Program (MHSIP) and the Youth Satisfaction Survey for Families (YSS). Previously, the survey was distributed during face-to-face contacts over a two-week period. Due to the COVID-19 pandemic, the surveys were distributed via mail, distributed face to face, or completed electronically over a four-week period. 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.

Survey Response Rates

Surveys were to be distributed via mail, face to face, or completed electronically to/by all consumers that were currently active to services at the time of distribution. Clinicians were asked to discuss the survey with their consumers during their appointments. The response rates are calculated by dividing the number of surveys that were returned, by the number of surveys that were distributed. Figure 1 below shows the way that surveys were distributed, the number of declines, the number of consumer surveys that were not distributed/no information provided, the total count of surveys returned, and the percentage of surveys returned broken down by program/site.

Figure 1

| Program/Site | Total | Total | Total | Total | Total | Total | Total | Total | % of |
|-------------------|--------------|-----------|---------|--------------|----------------|----------|---------------|----------|----------|
| 1 Togramy Site | Consumers | Surveys | Surveys | Surveys | Surveys | Surveys | Surveys Not | Surveys | Surveys |
| | Listed on | Mailed to | Done by | Done | Done | Declined | Distributed | Returned | Returned |
| | Tally Sheets | Consumers | Phone | Face-to-Face | Electronically | | or Left Blank | | |
| ACT | | | | | | | | | |
| Bay | 49 | 1 | 0 | 37 | 0 | 9 | 1 | 20 | 40.8% |
| Total ACT | 49 | 1 | 0 | 37 | 0 | 9 | 1 | 20 | 40.8% |
| CSM-A | | • | | | | | | | |
| Arenac | 102 | 14 | 10 | 16 | 2 | 10 | 2 | 36 | 35.3% |
| Bay | 249 | 101 | 2 | 112 | 5 | 22 | 7 | 96 | 38.6% |
| MPA | 260 | 69 | 0 | 96 | 0 | 51 | 34 | 69 | 26.5% |
| Saginaw Psych | 270 | 3 | 1 | 95 | 1 | 63 | 107 | 108 | 40.0% |
| Total CSM - Adult | 881 | 187 | 13 | 319 | 8 | 146 | 150 | 309 | 35.1% |
| OPT-A | | | | | | | | | |
| Arenac | 194 | 139 | 0 | 40 | 0 | 5 | 1 | 55 | 28.4% |
| Bay | 30 | 13 | 0 | 12 | 0 | 2 | 4 | 10 | 33.3% |
| LPS | 225 | 0 | 0 | 2 | 0 | 2 | 61 | 5 | 2.2% |
| MPA | 201 | 97 | 0 | 97 | 2 | 5 | 0 | 86 | 42.8% |
| Saginaw Psych | 88 | 24 | 0 | 34 | 4 | 3 | 23 | 29 | 33.0% |
| Total OPT - Adult | 738 | 273 | 0 | 185 | 6 | 17 | 89 | 185 | 25.1% |
| Home-Based | | | | | | | | | |
| Arenac | 13 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 15.4% |
| Bay - Madison | 101 | 6 | 0 | 46 | 0 | 3 | 0 | 22 | 21.8% |
| Total Home-Based | 114 | 6 | 0 | 46 | 0 | 3 | 0 | 24 | 21.1% |
| CSM-C | | | | | | | | | |
| Arenac | 15 | 13 | 0 | 1 | 0 | 0 | 1 | 4 | 26.7% |
| Bay | 24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0% |
| MPA | 127 | 42 | 0 | 39 | 0 | 43 | 3 | 31 | 24.4% |
| Saginaw Psych | 5 | 1 | 0 | 2 | 0 | 2 | 0 | 0 | 0.0% |
| Total CSM - Child | 171 | 56 | 0 | 42 | 0 | 45 | 4 | 35 | 20.5% |
| OPT-C | | | | | | | | | |
| Arenac | 61 | 30 | 0 | 25 | 0 | 4 | 3 | 20 | 32.8% |
| LPS | 91 | 0 | 0 | 3 | 0 | 3 | 33 | 0 | 0.0% |
| MPA | 152 | 27 | 0 | 93 | 0 | 31 | 1 | 57 | 37.5% |
| Saginaw Psych | 28 | 6 | 0 | 10 | 0 | 4 | 8 | 8 | 28.6% |
| Total OPT - Child | 332 | 63 | 0 | 131 | 0 | 42 | 45 | 85 | 25.6% |

Analysis: For 2022, an accurate response rate could not be determined, because 25% (32/127) of staff did not return the tally sheets used to track the response rate. Additionally, of the tally sheets returned, 289 (17.6%) surveys were not distributed or there was no information marked. These two issues were seen across a variety of programs/sites. Surveys there were distributed were primarily distributed in person (760) or via mail (586). There were 13 surveys that were completed via phone, but this was not a pre-determined method of distribution because it does not allow for anonymity.

Action: Over the past several years, surveys have been distributed in a variety of different ways with varying degrees of success. Historically, hand delivering surveys has been the most successful, but does require a lot of staff time and commitment compared to sending all surveys via mail. After discussion with the provider network and the Consumer Council members, it was determined that handing out surveys face to face is the most effective. Surveys sent via mail can be accurately tracked. BABH decided to include the option of allowing consumers to include their name on the survey (taking away the anonymity) to be entered into a drawing in an effort to increase survey response rates.

Survey Findings

The Adult Perception of Care Survey (MHSIP)- There were a total of 514 MHSIP surveys returned during 2022 which is a significant increase from previous years; 207 in 2021 and 276 in 2020. BABH did increase the programs that could have received a survey this year which would also have had an impact on the return rate.

Figure 2



Analysis: Figure 2 demonstrates the percentage of agreement for each domain for the MHSIP survey from 2018-2022. There are four domains that consistently score above the desired threshold of 80%. All four of these domains had an increase in agreeance since last year. There are three domains that consistently score below the desired threshold: Perception of Outcomes, Perception of Functioning, and Perception of Social Connectedness. All three of these domains also showed an increase for this year compared to last year. The Perception of Functioning and Social Connectedness domains saw the biggest increase in agreeance (both about 8%).

The graphs below show the percentage of agreement for each domain for specific BABH programs and contract service providers and the difference between 2021 and 2022.



Analysis for General Satisfaction: Six of the ten programs listed above had a decrease in general satisfaction for 2022 compared to the previous year, however, nine of the ten programs scored above the 80% standard. List Psychological Services (LPS) Outpatient Therapy (OPT) had a 17% decrease in general satisfaction for 2022, but it should be noted that there were 13 surveys returned in 2021 compared to five surveys returned in 2022.

Participation in Treatment



Analysis for Participation in Treatment: Six of the nine programs that had improvement or remained the same for 2022 compared to 2021; four of which brought the percentage of agreeance up to 100%. Similar to above, LPS OPT had a decrease in participation in treatment from 2021 (17%), however this was only based on five completed surveys.



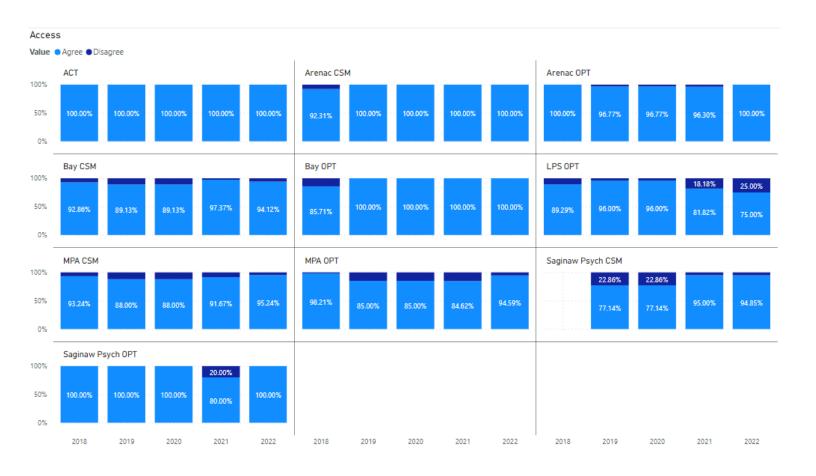
Analysis of Quality and Appropriateness: Eight of the ten programs had an increase in agreeance for 2022 compared to 2021. Nine of the ten programs scored above the 80% standard. Saginaw Psychological Services (SPS) OPT had the greatest increase in agreeance (25%) for 2022 which was the result of 26 surveys. Assertive Community Treatment (ACT) had an 18% decrease in agreeance which was the result of 16 surveys.



Analysis of Functioning: Six of the ten programs had an increase in agreeance for Functioning during 2022 compared to 2021. Three of these programs had an increase in over 15%. SPS OPT had a 35% increase in agreeance and Arenac Case Management (CSM) had a 20% increase. ACT had a 20% decrease percentage of agreeance. Bay OPT had a 19% decrease which was the result of nine completed surveys.



Analysis of Social Connectedness: Eight of the ten programs had an increase in agreeance or remained the same for Social Connectedness during 2022 compared to 2021. SPS OPT had a 49% increase for 2022 and Michigan Psychiatric Associates (MPA) CSM had a 15% increase. LPS OPT had a 30% decrease which was the result of five surveys and Bay OPT had an 8% decrease in agreeance was the result of nine surveys.



Analysis of Access: Seven of the ten programs had an increase in the percentage of agreeance for Access for 2022. Five of the programs scored 100% agreeance. MPA OPT had a 10% increase in agreeance for 2022 compared to 2021. LPS OPT had a 7% decrease in Access and this was the result of five completed surveys.

Outcomes



Analysis of Outcomes: Five of the ten programs had an increase in agreeance for the Outcomes domain in 2022 compared to 2021. Arenac OPT, MPA CSM, and MPA OPT had an increase of more than 15%. Of those programs that had a decrease in agreeance, the percentages ranged from about 1% to 10%.

Figure 3 demonstrates the percentage of agreement for each question in the domain for all BABH programs and contract service providers. The percentages highlighted in red are those that were less than 80%.

Figure 3

| Domain | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | Difference |
|--|------|------|------|------|------|------|------------|
| □ General Satisfaction | | | | | | | |
| Q1. I like the services that I received. | 96% | 95% | 90% | 90% | 92% | 94% | 2% |
| Q2. If I had other choices, I would still choose to get services from this mental health agency. | 93% | 91% | 85% | 85% | 88% | 90% | 2% |
| Q3. I would recommend this agency to a friend or family member. | 94% | 93% | 90% | 90% | 89% | 91% | 2% |
| □ Access | | | | | | | |
| Q4. The location of services was convenient. | 91% | 90% | 88% | 88% | 91% | 91% | 0% |
| Q5. Staff were willing to see me as often as I felt it was necessary. | 96% | 94% | 86% | 86% | 89% | 94% | 5% |
| Q6. Staff returned my calls within 24 hours. | 91% | 84% | 81% | 81% | 86% | 89% | 3% |
| Q7. Services were available at times that were good for me. | 96% | 94% | 92% | 92% | 91% | 97% | 6% |
| Q8. I was able to get all the services I thought I needed. | 92% | 92% | 87% | 87% | 88% | 92% | 4% |
| Q9. I was able to see a psychiatrist when I wanted to. | 83% | 78% | 80% | 80% | 79% | 85% | 6% |
| Quality and Appropriateness | | | | | | | |
| Q10. Staff believed that I could grow, change and recover. | 92% | 86% | 83% | 83% | 85% | 92% | 7% |
| Q12. I felt free to complain. | 88% | 88% | 80% | 80% | 83% | 93% | 10% |
| Q13. I was given information about my rights. | 97% | 94% | 92% | 92% | 91% | 89% | -2% |
| Q14. Staff encouraged me to take responsibility for how I live my life. | 93% | 92% | 84% | 84% | 85% | 93% | 8% |
| Q15. Staff told me what side effects to watch for. | 83% | 79% | 77% | 77% | 76% | 93% | 17% |
| Q16. Staff respected my wishes about who is and who is not to be given information about my treatment services. | 96% | 94% | 90% | 90% | 93% | 81% | -12% |
| Q18. Staff were sensitive to my cultural/ ethnic background (e.g., race, religion, language, etc.). | 92% | 84% | 86% | 86% | 84% | 95% | 11% |
| Q19. Staff helped me obtain the information I needed so that I could take charge of managing my illness and disability | 92% | 93% | 87% | 87% | 89% | 93% | 4% |
| Q20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.). | 86% | 83% | 76% | 76% | 80% | 92% | 12% |
| Participation in Treatment | | | | | | | |
| Q11. I felt comfortable asking questions about my treatment, svcs., and meds. | 92% | 93% | 88% | 88% | 90% | 94% | 4% |
| Q17. I, not staff, decided my treatment goals. | 92% | 86% | 84% | 84% | 84% | 85% | 1% |
| □ Outcomes | | | | | | | |
| Q21. I deal more effectively with daily problems. | 73% | 72% | 70% | 70% | 69% | 74% | 5% |
| Q22. I am better able to control my life. | 69% | 70% | 69% | 69% | 68% | 72% | 4% |
| Q23. I am better able to deal with crisis. | 66% | 66% | 65% | 65% | 62% | 68% | 6% |
| Q24. I am getting along better with my family. | 68% | 65% | 67% | 67% | 64% | 69% | 5% |
| Q25. I do better in social situations. | 57% | 62% | 54% | 54% | 56% | 62% | 6% |
| Q26. I do better in school and/or work. | 52% | 43% | 50% | 50% | 51% | 60% | 9% |
| Q27. My housing situation has improved. | 61% | 59% | 62% | 62% | 60% | 65% | 5% |
| Q28. My symptoms are not bothering me as much. | 56% | 56% | 53% | 53% | 54% | 60% | 6% |
| □ Functioning | | | | | | | |
| Q29. I do things that are more meaningful to me. | 68% | 68% | 64% | 64% | 65% | 68% | 3% |
| Q30. I am better able to take care of my needs. | 70% | 72% | 73% | 73% | 65% | 73% | 8% |
| Q31. I am better able to handle things when they go wrong. | 62% | 62% | 59% | 59% | 55% | 64% | 9% |
| Q32. I am better able to do things that I want to do. | 66% | 70% | 64% | 64% | 62% | 71% | 8% |
| Social Connectedness | | | | | | | 570 |
| Q33. I am happy with the friendships I have. | 69% | 73% | 72% | 72% | 69% | 73% | 4% |
| Q34. I have people with who I can do enjoyable things. | 71% | 74% | 74% | 74% | 71% | 78% | 7% |
| Q35. I feel I belong in my community. | 55% | | | 56% | | | 5% |

Analysis: Question 15, "Staff told me what side effects to watch for" saw the biggest increase in agreeance (17%) for 2022 compared to 2021 followed by Question 20, "I was encouraged to use consumer-run programs" with a 12% increase in agreeance. There were only two questions that saw a decrease in agreeance in 2022 compared to 2021; Question 13, "I was given information about my rights" and Question 16, "Staff respected my wishes about who is and who is not to be given information about my treatment services." All of the questions in the Outcomes domain were below 80%, but all showed an increase from 2021.

Action: There were a total of 514 MHSIP surveys returned, but as noted above, the total number of surveys distributed was not reported accurately, therefore, a response rate and confidence level could not be determined. Actions taken on results that are not statistically significant could change processes/procedures that could negatively impact consumers overall. The results of the 2021 survey also showed a low response rate (207) and the PNOQMC and Consumer Council committee decided to offer the survey through various options including: hand delivering surveys when possible, mailing, or utilizing iPads and other electronic devices when staff visited consumers to have them complete the survey electronically at the time of the appointment. After discussion with the provider network and the Consumer Council members, it was determined that handing out surveys face to face is the most effective. Surveys sent via mail can be accurately tracked. BABH decided to include the option of allowing consumers to include their name on the survey (taking away the anonymity) to be entered into a drawing in an effort to increase survey response rates.

Survey Findings

The Youth Perception of Care Survey (YSS)- There were a total of 144 YSS surveys returned which was a significant increase from previous years; 54 returned in 2021 and 68 returned in 2020. BABH did increase the programs that could have received a survey this year which would also have had an impact on the return rate.

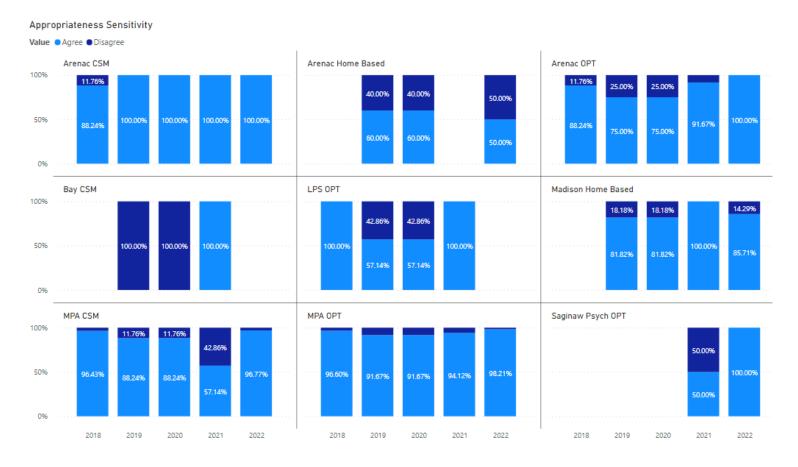




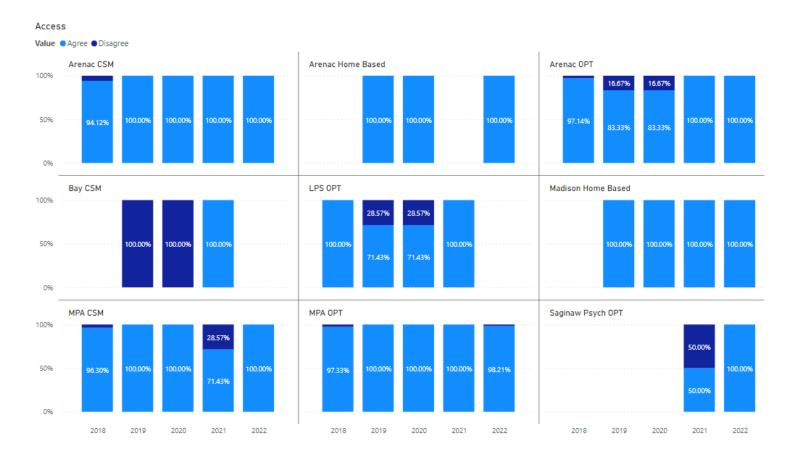
Analysis: Figure 4 demonstrates the percentage of agreement for each domain. Five of the seven domains consistently score above the desired threshold of 80%. For 2022, BABH and the contract

service providers met the desired threshold in the all domains except Perception of Outcomes and Functioning. It should be noted that the Functioning and Outcomes domain contain six out of seven of the same questions. This explains the, almost identical, results. The Perception of Outcomes domain consistently demonstrates a lower percentages of agreements, but had an increase of 6% for the 2022 survey. Five of the seven domains saw an increase in percentage of agreeance for 2022 compared to 2021. The Participation in Treatment and Social Connectedness domain saw a decrease in agreeance, however it was less than 1%.

The graphs below show the percentage of agreement for each domain for specific BABH programs and contract service providers for 2022 compared to previous years. Five of the nine programs had eight or less surveys returned, making analysis difficult, therefore, analysis will only occur for Arenac OPT (20 surveys), Madison Home Based (22 surveys), MPA CSM (31 surveys), and MPA OPT (57 surveys).



Analysis of Appropriateness (General Satisfaction): Of the four programs analyzed, three had an increase in agreeance for 2022 compared to 2021. MPA CSM had a 39% increase in agreeance and Madison Home Based had a 15% decrease in agreeance.



Analysis of Access: Three of the four programs analyzed had 100% agreeance and one program had a 98.21% agreeance. MPA CSM had a 28.57% increase in agreeance in 2022 compared to 2021.

Figure 5 demonstrates the percentage of agreement for each question in the domain for all BABH programs and contract service providers.

Figure 5

| Do | omain | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | Difference |
|----|--|------|------|------|------|------|------|------------|
| Θ | Access | | | | | | | |
| | Q8. The location of services was convenient for us. | 94% | 95% | 89% | 89% | 96% | 99% | 3% |
| | Q9. Services were available at times that were convenient for us. | 91% | 94% | 92% | 92% | 89% | 94% | 5% |
| | Participation in Treatment | | | | | | | |
| | Q2. I helped to choose my child's services. | 86% | 90% | 86% | 86% | 91% | 92% | 1% |
| | Q3. I helped to choose my child's treatment goals. | 93% | 97% | 91% | 91% | 96% | 95% | -1% |
| | Q6. I participated in my child's treatment. | 93% | 98% | 94% | 94% | 93% | 94% | 1% |
| | Cultural Sensitivity | | | | | | | |
| | Q12. Staff treated me with respect. | 98% | 98% | 95% | 95% | 96% | 99% | 3% |
| | Q13. Staff respected my family's religious/spiritual beliefs. | 95% | 97% | 89% | 89% | 89% | 95% | 6% |
| | Q14. Staff spoke with me in a way that I understand. | 98% | 98% | 92% | 92% | 98% | 98% | 0% |
| | Q15. Staff were sensitive to my cultural/ethnic background. | 95% | 93% | 92% | 92% | 87% | 94% | 7% |
| | Appropriateness | | | | | | | |
| | Q1. Overall, I am satisfied with the services my child received. | 94% | 94% | 80% | 80% | 89% | 96% | 7% |
| | Q4. The people helping my child stuck with us no matter what. | 95% | 88% | 88% | 88% | 85% | 92% | 7% |
| | Q5. I felt my child had someone to talk to when she/he was troubled. | 94% | 96% | 82% | 82% | 83% | 91% | 8% |
| | Q7. The services my child and/or family received were right for us. | 92% | 93% | 77% | 77% | 89% | 90% | 1% |
| | Q10. My family got the help we wanted for my child. | 89% | 89% | 72% | 72% | 80% | 86% | 6% |
| | Q11. My family got as much help as we needed for my child. | 85% | 85% | 68% | 68% | 81% | 81% | 0% |
| | Outcomes | | | | | | | |
| | Q16. My child is better at handling daily life. | 72% | 63% | 52% | 52% | 60% | 58% | -2% |
| | Q17. My child gets along better with family. | 66% | 57% | 60% | 60% | 61% | 66% | 5% |
| | Q18. My child gets along better with friends and other people. | 72% | 62% | 58% | 58% | 65% | 65% | 0% |
| | Q19. My child is doing better in school and/or work. | 71% | 61% | 48% | 48% | 51% | 57% | 6% |
| | Q20. My child is better able to cope when things go wrong. | 59% | 58% | 51% | 51% | 52% | 53% | 1% |
| | Q21. I am satisfied with our family life right now. | 66% | 62% | 62% | 62% | 69% | 67% | -2% |
| | Q22. My child is better able to do things he or she wants to do. | 74% | 72% | 58% | 58% | 61% | 75% | 14% |
| | Social Connectedness | | | | | | | |
| | Q23. I know people who will listen and understand me when I need to talk. | 92% | 89% | 77% | 77% | 92% | 92% | 0% |
| | Q24. I have people that I am comfortable talking with about my child's problems. | 91% | 89% | 85% | 85% | 92% | 92% | 0% |
| | Q25. In a crisis, I would have the support I need from family or friends. | 88% | 88% | 75% | 75% | 92% | 88% | -4% |
| | Q26. I have people with whom I can do enjoyable things. | 91% | 86% | 78% | 78% | 83% | 90% | 7% |
| | | | | | | | | |

Analysis: Question 22, "My child is better able to do things he or she wants to do" saw the biggest increase in agreeance (14%) for 2022 compared to 2021 followed by Question 5, "I felt my child had someone to talk to when she/he was troubled" with an 8% increase in agreeance. There were four questions that saw a decrease in agreeance in 2022 compared to 2021. The question that saw the biggest decrease in agreeance (4%) for 2022 compared to 2021 was Question 25, "In a crisis, I would have the support I need from family or friends."

Action: In 2021, YSS surveys were only distributed via mail due to COVID-19 and inconsistency with face to face appointments. Due to the low survey response rate in 2021, PNOQMC and the Consumer Council committee decided to offer the survey through various options including: hand delivering surveys when possible, mailing, or utilizing iPads and other electronic devices when staff visited consumers to have them complete the survey electronically at the time of the appointment. The survey response rate increased significantly, however, as noted above, the total number of surveys distributed was not reported accurately, therefore, a response rate and confidence level could not be determined. Actions taken on results that are not statistically significant could change processes/procedures that could negatively impact consumers overall. After discussion with the provider network and the Consumer Council members, it was determined that handing out surveys face to face is the most effective. Surveys sent via mail can be accurately tracked. BABH decided to include the option of allowing consumers to include their name on the survey (taking away the anonymity) to be entered into a drawing in an effort to increase survey response rates.

Submitted by: Sarah Holsinger, LMSW, Quality Manager Date: 12/10/2022

^{*}Updated on 6/1/2023 after input from PNOQMC and the Consumer Council