

Yolo County Health and Human Services Agency Quality Improvement Committee

July 23, 2015

FY14-15 CONSUMER PERCEPTION SURVEY REPORT

Jennifer A. Grigoriou, PsyD and Samantha Fusselman, LCSW

ABSTRACT

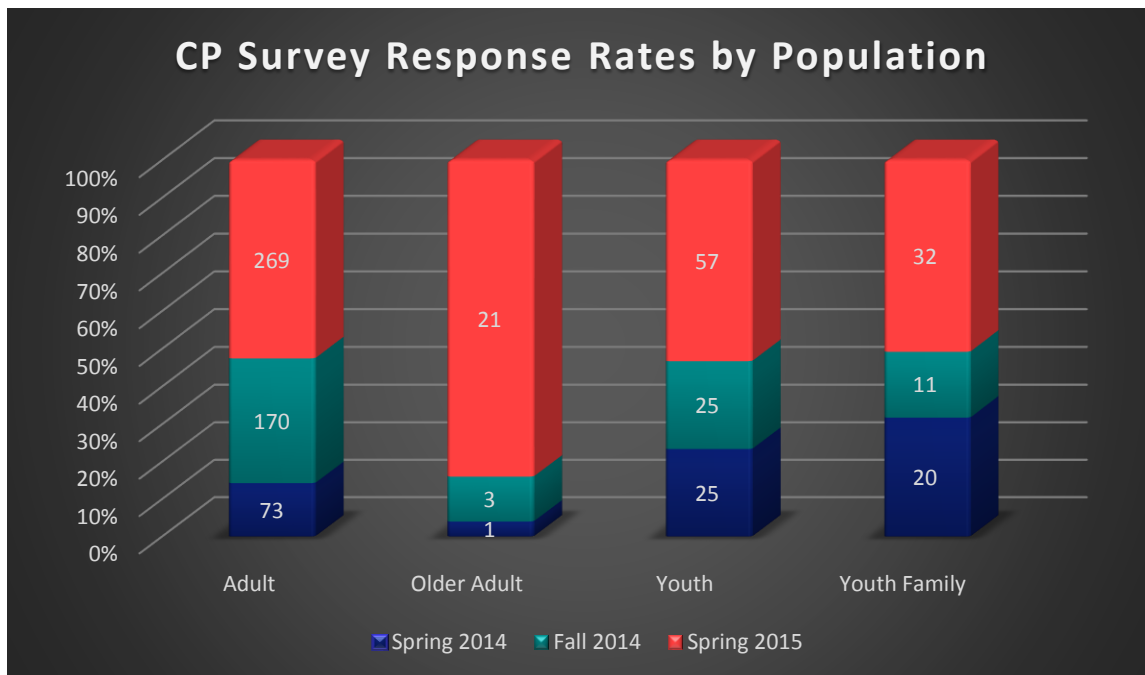
Quality Management established a baseline for measuring Consumer Perception Survey results over the course of one year (May 2014 – May 2015): Results indicated that 3 consumers groups (adult, youth, and youth families) were satisfied with county and contract provider services during the review period. Overall, 2014 and 2015 adult respondents supplied the largest data set and points for comparison. Across all populations, the majority of perceptions and satisfaction ratings fell into the “Satisfied with Services” category (4 out of 5). Details of these results are contained within this report as well as considerations for future exploration and improvement.

INTRODUCTION

Yolo County continuously strives to improve the quality of Specialty Mental Health Services (SMHS) provided to its consumers. Currently, the Health and Human Services Agency Quality Management (QM) team is utilizing data collected between May 2014 and May 2015 to initiate data-driven performance improvement projects geared to improve consumer satisfaction while meeting federal and state regulations. The overarching goal in analyzing 2014 and 2015 Consumer Perception (CP) survey data was to extract existing data sets that captured point-in-time perceptions, opinions, and suggestions for improvement that were representative of consumers’ experiences with SMHS received in Yolo County. Over the past two months, QM staff analyzed CP surveys in order to determine baseline levels of consumer satisfaction, as well as other indicators of wellness and improved interpersonal functioning. The findings contained within this report may be the catalyst for guiding discussion and decision-making that will positively impact consumer health outcomes.

METHODS

QM collected and coded a total of 501 survey submissions in May 2015, representing just over one-fourth of the total consumer population (approximately 1,850 consumers as of Spring 2015). Following the coding of May 2015 survey data, QM re-coded a total of 354 CP surveys from May and November of 2014; these results were then aggregated to produce comparable sample sizes to May 2015's population. From these three survey periods, QM identified points of comparison and established a baseline to: (1) group together specific data elements that indicated consumer satisfaction in areas of importance (i.e., access to psychiatrist, timeliness of MHP in returning calls, consumer coping skills, consumer academic/ occupational skills, consumer sense of community belonging, perceived levels of social support accessibility, consumer life/ health satisfaction, wellness/ recovery indicators); (2) determine the value and accuracy of measurement instruments; and (3) follow trends in consumer population samples over the course of one year.

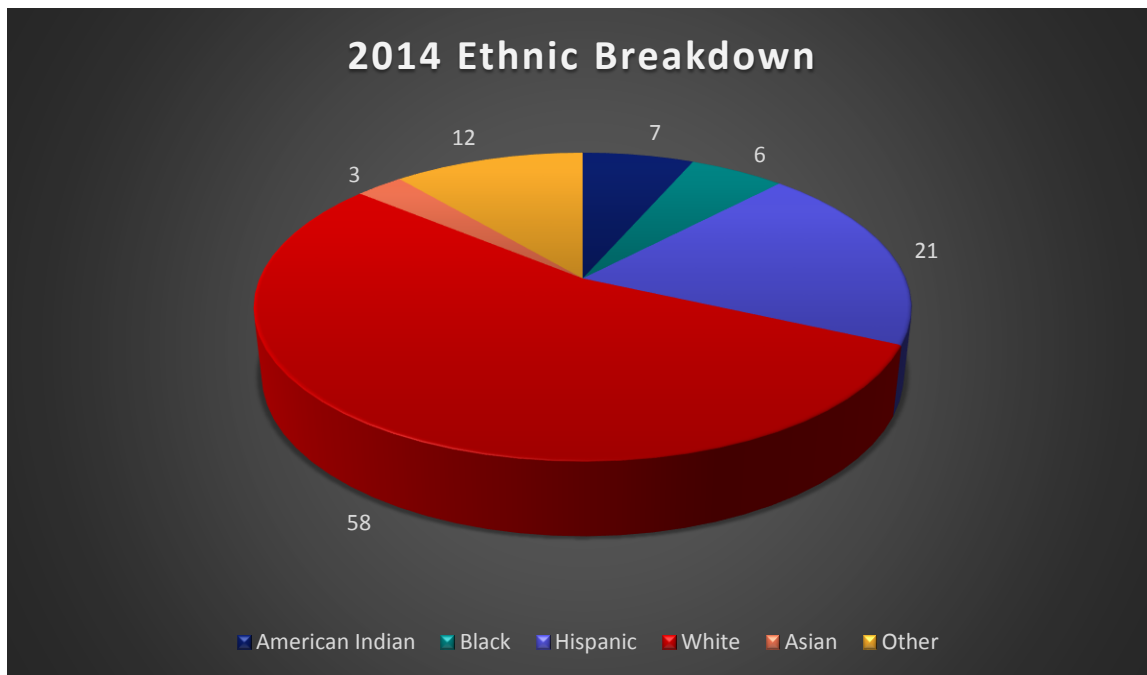


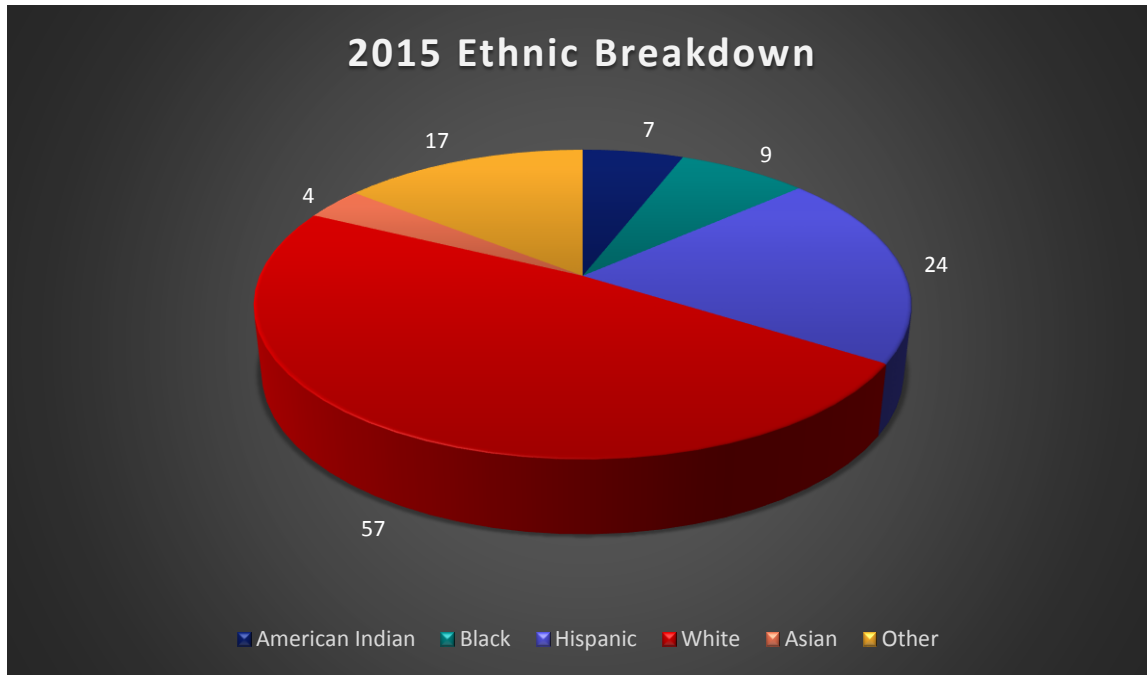
The response rate for Spring CP surveys more than doubled from previous data collection periods. The increase was attributed to the implementation of the following adjustments in data collection procedures:

1. Provision of technical training to direct service providers regarding data collection strategies
2. Pre-population of survey fields necessary for successful processing by California Institute for Behavioral Health Solutions (CIBHS), the organization contracted by DHCS to analyze CP results statewide
3. Review of surveys for missing data prior to CIBHS submission date
4. Implementation of on-site assistants (i.e., QM staff, Peer/ Consumer staff) to help consumers complete surveys

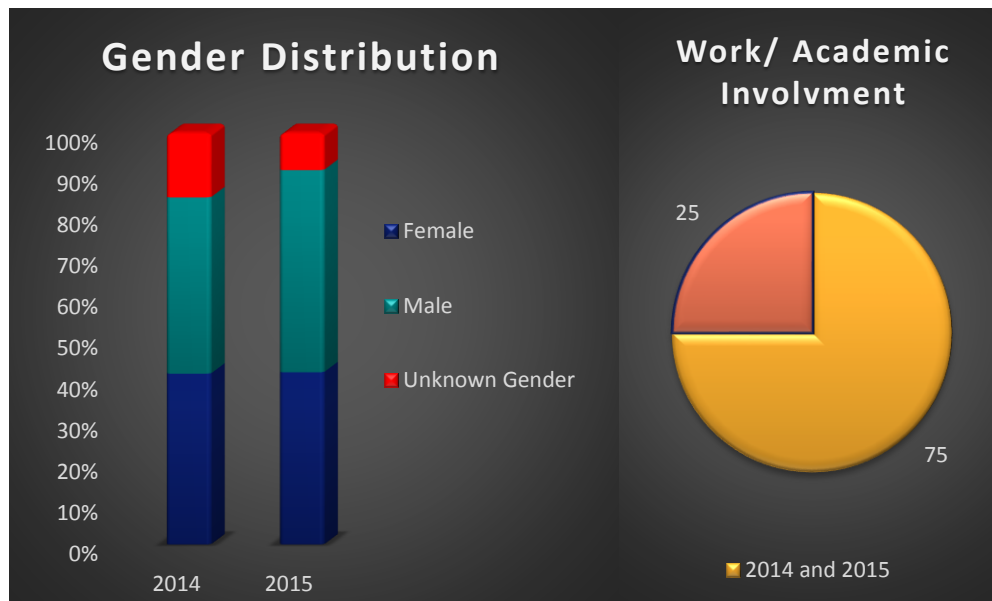
RESULTS BY POPULATION SERVED

ADULTS





2014 & 2015 adult samples were largely comprised of ethnically White (58% and 57%, respectively) and Hispanic (21% and 24%, respectively) individuals; both groups made up 79% (in 2014) and 82% (in 2015) of the sample. Both groups completed surveys almost entirely in



English (97% and 98%, respectively). Both samples contained comparable gender representations (2014: 40% Female, 41% Male, 19% unknown) and (2015: 42% Female, 49% Male, 9% unknown). Finally, the samples reported equivalent levels of work or academic involvement (2014: 79% and 2015: 76% of the sample).

Thus, their needs and perceptions (i.e., coping, skills, and satisfaction with services) appear to have been influenced similarly by their composition in the following areas: sample size, ethnic make-up, gender make-up, language comprehension, and work/ academic involvement. Adult consumer satisfaction scores range from 4.00 - 4.85 (out of a total of 5.00) in the following areas, indicating that respondents agree or strongly agree that they:

Satisfaction

1. Like the services they receive
2. Would continue to receive services from the MHP, even if they had other choices
3. Would recommend this agency to a friend or family member
4. Perceive that the location of services is convenient
5. Perceive that staff are willing to see them as often as they feel it is necessary
6. Perceive that staff return their calls within 24 hours
7. Perceive service times are good for them
8. Are able to get all the services they think they need
9. Are able to see a psychiatrist when they want to
10. Feel comfortable asking questions about their treatment and medication

MHP Compliance

1. Feel free to complain
2. Are given information about their rights
3. Have been educated about side effects
4. Feel staff have respected their wishes about sharing treatment information
5. Got to decide on their treatment goals

Wellness & Recovery

1. Believe that they can grow, change, and recover
2. Are encouraged to take responsibility for how they live their life
3. Are provided information to help them manage their illness
4. Are encouraged to use consumer-run programs (groups, drop-in centers)

Client Coping Skills

1. Deal more effectively with daily problems
2. Are more in control of their lives
3. Are better able to deal with crisis
4. Are better able to take care of their needs
5. Are better able to handle things when they go wrong

Client Social Supports

1. Receive support from family and friends when they are in crisis
2. Perceive that psychiatry staff is available when needed

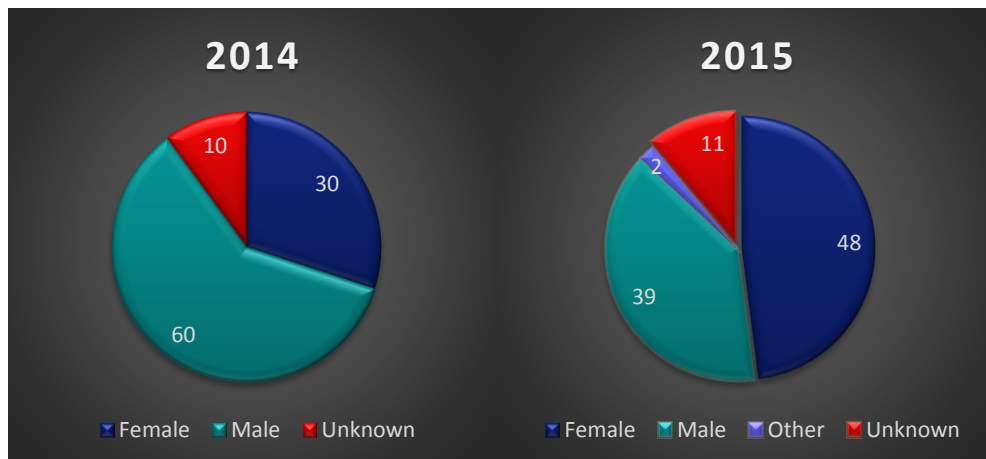
OLDER ADULTS

The Older Adult sample was extremely small (2014: N = 4 and 2015: N = 21). As a result, meaningful trends cannot be analyzed, nor conclusions drawn for this population.

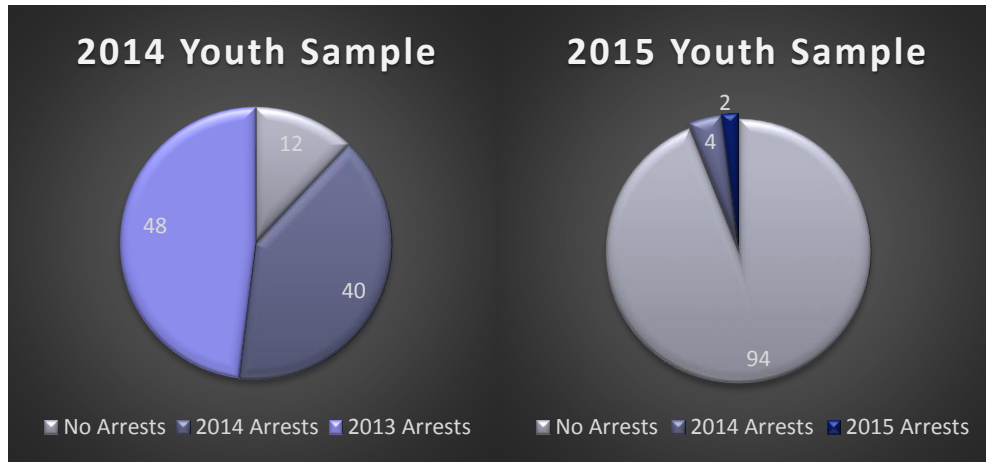
YOUTH

Significant discrepancies exist between the 2014 and 2015 Youth survey responses due to the following reasons: (1) samples came from different contract provider sites; (2) there was a 34% difference in gender distribution between the samples (i.e., 2014 sample was comprised of 60% males); and (3) roughly twice as many youth respondents in the 2014 sample had arrest records, compared to the youth respondents in 2015.

YOUTH GENDER DISTRIBUTION



YOUTH ARRESTS

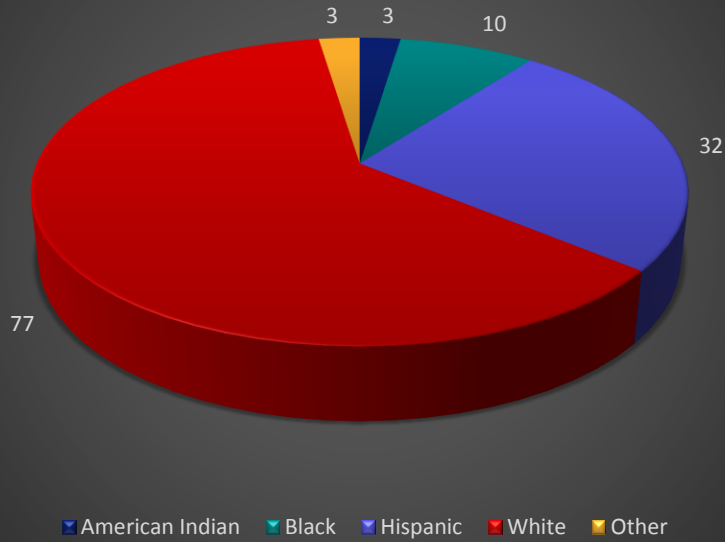


Compared with 2015 respondents, 2014 survey respondents endorsed more difficulty with family members and academic/ occupational functioning yet, they endorsed: (1) better relationships with peers; (2) more satisfaction with staff receptivity and respect of culture, religion, ethnicity, and individuality; (3) higher perceptions of social support and social skills; and (4) overall satisfaction with MHP services than youth did in 2015. Nevertheless, it is important to remember that these trends do not necessarily represent statistically meaningful differences between mean scores on survey indicators. Differences in scores may be attributed to significant disparities between both samples in terms of: gender distribution, ethnic distribution, criminal behavior, time spent in the criminal justice system, contact with direct service provider, and the context or frequency in which specialty mental health services (SMHS) were rendered.

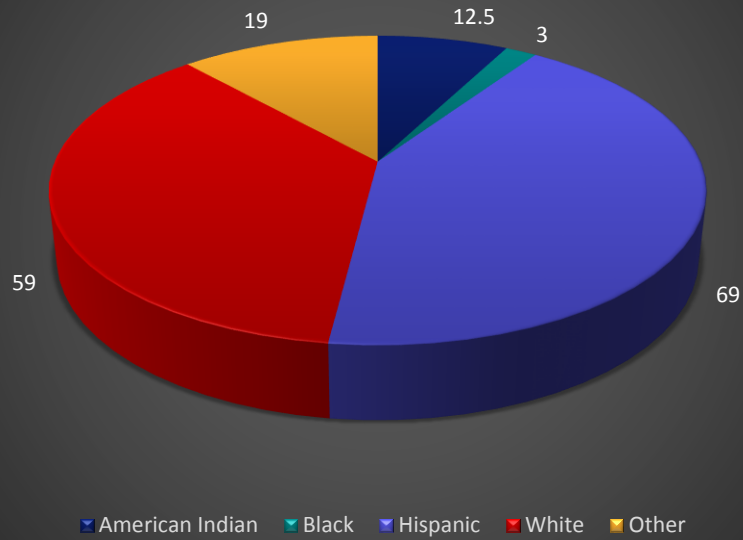
YOUTH FAMILIES

Both Family samples (2014 & 2015) were comprised of mostly ethnically White (2014: 77% and 2015: 59%) and Hispanic caregivers (2014: 32% and 2015: 69%) who completed surveys in English (2014: 90% and 2015: 62.5%) and Spanish (2014: 10% and 2015: 37.5%). Combined, these ethnic groups made up the vast majority of the Youth Family caregiver respondents.

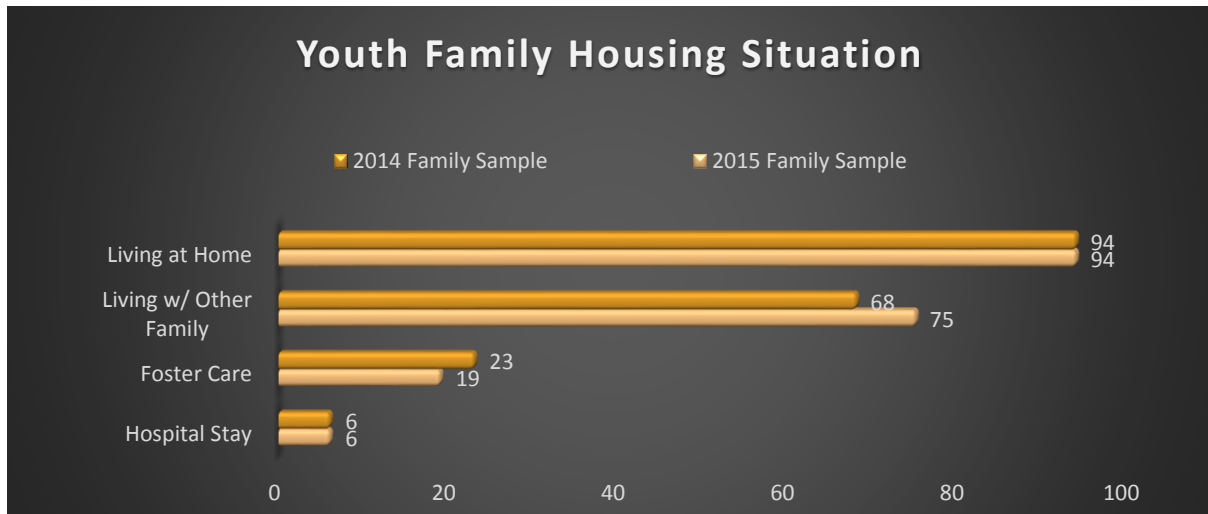
2014 Ethnic Breakdown for Youth Families



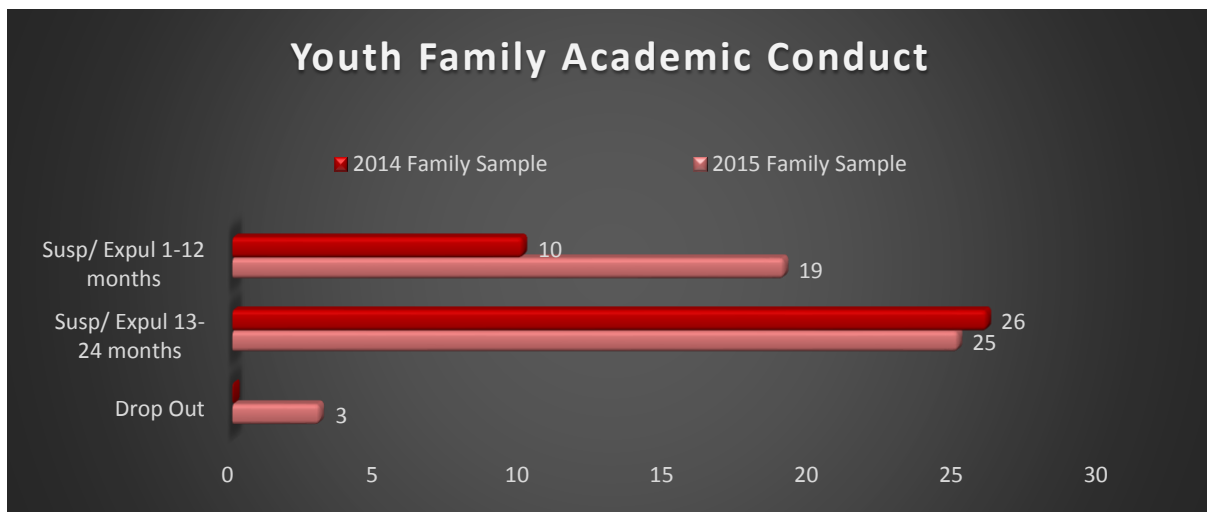
2015 Ethnic Breakdown for Youth Families

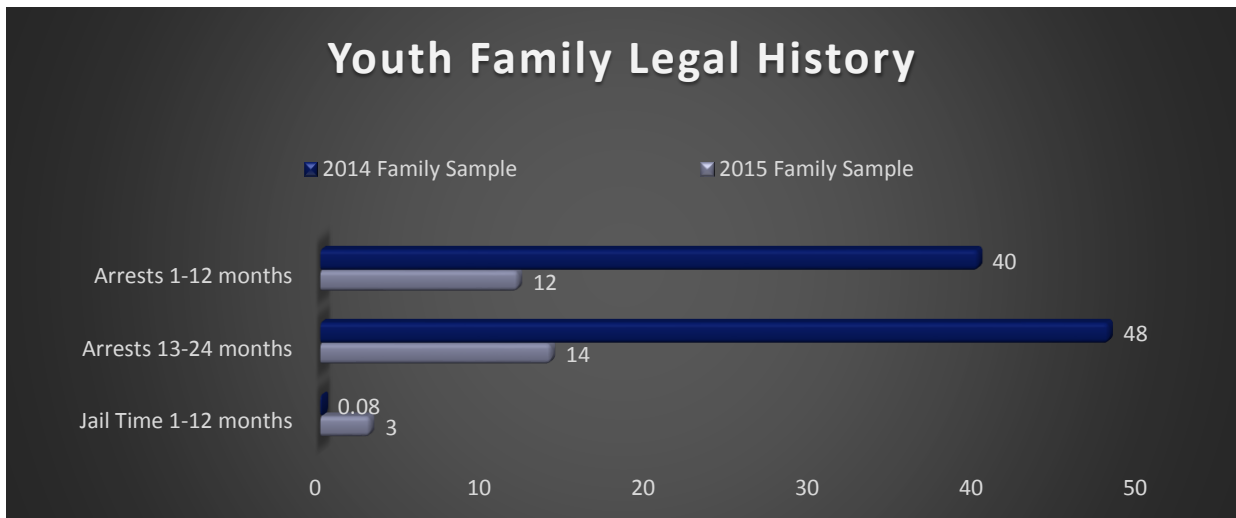


Interestingly, both samples reported having comparable environmental contexts in which their children were housed: (1) 2014: 94% Living at Home, 68% Living with Other Family Members/ Friends, 23% Foster Care, and 6% Hospital Stay, and (2) 2015: 94% Living at Home, 75% Living with Other Family Members/ Friends, 19% Foster Care, and 6% Hospital Stay.



Similarly, both samples reported comparable numbers of arrests for youth in their care (3% of children in 2014 and 9% in 2015). Both samples also indicated similar numbers of expulsions/ suspensions over the course of two years: (1) 2014 sample: 26% in 2013 and 10% in 2014, and (2) 2015 sample: 25% in 2014 and 19% in 2015). Finally, school drop-out rates and jail time served by children in both samples did not exceed 3%.





Thus, it appeared that the caregivers in both samples reflected similar needs, perceptions, and contextual factors. As such, consistent satisfaction scores were reported for both 2014 and 2015 Youth Family participants (ranging from 4.00 - 4.48, out of a total of 5.00) in the following areas:

1. Satisfaction with specialty mental health services
2. Satisfaction with service providers respect of consumer religion, culture, and ethnicity
3. Access to people with whom caregivers could talk about their child’s problems
4. Perception of child’s improvement in areas of coping and socialization as a result of obtaining specialty mental health services

AREAS OF CONSIDERATION

Assistance with Academic/ Work Skills

It appears that even though 80% - 99% of our Adult and Youth samples combined are involved in some type work or academic-related activity, they (or their caregivers) do not necessarily perceive that they are doing significantly better in those arenas. Exploration of increases in supportive programming (e.g., academic tutoring, work-related socialization classes, work-related stress management courses, etc.) may be warranted.

Change Sense of Community Measurement Strategies (Belonging to a Community)

Responses from both Adult point-in-time samples suggest respondents do not perceive that they “belong” to their community. Many opportunities exist for this population to continue developing partnerships and collaborations with community-based and faith-based supports that would increase opportunities for meaningful social interactions or a sense of contribution to society. Empirical evidence points to health-related benefits obtained by recipients who engage in peer-to-peer programs and/ or community groups, and many outcome measures are available to capture the gains or losses made by individuals who participate in these activities. Further exploration of additional methods or interventions to improve the lives of consumers in this domain is warranted.

Change Life Satisfaction Measurement Strategies

It appears that both Adult point-in-time samples do not perceive improvements on the life satisfaction indicator from 2014 to 2015. Both samples indicated that they had “mixed” feelings about life satisfaction. As with “Sense of Community,” there are many aspects of “Life Satisfaction” that can be explored. Empirical studies have narrowed different areas of life satisfaction (according to life span development) that correspond with improved health outcomes, including enhanced life satisfaction as a result of linking consumers to peer-to-peer programs and/ or community groups. Continued development in these areas, as well as the identification of simplified outcome measures to track overall life satisfaction in diverse populations may be warranted.

Change Overall Health Measurement Strategies

Taken as merely a perception of overall health, it appears that the majority of Adult consumers marked responses reflecting “Mixed” (in 2014 & 2015) when asked, “How do you feel about your health in general?” With only one survey question related to overall consumer health, it is advisable to utilize alternative surveys to achieve a “true value” of overall consumer health.

CONCLUSION

In its commitment to continuous quality improvement and improved health outcomes for consumers, the Yolo County Health and Human Services Agency Quality Management (QM) team will continue to pursue data-driven projects in collaboration with executive leadership, staff, consumer/ family members, community partners and other stakeholders. The FY14-15 Consumer Perception Survey analysis provided the opportunity to extract and utilize existing data sets that capture point-in-time perceptions, opinions, and suggestions for improvement that are representative of Yolo County consumers' experiences with Specialty Mental Health Services in order to improve on the overall quality of the service delivery system. The findings contained in this report are intended to drive decision-making in areas that directly improve satisfaction and health outcomes of the people served by the county.