

Southwest Michigan Behavioral Health 2018 Customer Satisfaction Survey Analysis





Results and Analysis of Each Survey Identified are Presented in this Report

- 1. Mental Health Statistics Improvement Program (MSHIP)
- 2. Youth Services Survey (YSS)
- 3. MI Health Link Member Satisfaction Survey (MHL)
- 4. Recovery Self Assessment in Recovery Survey (RSA-r)





Survey Process and Preparation



SWMBH begins preparing for the annual consumer satisfaction survey process in September, with the goal of completing 2,000 surveys by the end of the year. To ensure the survey process is valid, SWMBH selects a vender to administer the surveys and collect feedback from consumers who have received 3 or more services within the measurement period (April – August 2018). Barnes Research was selected as the vender for the 2018 consumer satisfaction survey project. Barnes Research brings over 25 years of experience to the table, working with a variety of healthcare organizations to gain feedback from consumers using a variety of methods including: surveys, focus groups, mystery shopping and other types of consumer engagement techniques.

The 2018 consumer satisfaction surveys were completed using a telephonic process. The survey tools that were used include the Mental Health Statistics Improvement Program (MHSIP) survey for consumers 18 years of age and older and the Youth Services Survey (YSS) for consumers under the age of 18 years old. SWMBH is contractually obligated to utilize the MHSIP and the YSS survey tools, as they are required for use by the Michigan Department of Health and Human Services (MDHHS). The MHSIP and YSS survey tools offer a wide range of flexibility in capturing feedback from members with a variety of Mental Health disorders. The MSHIP and the YSS survey tools also offer comparisons against other State and National results. Currently the MHSIP and YSS surveys are being implemented in 55 States/Territories, so comparison data is easily obtainable. You will notice throughout the presentation, SWMBH provides comparisons against State and National results and has out preformed both State and National results in every category of its 2018 survey results.

The primary goal in completing the annual consumer satisfaction surveys is to gain valuable feedback from consumers on the services they have received. After the analysis of the survey scores and consumer feedback is completed, the SWMBH Quality Team presents the data to the primary Regional Committees including the: Regional Consumer Advisory Committee, Regional Utilization Management Committee, Regional Operations Committee, Regional Compliance Committee and the Regional Quality Management Committee, for review and feedback. SWMBH takes the consumer feedback they receive very seriously and works directly with providers and Community Mental Health Service Providers (CMHSP) to help improve Mental Health and Substance Abuse services and programs throughout the 8-county service region. SWMBH's survey preparation and processes have improved tremendously over the past 5 years and that can be directly attributed to the feedback received from the Regional Committees and Consumers we serve.

If you would like further information on the annual consumer satisfaction survey projects, please don't hesitate to contact the SWMBH Quality Assurance Department at: 269-488-8922 or via email at: jonathan.gardner@swmbh.org



MHSIP Survey Information



- The Mental Health Statistics Improvement Program (MHSIP) Consumer Surveys measure concerns that are important to consumers of publicly funded mental health services in (7) different areas including:
 - 1. Access
 - 2. Quality/Appropriateness
 - 3. Outcomes
 - 4. General Satisfaction
 - 5. Social Connectedness
 - 6. Participation in Treatment Planning
 - 7. Functioning
- The MHSIP consists of 44 questions.
- Use of the MHSIP survey tool is a contractual requirement by MDHHS (42 CFR 438.230).

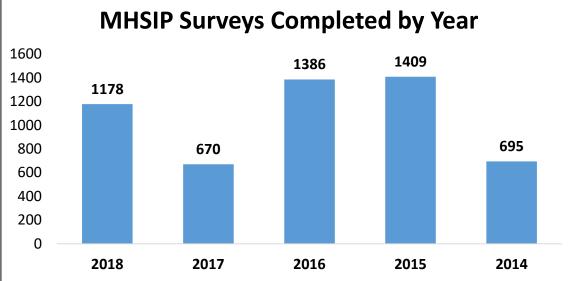


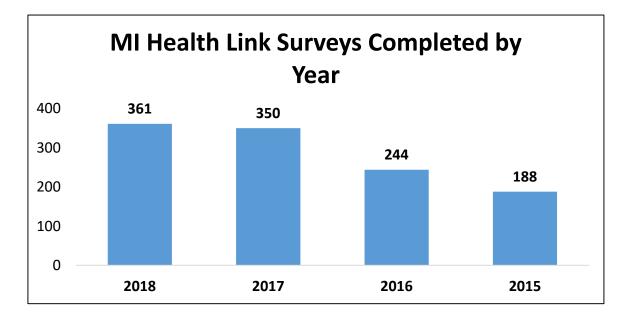
YSS-F Survey Information

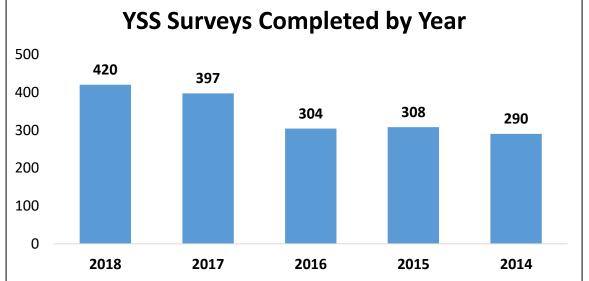


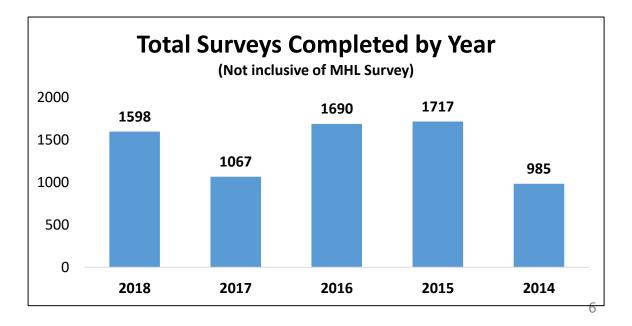
- A modification of the MHSIP survey for adults, the Youth Services Survey for Family (YSS-F) assesses caregivers' perceptions of behavioral health services for their children aged 17 and under.
- The YSS creates (6) domains that are used to measure different aspects of customer satisfaction with public behavioral health services including:
 - 1. Access
 - 2. Appropriateness
 - 3. Outcomes
 - 4. Social Connectedness
 - 5. Cultural Sensitivity
 - 6. Participation in Treatment
- The YSS-F consists of 46 questions.







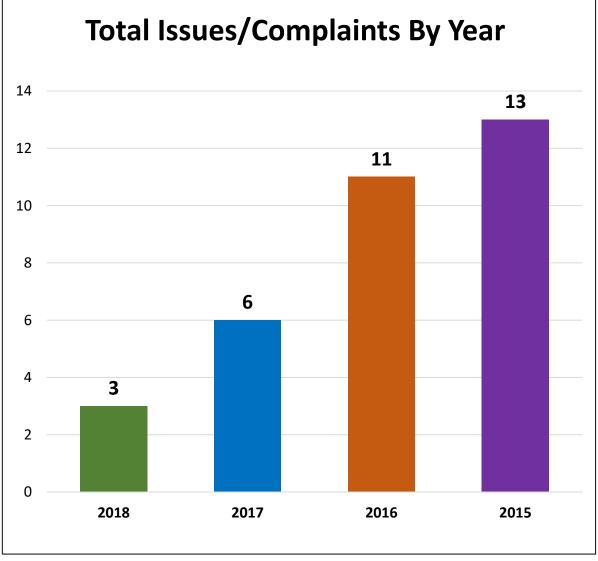


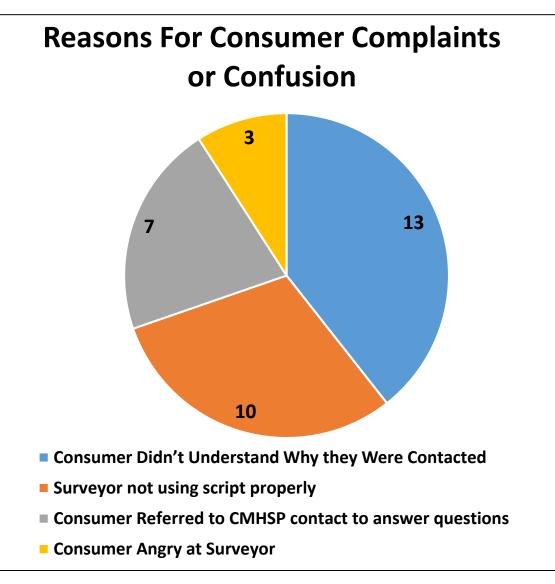




Consumer Issues and Complaints









Questions asked on the MHSIP Survey (44 Questions Total)



NA

NA

NA

NA

NA

NA

NA

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SA A N D SD NA 19. I felt comfortable asking questions about my treatment, services, and medication. 11 L felt free to complain SA N D SA N D								NA	SD	D	Ν	А	SA	I was able to see a psychiatrist when I wanted to.
							19.	NA	SD	D	Ν	А	SA	• Staff believed that I could grow, change and recover.
	D SD	D	Ν	A	SA	treatment, services, and medication.		NA	SD	D	Ν	А	SA	I felt free to complain.
12.I was given information about my rights.SAANDSDNA20.I, not staff, decided my treatment goals.						I, not staff, decided my treatment goals.	20.	NA	SD	D	Ν	А	SA	I was given information about my rights.
13Staff encouraged me to take responsibility for how I live my life.SAANDSDNA	D SD	D	Ν	A	SA			NA	SD	D	N	А	SA	



Questions asked on the YSS-F Survey (46 Questions Total)

apply)

vi. Other:

i. child did not have a problem with attendance

before starting services

v. Child dropped out of school

iv.□ child is home schooled

ii.□ child is too young to be in school

iii. child was expelled from school



Please help our agency make services better by answering some questi LAST 6 MONTHS. Your answers are confidential and will not influen- if you <u>Strongly</u> Disagree, Disagree, Are Undecided, Agree, or Strong (X) in the box that best describes your answer. Thank you!!!	ce the servic	es you or ye	our child recei	ve. Pleas	se indicate
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Oursell I am activity of with the second second second	(1)	(2)	(3)	(4)	(5)
Overall, I am satisfied with the services my child received I helped to choose my child s services					
. I helped to choose my child s treatment goals The people helping my child stuck with us no matter what					
. I felt my child had someone to talk to when he/she was troubled I participated in my child s treatment					
. The services my child and/or family received were right for us					
. The services my child and/or family received were right for us					
Services were available at times that were convenient for us					
 Services were available at times that were convenient for us My family got the help we wanted for my child 					
 My family got us much help as we needed for my child 					
 Staff treated me with respect 					
 Staff respected my family s religious/spiritual beliefs 					
 Staff respected my family stengeds spintal orners Staff spoke with me in a way that I understood 					
 Staff spoke with me in a way mat runderstood Staff were sensitive to my cultural/ethnic background 					
a result of the services my child and/or family received:					
6. My child is better at handling daily life					
 My child gets along better with family members 					
8. My child gets along better with friends and other people					
 My child gets along better with friends and other people My child is doing better in school and/or work 					
 My child is better able to cope when things go wrong 					
 I am satisfied with our family life right now 					
2. 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 or relationships with persons other than your mental health provider(s)					
 I know people who will listen and understand me when I need to talk 					
 I have people who will instend and indefinition in when I need to take I have people that I am confortable talking with about my child's problems. 					
 In a crisis, I would have the support I need from family or friends. 					
 I have people with whom I can do enjoyable things 					

27. What has been the most helpful thing about the services you and your child received over the **last 6 months**?

28. What would improve the services here?

	Answer the following questions to let us know how	v your child is doing.
	29. Is your child currently living with you?	🗆 Yes 🔷 No
	30. Has your child lived in any of the following places in	a the last 6 months? (CHECK ALL THAT APPLY)
	a. With one or both parents g. b. With another family member h. c. Foster home j. d. Therapeutic foster home j. e. Crisis Shelter j. f. Homeless shelter l.	Residential treatment center Hospital Local jail or detention facility State correctional facility Runaway/homeless/on the streets
	31. In the last year, did your child see a medical doctor (or nurse) for a health check up or because he/she was sick? (Check one)
	□ Yes, in a clinic or office □ Yes, but only in	a hospital emergency room 🛛 🗋 No 🔹 Do not remember
	 Is your child on medication for emotional/behavioral 32a. If yes, did the doctor or nurse tell you and/or y 	
	33. Is your child still getting services from this Center?	🗆 Yes 🔷 No
	 34. How long did your child receive services from this C a. Less than 1 month b. 1 -5 months g. 6 months to 1 year d. More than 1 year (skip to questions 41) Please answer the following questions to let us know a little about your child. 	35. Was your child arrested since beginning to receive mental health services? □ Yes □ No
	Was your child arrested during the last 12 months?	a. been reduced (for example, they have not been arrested, hassled by police, taken by police to a
42.	Was your child arrested during the 12 months prior to that?	shelter or crisis program) b. stayed the same
43.	Over the last year, have your child's encounters with the police	□ c. increased □ d. not applicable (They had no police encounters this
	a been reduced (for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program) □ b. stayed the same □ c. increased □ d. not applicable (They had no police encounters this	 38. Was your child expelled or suspended during since beginning services? Yes I No 39. Was your child expelled or suspended during the 12 months prior to that?
44.	year or last year Was your child expelled or suspended during the last 12 months?	 Yes No Since starting to receive services, the number of days my child was in school is
	Was your child expelled or suspended during the 12 months prior to that?	a. Greater b. About the same c. Less d. Does not apply (please select why this does not apply)
40.	Over the last year, the number of days my child was in scho is a. Greater b. About the same c. Less	ol i. □ child did not have a problem with attendance before starting services ii. □ child is too young to be in school ii. □ child was expelled from school iv. □ child is home schooled
	d. Does not apply (please select why this does not	v. Child dropped out of school

vi. Other

of Hispanic or Latino Origin

A. Are either of the child's parents of

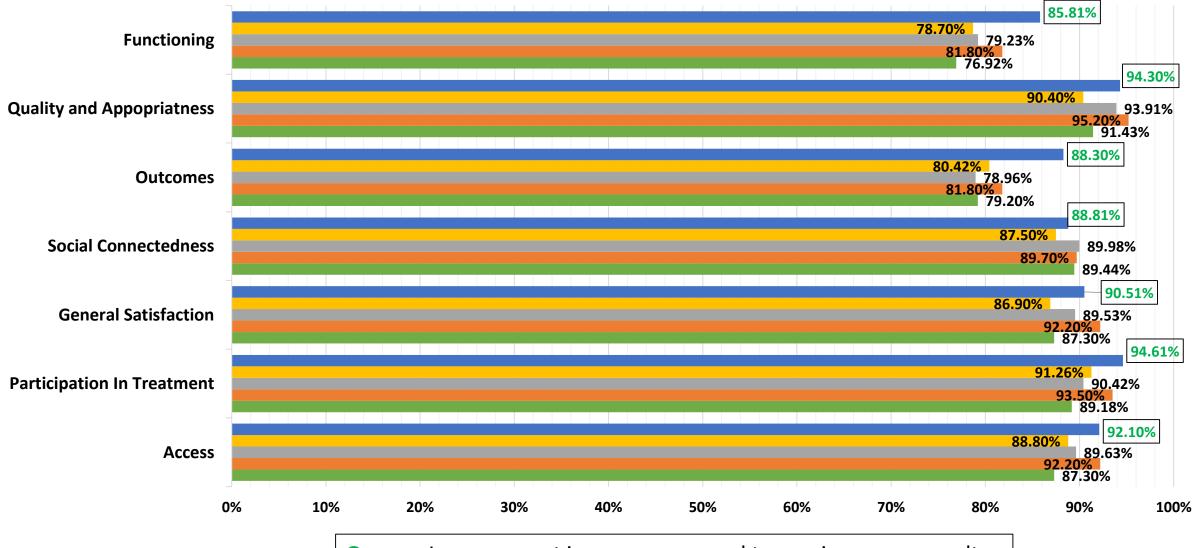
Spanish/Hispanic/Latino?

Hispanic or Latino Origin

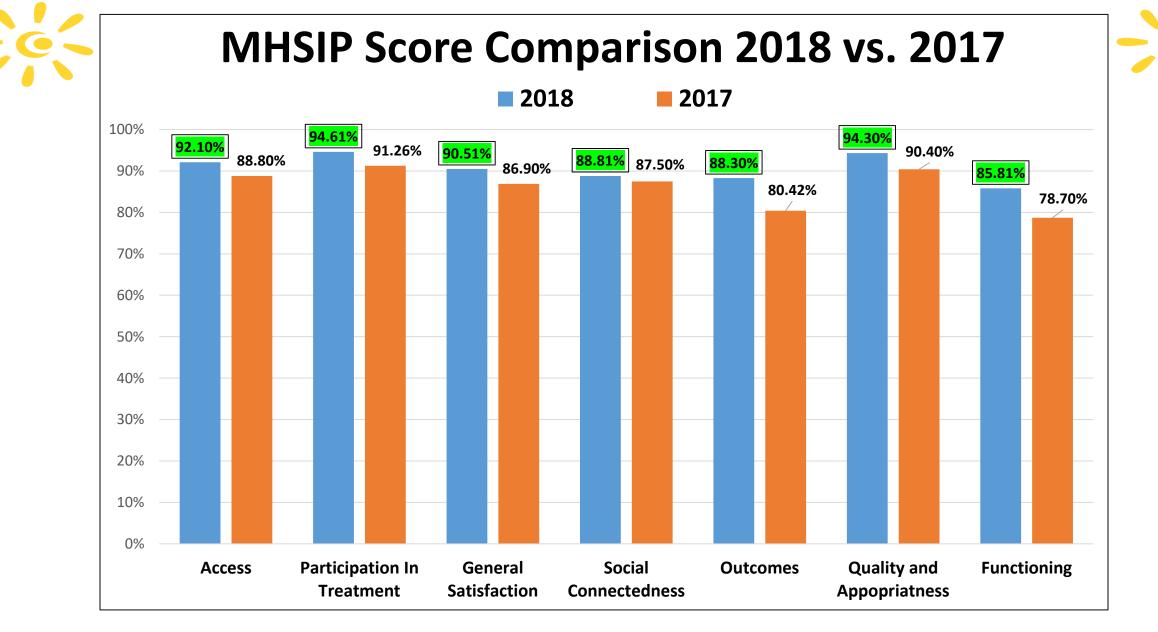
🗆 Not

MHSIP Score Comparison By Year Analysis

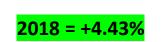
2018 2017 2016 2015 2014



Green = Improvement in score compared to previous years results



2018 Ave. Score = 90.63% 2017 Ave. Score = 86.20%



Green Highlighted Values Represent an Improvement Over the Previous Year's Results

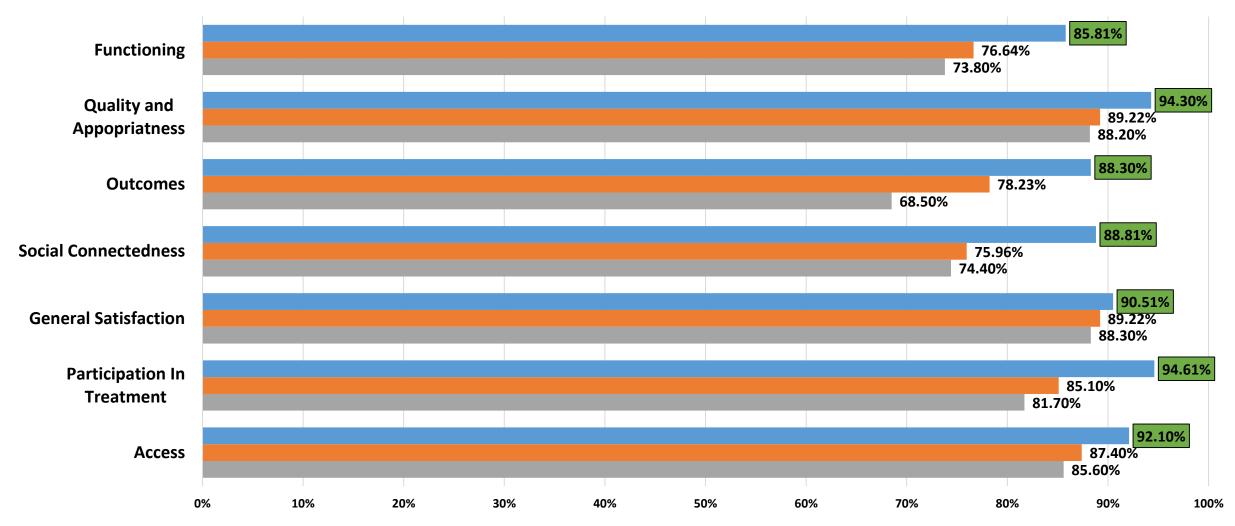


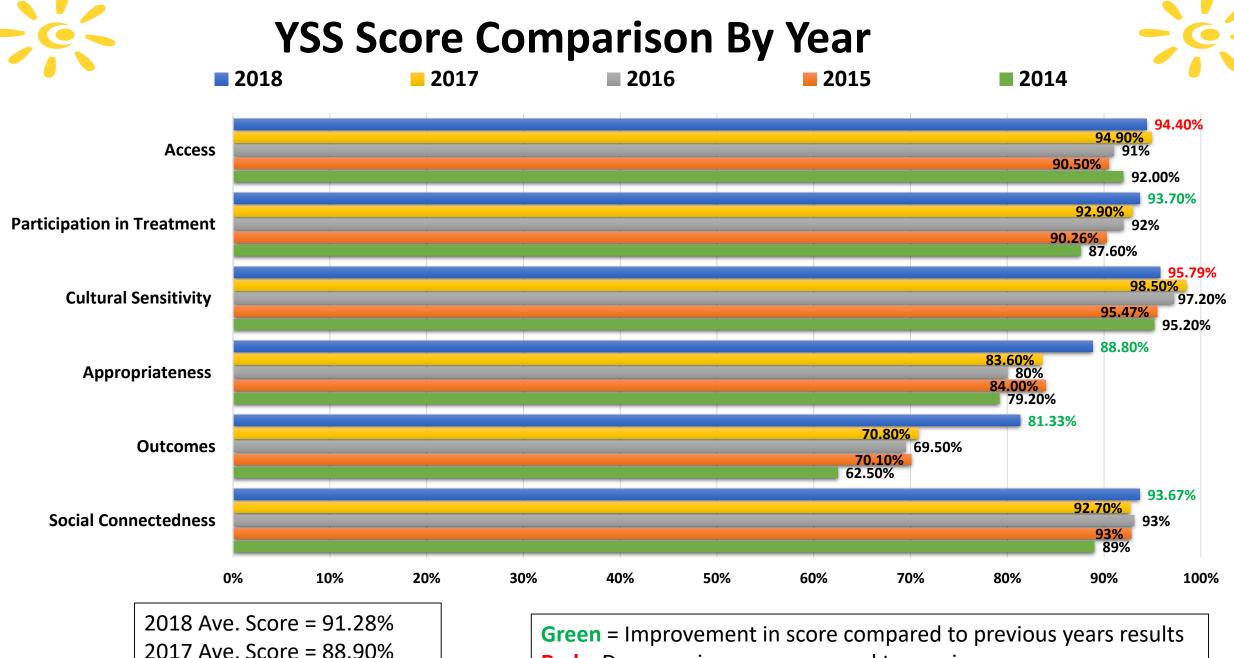
2018 MHSIP State and National Score Comparison

2018



State Ave. (2017) National Ave. (2017)





2018 = +2.38% Improvement

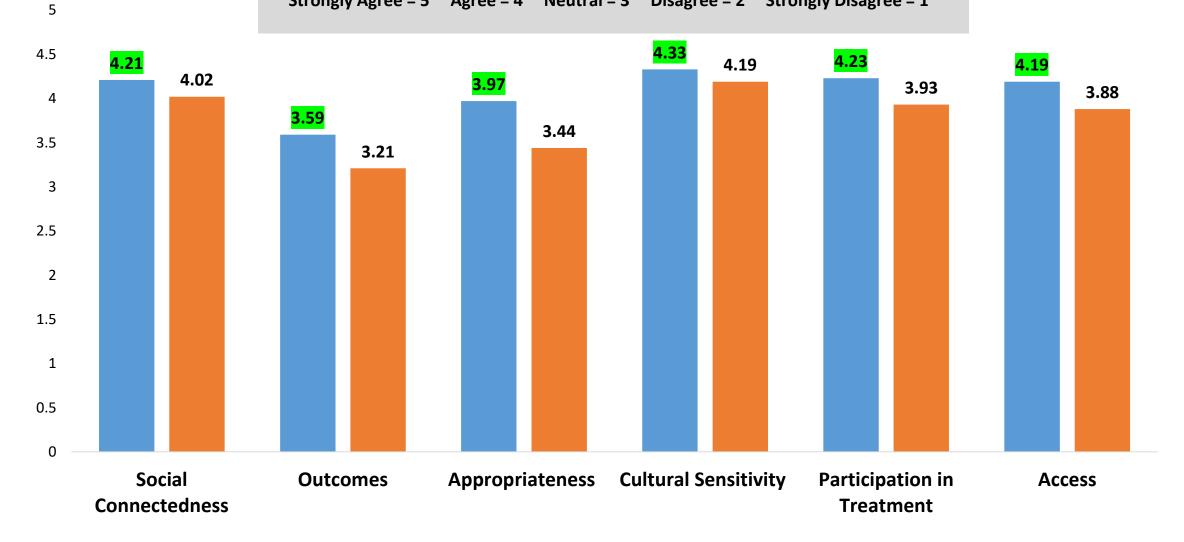
Red = Decrease in score compared to previous year.



2018 vs. 2017 YSS Mean Score By Category

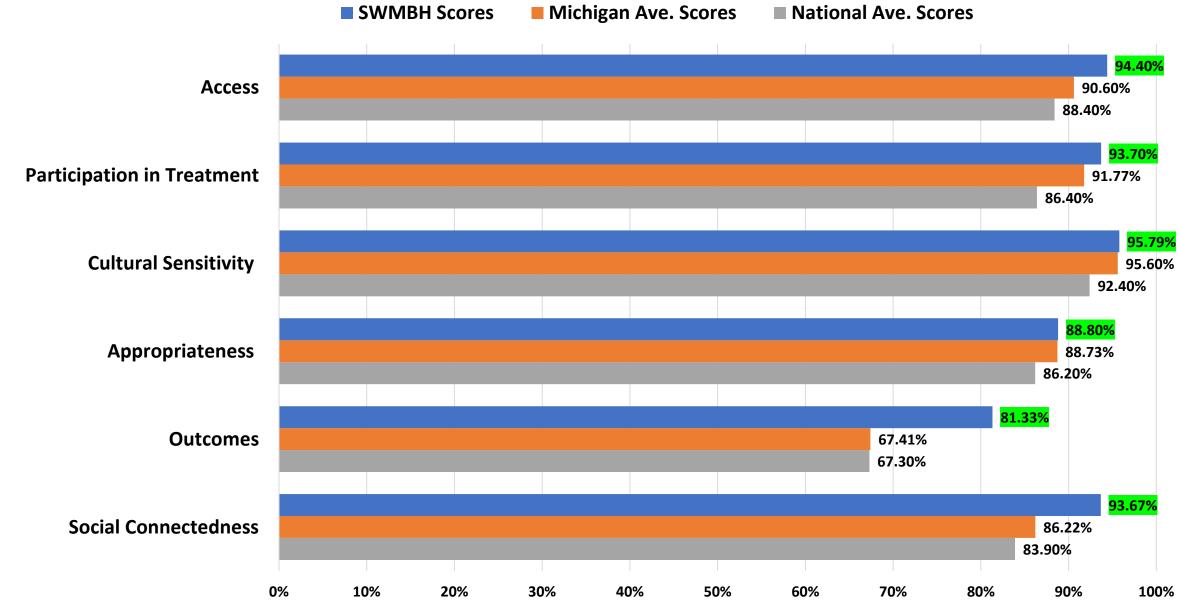
2018 2017

Strongly Agree = 5 Agree = 4 Neutral = 3 Disagree = 2 Strongly Disagree = 1





YSS State and National Score Comparison



13



How Did We Do?

MHSIP Results

□ 2018 Aggregate Score: 90.63%

□ 2017 Aggregate Score: 86.28%

□ 2018 Response Rate: 37.8%

□ 2017 Response Rate: 35.3%

+4.43% Percent Improvement over 2017 Scores

YSS Results

2018 Aggregate Score: 91.28%

2017 Aggregate Score: 88.90%

+2.38% Percent Improvement over 2017 Scores

Overall Result

+6.81% Percent Improvement





How Did Your County Do?



FY 18 MHSIP "In Agreement" Percentages by County

CMHSP	Statistic	General	Access	Quality and	Participation	Outcomes	Improved	Social	Total Ave
Participant		Satisfaction		Appropriateness	in Treatment		Functioning	Connectedness	Score All
									Categories
Barry	Percent in	87.0%	91.4%	92.9%	94.9%	85.8%	88.5%	89.8%	89.56%
	Agreement								
Berrien	Percent in	87.1%	92.8%	94.9%	93.5%	86.4%	84.3%	87.6%	89.51%
	Agreement								
Branch	Percent in	90.2%	91.7%	93.7%	90.8%	87.2%	83.9%	90.3%	89.61%
	Agreement								
Calhoun	Percent in	89.3%	88.8%	92.7%	89.3%	85.2%	82.8%	80.7%	86.97%
	Agreement								
Cass	Percent in	94.3%	93.6%	95.2%	96.2%	84.1%	85.5%	92.4%	91.61%
	Agreement								
St. Joseph	Percent in	91.2%	89.8%	92.8%	93.8%	87.1%	83.7%	88.2%	89.80%
	Agreement								
Kalamazoo	Percent in	90.3%	94.8%	95.8%	95.9%	87.6%	85.1%	90.5%	91.43%
	Agreement								
Van Buren	Percent in	90.6%	93.7%	94.6%	93.3%	86.8%	87.4%	90.4%	90.97%
	Agreement								
Total	Percent in	90.5%	92.1%	94.3%	93.6%	86.3%	85.3%	88.8%	90.56%
SWMBH	Agreement								
2018:									
Total	Percent in	86.9%	88.8%	90.4%	91.2%	80.4%	78.7%	87.5%	86.27%
SWMBH	Agreement								
2017:									
National	Percent in	88.3%	85.6%	88.2%	81.7%	68.5%	73.8%	74.4%	80.07%
Ave (2017)	Agreement								
State of MI	Percent in	89.2%	87.4%	89.2%	85.1%	78.2%	76.6%	75.9%	83.09%
Ave. (2017)	Agreement								



How Did Your County Do?



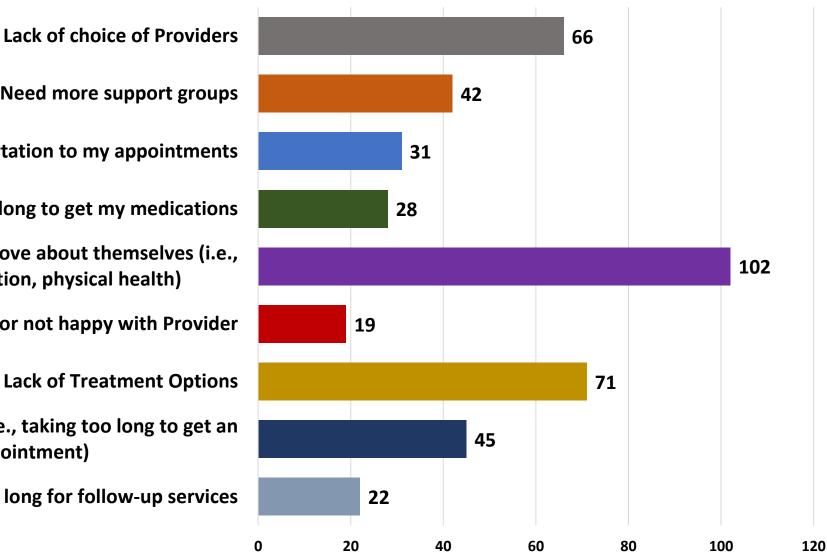
FY 18 YSS "In Agreement" Percentages by County

CMHSP	Statistic	Access	Participation	Cultural	Appropriateness	Outcomes	Social	Total Ave Score
Participant			in Treatment	Sensitivity			Connectedness	All Categories
Barry	Percent in	94.2%	92.7%	94.2%	92.9%	81.1%	95.1%	91.70%
	Agreement							
Berrien	Percent in	92.7%	95.7%	96.0%	85.6%	79.6%	94.7%	90.72%
	Agreement							
Branch	Percent in	96.6%	94.8%	98.1%	86.2%	81.3%	95.2%	92.03%
	Agreement							
Calhoun	Percent in	92.9%	94.4%	96.3%	87.7%	83.6%	94.9%	91.63%
	Agreement							
Cass	Percent in	91.4%	93.2%	96.8%	84.4%	83.2%	93.9%	90.48%
	Agreement							
St. Joseph	Percent in	94.5%	91.2%	95.5%	83.7%	77.4%	94.1%	89.40%
	Agreement							
Kalamazoo	Percent in	96.7%	95.3%	97.1%	88.9%	84.1%	95.8%	92.98%
	Agreement							
Van Buren	Percent in	95.9%	94.1%	92.3%	86.5%	83.9%	95.3%	91.33%
	Agreement							
Total	Percent in	94.4%	93.7%	95.7%	86.9%	81.77%	94.8%	91.20%
SWMBH	Agreement							
2018:								
Total	Percent in	94.9%	92.9%	98.5%	83.6%	70.8%	92.7%	88.90%
SWMBH	Agreement							
2017:								
National Ave	Percent in	88.4%	86.4%	92.4%	86.2%	67.3%	83.9%	84.10%
(2017)	Agreement							
State of MI	Percent in	90.6%	91.77%	95.6%	88.7%	67.4%	86.2%	86.71%
Ave. (2017)	Agreement							



2018 Consumer Satisfaction Consumer Feedback





Need more support groups

I don't have transportation to my appointments

It takes too long to get my medications

Things consumers want to improve about themselves (i.e., employment, living situation, physical health)

Staff Performance or not happy with Provider

Lack of Treatment Options

Scheduling Issues (i.e., taking too long to get an appointment)

Taking too long for follow-up services



2018 Customer Satisfaction Survey Analysis - Next Steps – Opportunities for Improvement



- Publish results widely (*i.e., newsletters, share with stakeholders and regional committees*)
- Develop CMHSP Specific Reports for all (8) Counties.
- Perform a Causal Analysis on Results for all (8) Counties.
- Analysis and Evaluation of Comments Received by Customers.
- Identify any Common Denominators or Patterns in Comments Received by Customers.
- Determine Course of Action to Address Customer Feedback and Concerns.
- Evaluate Improvement Strategies and Opportunities for Improvement through QM, RUM, RCP, and other Regional Committees for the 2019 Customer Satisfaction Survey Process.



MI Health Link Member Satisfaction Survey (MIHL)



MIHL Survey Information

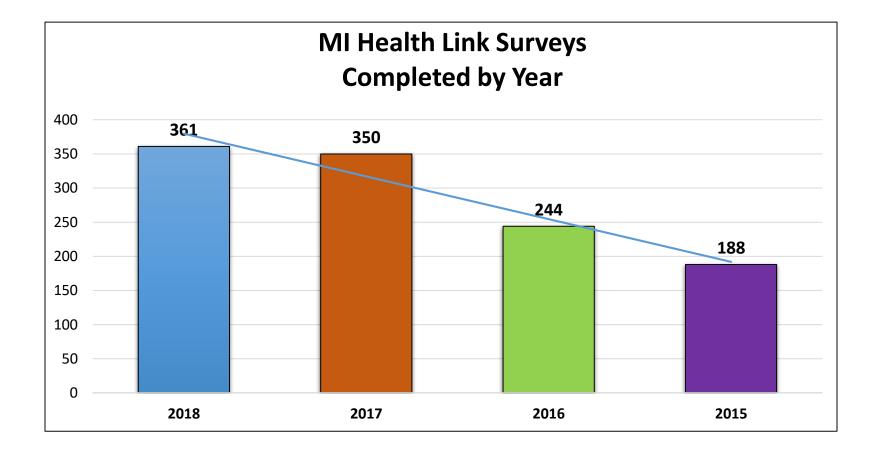


- MI Health Link is a program that joins Medicare and Medicaid benefits, rules and payments into one coordinated delivery system, which began in March 2015.
- MI Health Link health plans provide Michigan Pre-paid Inpatient Health Plans (PIHPs) payments to provide covered services.
- SWMBH:
 - Region 4 consist of Southwest Michigan: Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph and Van Buren counties.
- The MIHL survey was conducted by calling SWMBH MI Health Link consumers.
- The MIHL survey measures concerns that are important to consumers of MI Health Link Services including: Improved Functioning, Quality and Appropriateness, Outcomes, Social Connectedness, General Satisfaction, Participation in Treatment, and Access.
- Completing the survey is a core contractual deliverable to our Integrated Healthcare Partners (*Meridian Health Plan and Aetna Health Plan*)



How Many Surveys Were Completed





*841 calls made with 361 surveys completed = 42.9% response rate.

MIHL Survey Questions (44 Questions Total/3 Additional Comment Sections)



- The first 36 questions are the same as the MHSIP Survey.
- The questions shown below are additional for MI Health Link Members.

Please answer the following questions to let us know how you are doing. 37. Are you currently (still) getting mental health services from this Provider?	🗆 Yes	□ No
 38. How long have you received mental health services from this Provider? a. Less than a year (less than 12 months) (continue to Question b. 1 year or more (at least 12 months) (Skip to Question 42 on 		ļ

ADD COMMENT (VERBATIM):

A) Regarding your service experiences, has there been anything that has been particularly beneficial for you (describe in detail)?

B) Has there been anything you would like to improve?

- 42. Were you arrested during the last 12 months?
- 43. Were you arrested during the 12 months prior to that? □ Yes □ No
- 44. Over the last year, have your encounters with the police...
 - a. been reduced (for example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program)
 - b. stayed the same
 - 🗆 c. increased
 - d. not applicable (I had no police encounters this year or last year

- 39. Were you arrested since you began to receive mental health services?
 □ Yes □ No
- 40. Were you arrested during the 12 months prior to that?
- Since you began to receive mental health services, have your encounters with the police...
 - a. been reduced (for example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program)
 - □ b. stayed the same
 - □ c. increased
 - □ d. not applicable (I had no police encounters this year or last year

C) Anything else you would care to add?

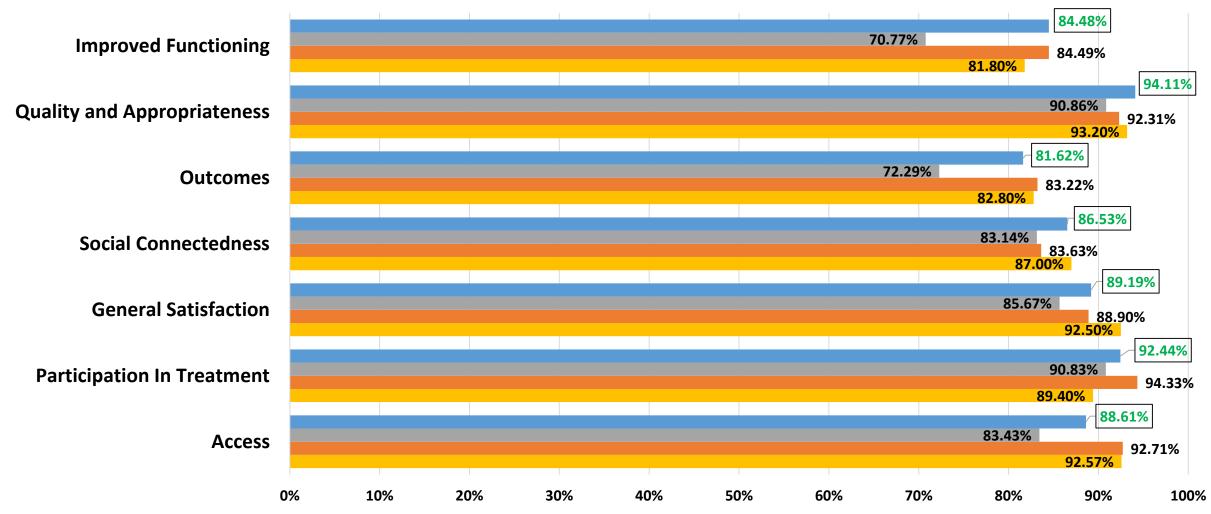


MIHL Consumer Satisfaction Survey Score

-6

Comparison By Year

2018 2017 2016 2015



Improvement over previous years scores in all (7) categories

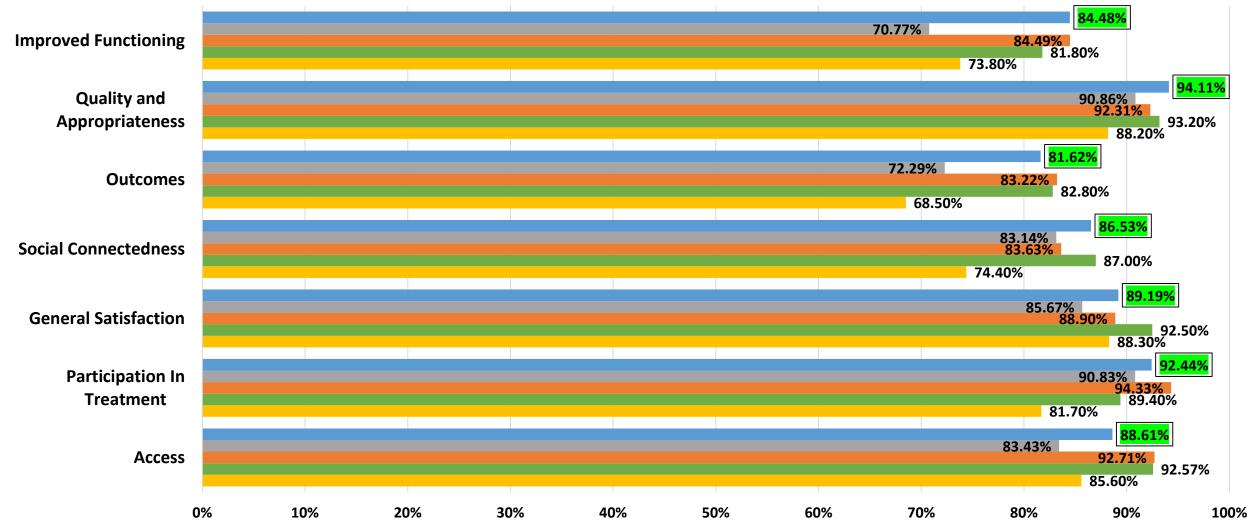


MI Health Link Consumer Satisfaction Survey



Score By Year Against National Average

■ 2018 ■ 2017 ■ 2016 ■ 2015 ■ National Avg 2017





How Did We Do?



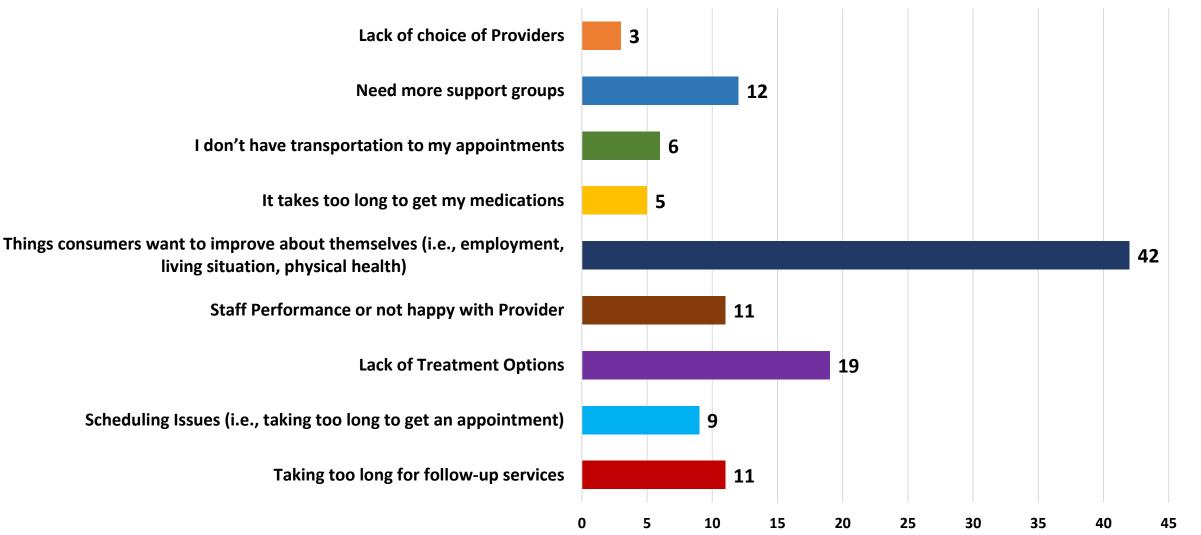
MIHL Results

2018 Aggregate Score: 88.14%
 2017 National Ave Score: 80.07%
 2017 Aggregate Score: 82.43%
 2018 Response Rate: 39.7%
 2017 Response Rate: 41.3%

+5.71% Percent Improvement over 2017 Scores+8.07% Percent Improvement Over National Ave Scores



2018 MI Health Link Consumer Satisfaction Constructive Criticism



2018 MIHL Satisfaction Survey Analysis – Next Steps – Opportunities for Improvement

Summary of Finding:

In summary, (361) valid surveys were completed and (841) total calls were made, resulting in a 42.9% response rate. This response rate is very good and attributed to the letters and advertisement efforts taken before the survey implementation. The current 2018 results are a significant improvement over the 2017 results. The percentages of 'In Agreement' ratings across domain areas are also higher this year, netting an average 'In Agreement' score of 3.98 on a 5.0 scale, in comparison to the 2017 average 'In Agreement' score of 3.44. The Quality Department will continue to evaluate consumer survey participant feedback to identify common denominators and trends associated with the 2018 survey process.

The current results tend to reflect national trends for the respective MHSIP survey tool domains, and also tend to reflect results reported by [some] states that employ credible survey methods for MHSIP URS (SAMSHA) reporting (i.e. – Oregon / Utah / Ohio / California...) which have similar evaluation and validation processes as Southwest Michigan Behavioral Health.

Speculatively, one hypothesis is that current performance differences may be related to sample variation – (though there are many potential factors that could come into play). With this, it may be interesting to compare the proportion of CMH-served vs Non-CMH served cases across specified survey time periods. Other factors that may have attributed to the improved survey scores may include: timing of study (i.e., the survey started earlier this year and avoided key Holiday times of Thanksgiving and Christmas); data collection processes; or new research crews hired by the new contracted survey vender we used to conduct this years survey.

Improvement Measures:

During the 2018 survey process and evaluation, it was identified that increased vender oversight and monitoring needed to occur. In 2017 it was found that some surveyors were inconsistent using scripts and identified themselves incorrectly to consumers. This caused some confusion for the consumers and understanding the significant of their participation in the survey. Due to this finding, SWMBH sent out letters to all potential members who may be selected to receive a survey call. The letter informed the consumer of the purpose of the survey and how their responses will be used to improve programs and services. Additionally, SWMBH Management made (2) random visits to the vender/survey location to observe consistency in scripts and survey protocol was being followed correctly. It was found that the 4 surveyors evaluated were using the appropriate scripts and techniques they had been educated on.

Next Steps:

Consumer feedback will be evaluated to identify potential trends and common denominators. Identified/realized trends will be acted on by internal SWMBH workgroups and Regional Committees (i.e. Quality Management Committee, Regional Utilization Management Committee and Consumer Advisory Committee) to improve processes, interventions and overall consumer outcomes.



2018

Recovery Self-Assessment– Person in Recovery Survey (RSA-r)



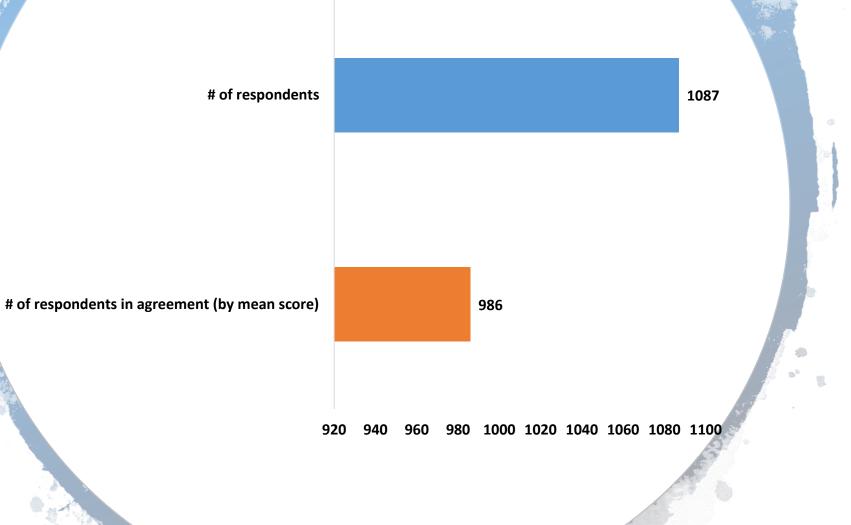
Recovery Self Assessment (RSA-r) Survey Information



- The Recovery Self-Assessment Person in Recovery Survey (RSA-r) is:
 - A 33 question tool
 - Designed to gauge the degree to which programs implement recovery oriented practices
 - A reflective tool designed to identify strengths and target areas of improvement, geared toward improving consumer outcomes and treatment modalities
- Consumers of substance abuse services complete the surveys, which were administered through their provider.
- The survey's administration period was from: 9/24/2018 to 11/2/2018.



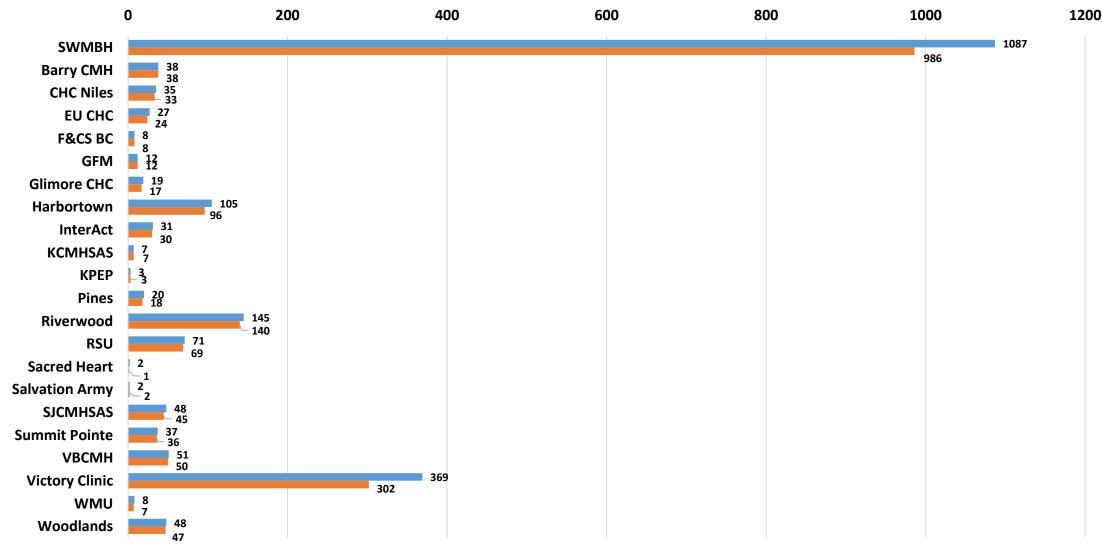
Total Number of RSA-r Respondents & Agreement





Number of Surveys Completed by Provider





of respondents in agreement (by mean score)



Questions asked on the RSA-r (33 Questions Total)

Code:____



County/Provider:

RSA-R 2018 Person in Recovery Version

Please circle the number below which reflects how accurately the following statements describe the activities, values, policies, and practices of this program.

l Strongly Disagree	2	3	4		:St	rong	5 gly A	Agre	2	
N/A= Not Applicable D/K= Don't Know										
1. Staff welcome me and help me feel comfo	rtable in this prog	ram.		1	2	3	4	5	N/A	D/K
The physical space of this program (e.g., the inviting and dignified.	he lobby, waiting	rooms, etc.) feels		1	2	3	4	5	N/A	D/K
Staff encourage me to have hope and high recovery.	expectations for a	myself and my		1	2	3	4	5	N/A	D/K
4. I can change my clinician or case manager	if I want to.			1	2	3	4	5	N/A	D/K
5. I can easily access my treatment records if	I want to.			1	2	3	4	5	N/A	D/K
Staff do not use threats, bribes, or other for they want.	rms of pressure to	get me to do what		1	2	3	4	5	N/A	D/K
7. Staff believe that I can recover.				1	2	3	4	5	N/A	D/K
8. Staff believe that I have the ability to man	age my own symp	toms.		1	2	3	4	5	N/A	D/K
9. Staff believe that I can make my own life of where to live, when to work, whom to be frie		things such as		1	2	3	4	5	N/A	D/K
10. Staff listen to me and respect my decision	15 about my treatn	nent and care.		1	2	3	4	5	N/A	D/K
 Staff regularly ask me about my interests the community. 	and the things I v	vould like to do in		1	2	3	4	5	N/A	D/K
12. Staff encourage me to take risks and try n	iew things.			1	2	3	4	5	N/A	D/K
 This program offers specific services that experiences. 	fit my unique cul	ture and life		1	2	3	4	5	N/A	D/K
 I am given opportunities to discuss my sp wish. 	iritual needs and	interests when I		1	2	3	4	5	N/A	D/K
15. I am given opportunities to discuss my se	xual needs and in	terests when I wish.		1	2	3	4	5	N/A	D/K
 Staff help me to develop and plan for life staying stable (e.g., employment, education, p family and friends, hobbies). 				1	2	3	4	5	N/A	D/K
17. Staff help me to find jobs.				1	2	3	4	5	N/A	D/K
 Staff help me to get involved in non-men such as church groups, adult education, sport 		on related activities,		1	2	3	4	5	N/A	D/K
 Staff help me to include people who are i recovery/treatment planning (such as family, 				1	2	3	4	5	N/A	D/K
20. Staff introduce me to people in recovery mentors.	who can serve as :	role models or		1	2	3	4	5	N/A	D/K

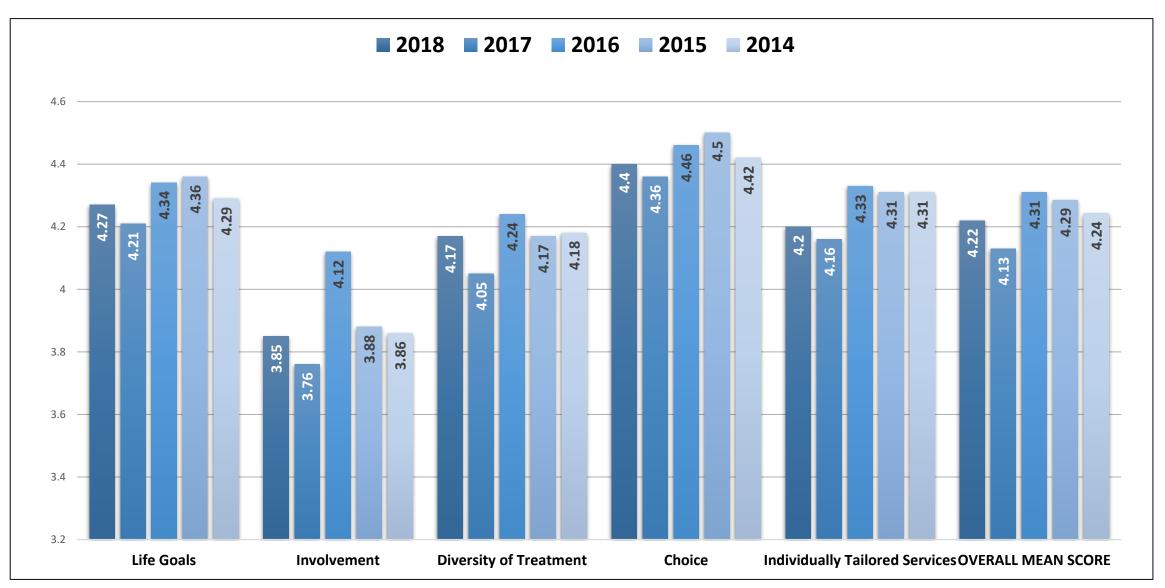
 Staff offer to help me connect with self-help, peer support, or consumer advocacy groups and programs. 	1	2	3	4	5	N/A	D/K
 Staff help me to find ways to give back to my community, (i.e., volunteering, community services, neighborhood watch/cleanup). 	1	2	3	4	5	N/A	D/K
 I am encouraged to help staff with the development of new groups, programs, or services. 	1	2	3	4	5	N/A	D/K
 I am encouraged to be involved in the evaluation of this program's services and service providers. 	1	2	3	4	5	N/A	D/K
 I am encouraged to attend agency advisory boards and/or management meetings if I want. 	1	2	3	4	5	N/A	D/K
26. Staff talk with me about what it would take to complete or exit this program.	1	2	3	4	5	N/A	D/K
27. Staff help me keep track of the progress I am making towards my personal goals.	1	2	3	4	5	N/A	D/K
28. Staff work hard to help me fulfill my personal goals.	1	2	3	4	5	N/A	D/K
 I am/can be involved with staff trainings and education programs at this agency. 	1	2	3	4	5	N/A	D/K
30. Staff listen, and respond, to my cultural experiences, interests, and concerns.	1	2	3	4	5	N/A	D/K
 Staff are knowledgeable about special interest groups and activities in the community. 	1	2	3	4	5	N/A	D/K
32. Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests.	1	2	3	4	5	N/A	D/K
33. Staff and agency help me to access services on a timely basis.	1	2	3	4	5	N/A	D/K

Code:



RSA-r 2018 - 2014 Score Comparison Analysis

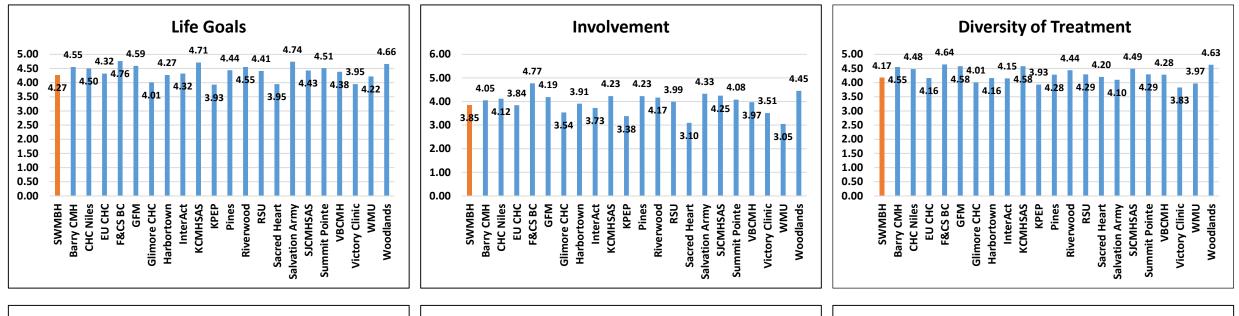


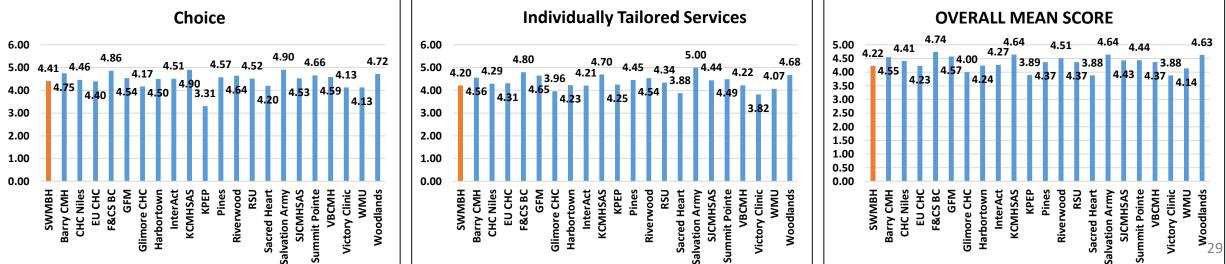




Recovery Self Assessment Survey (RSA-r) Scores by Provider and Category





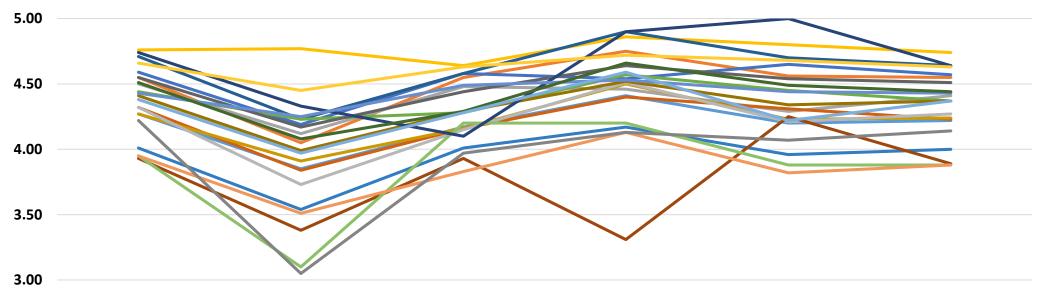




Recovery Self Assessment Survey (RSA-r)



Mean Response by Provider



2.50 Life Goals Involvement **Diversity of Treatment** Choice Individually Tailored **OVERALL MEAN SCORE** Services ----SWMBH Barry CMH -CHC Niles EU CHC F&CS BC — GFM -Glimore CHC Harbortown —КРЕР — Pines -InterAct -----Riverwood -----RSU Sacred Heart -----Salvation Army -----SJCMHSAS -Summit Pointe -VBCMH -Victory Clinic Woodlands —____WMU



How Did We Do?

RSA-r Results Year Comparison

□ 2018 Overall Mean Score: 4.22

(+0.09 Percent increase from 2017)

2017 Overall Mean Score: 4.13

2016 Overall Mean Score: 4.31

2015 Overall Mean Score: 4.29

2014 Overall Mean Score: 4.24

Factor	5 Year Average Mean Score
Life Goals (Q3,Q7,Q8,Q9,Q12,Q16,Q17,Q18,Q28,Q31,Q32)	4.29
Involvement (Q22,Q23,Q24,Q25,Q29)	3.89
Diversity of Treatment (Q14,Q15,Q20,Q21,Q26)	4.16
Choice (Q10, Q27, Q4, Q5, Q6)	4.43
Individually Tailored Services (Q11,Q13,Q19,Q30)	4.26



2018 Recovery Self Assessment Survey (RSA-r) Analysis – Next Steps – Opportunities for Improvement

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Summary of Finding:

The 2018 RSA-r survey administration period was from: 9/24/2018 to 11/2/2018.

For the 2018 process; SWMBH received total (1087) surveys back, which was an decrease from the 2017 response of (1140) total surveys returned. (22) Different provider organizations participated in the 2018 survey process, which was eight more than the 2017 participation; (16) provider organizations participated. SWMBH's analysis of the overall mean score, represented a +0.09 increase in comparison to 2017 scores.

Improvement Measures:

The data entry process is manual and takes significant time to enter all provider organization results. Furthermore, when completing the surveys sometimes members would circle more than one response. In this instance, the lower score was entered when compiling the data. Also the back of the surveys were not always filled out due to members not knowing that there were additional questions on the other side of the survey. These are all areas of improvement for the survey next year.

Next Steps:

The QAPI Department is exploring ways to automate the data entry system, to save employee time and speed up the results/analysis process. The QMC will be discussing possible methods of improving this process in 2019. The QMC will also explore ways to improve scores in the Involvement category, which has been the Regions lowest score since 2015. Lastly, the QMC will assess ways to improve the survey process to ensure each survey is completed to its entirety and further to identify strategies to ensure each consumer is only marking one answer per question.

Questions?

