



2021 Customer Satisfaction Survey Analysis

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Prepared for:
**Southwest Michigan
Behavioral Health**

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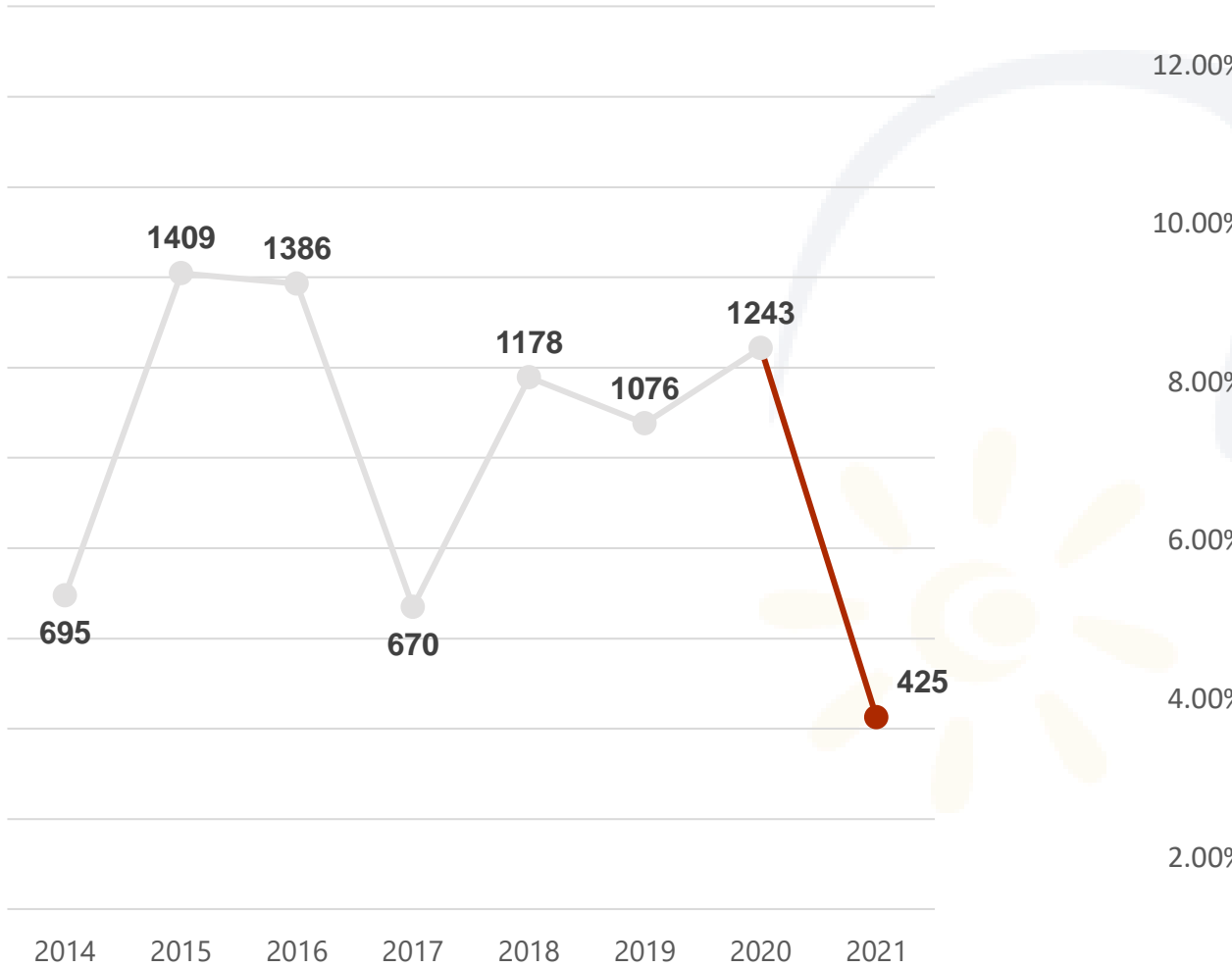


Response Rate Woes

Response rates for the MHSIP reached a critical low in 2021

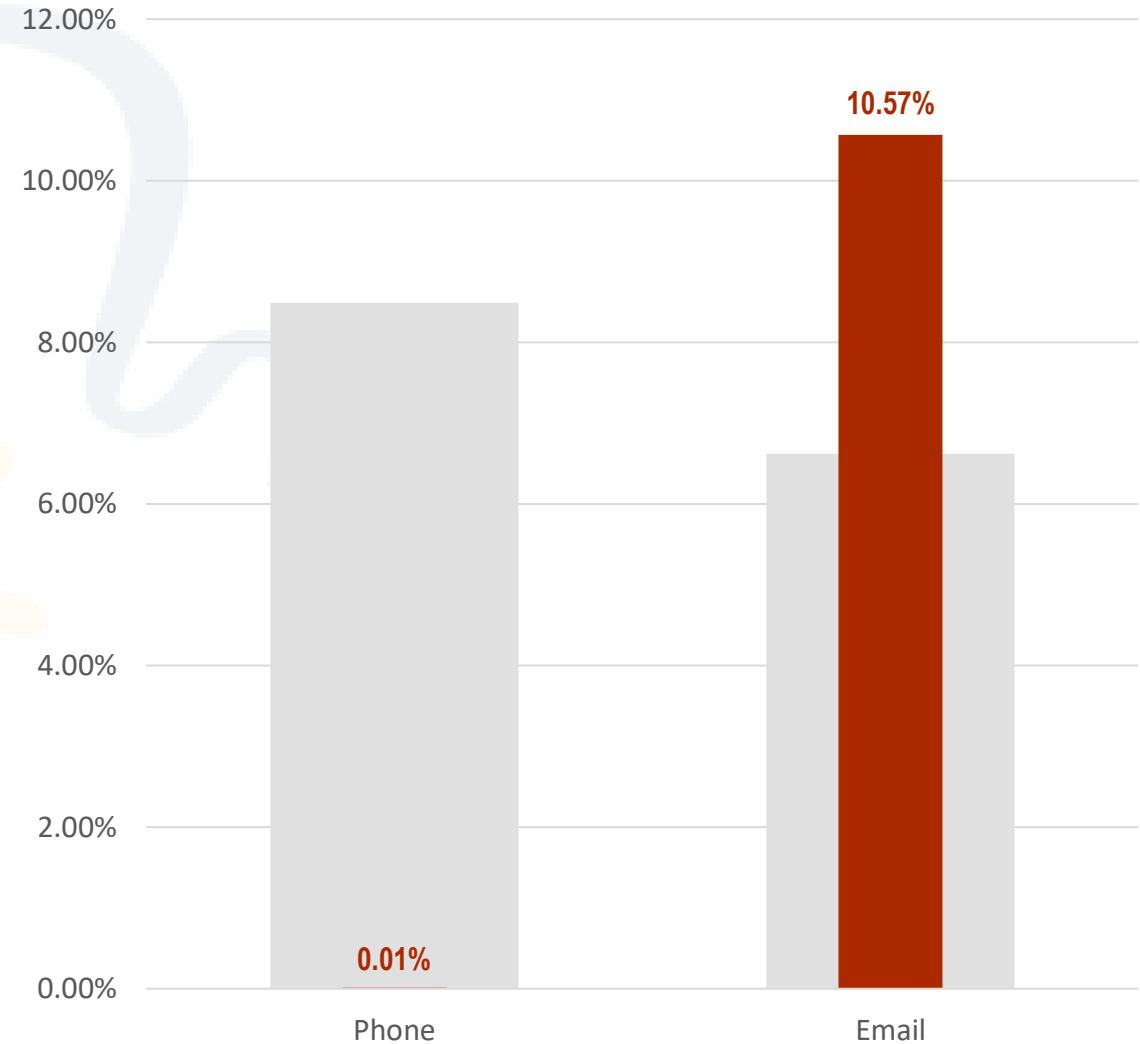
Email response rate shot up while phone response rate cratered

MHSIP # of responses, 2014-2021



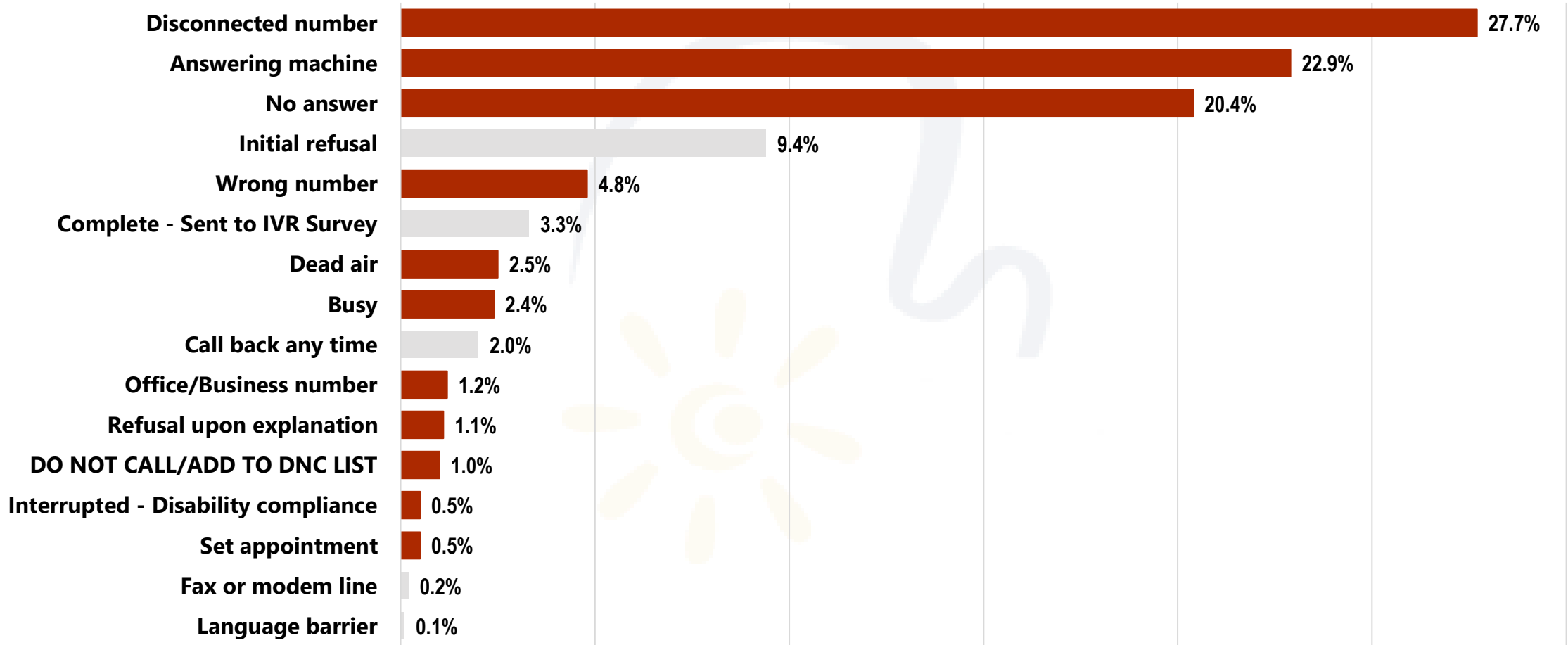
MHSIP response rate by medium

2020 vs. 2021

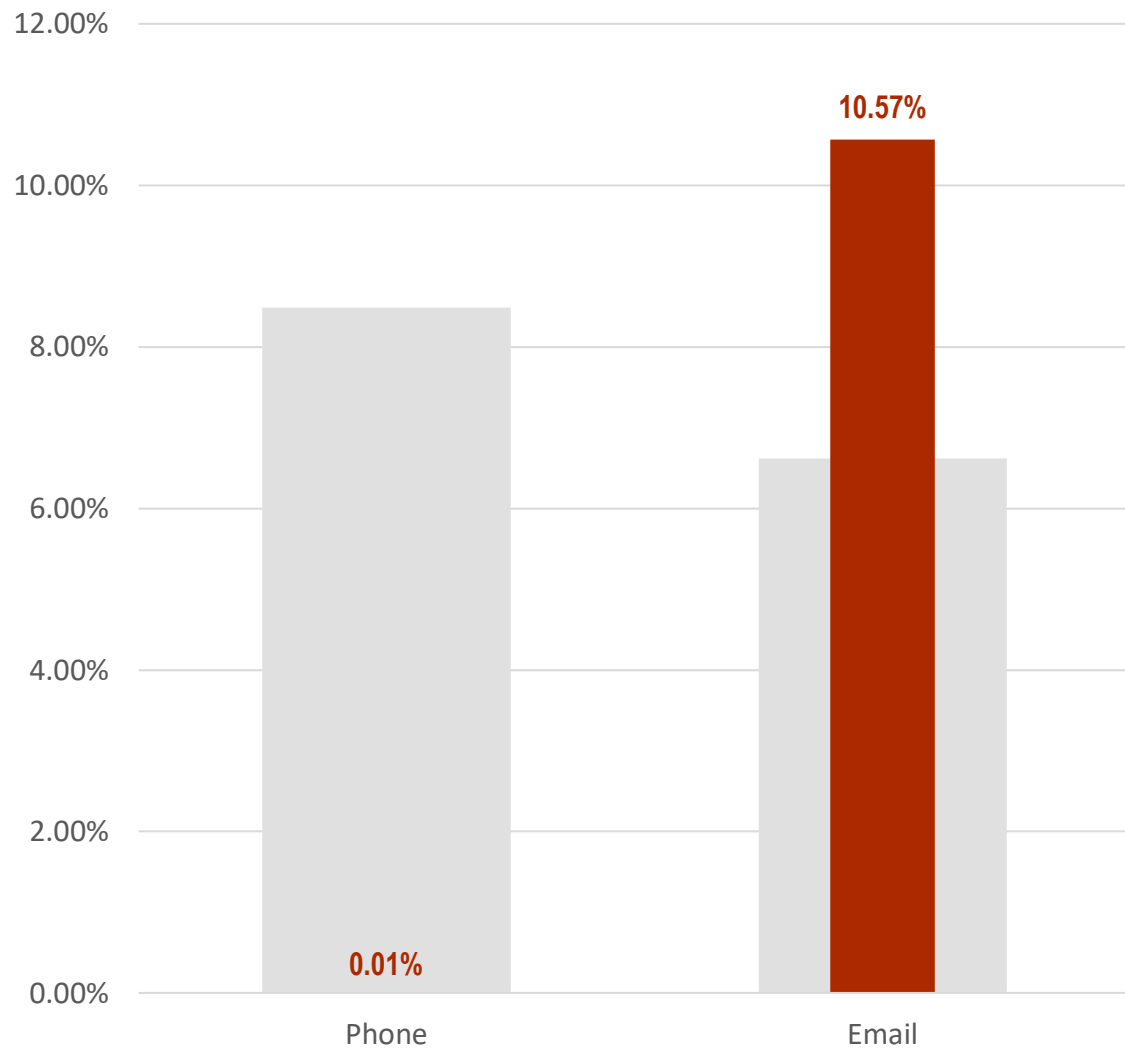


82.2% of MHSIP phone attempts did not result in talking to desired contact

Disconnected phone numbers a large issue as well as ignored calls. Represents around 14,500 attempts (~1 per contact).



MHSIP response rate by medium 2021 vs. 2021



SWMBH needs to strongly consider a transition to **email** or **text message** for future surveys

Either of these options will require a **systematic change** in how contact information is collected at intake.

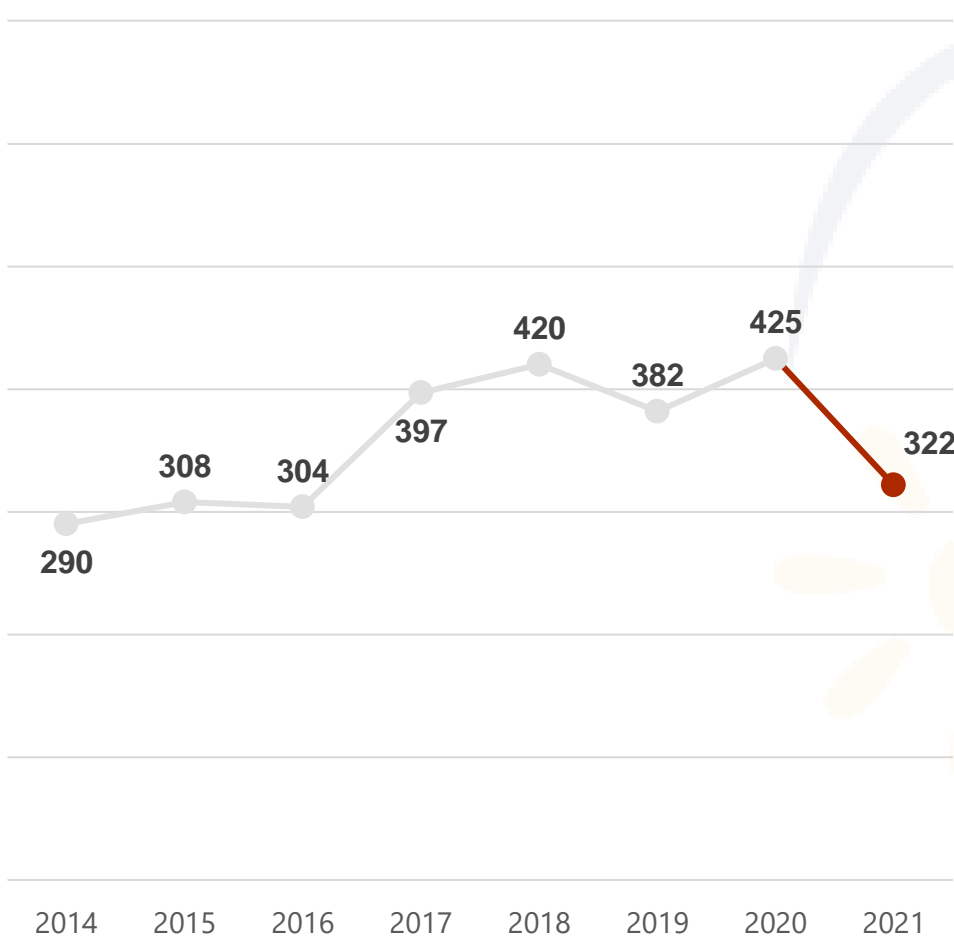
If we had emails for the ~14,000 that we had to phone, it would have resulted in an **extra 1,480 responses** for the MHSIP alone (at the 10.57% response rate).



Response rates for the YSS also declined in 2021

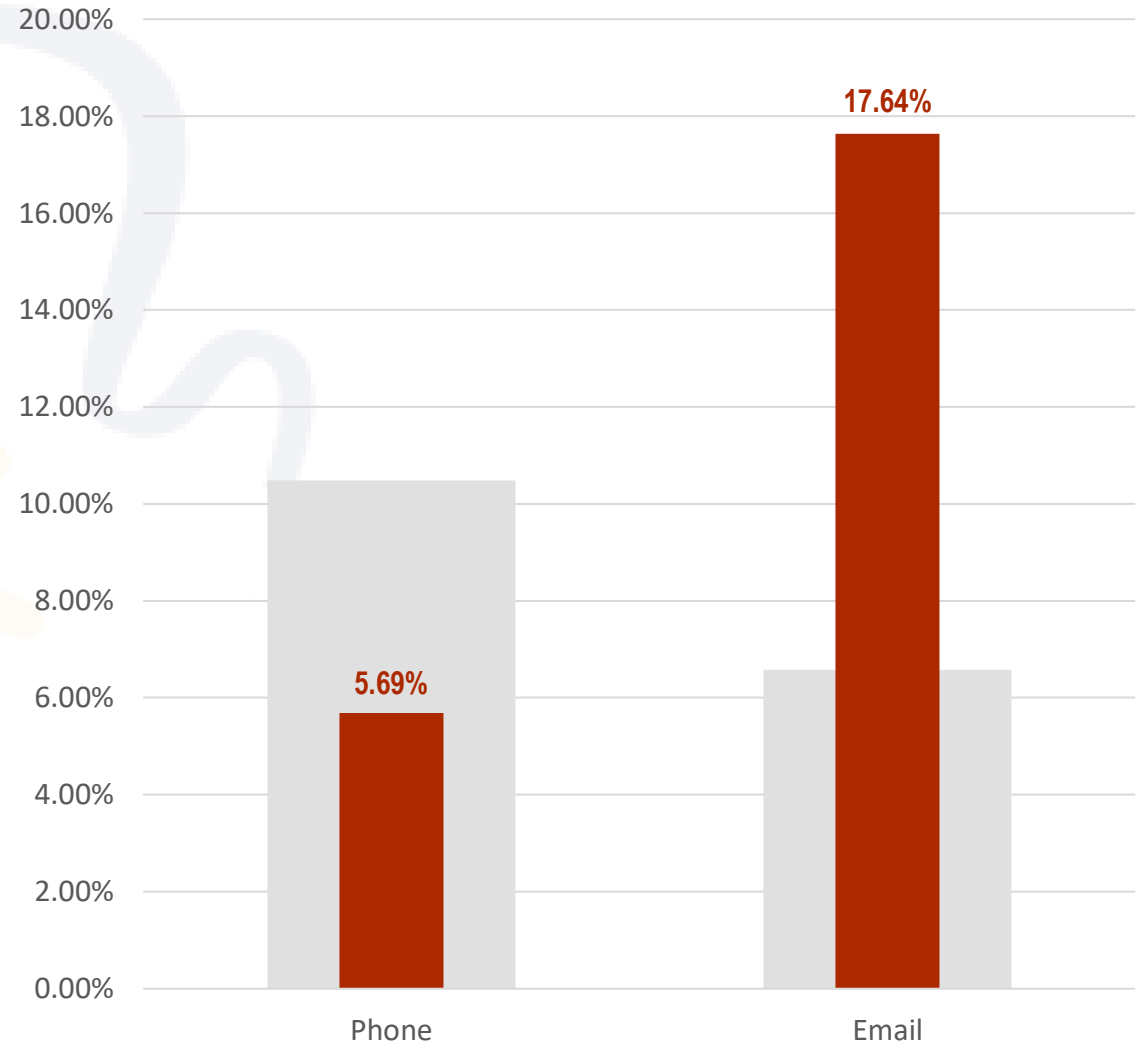
Email response rate shot up while phone response rate declined

YSS # of responses, 2014-2021



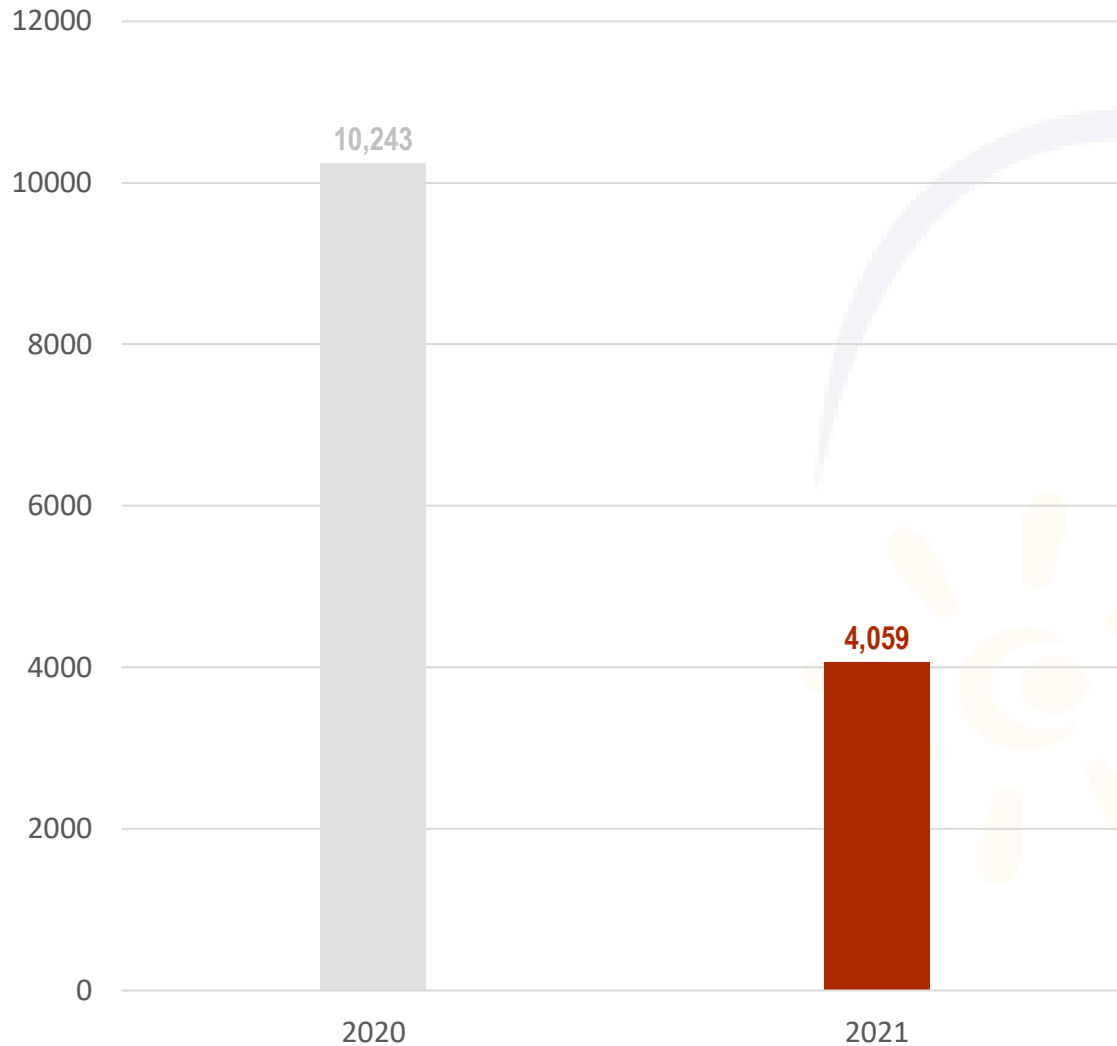
YSS response rate by medium

2021 vs. 2021



Far fewer emails on the contact list in 2021 compared to 2020

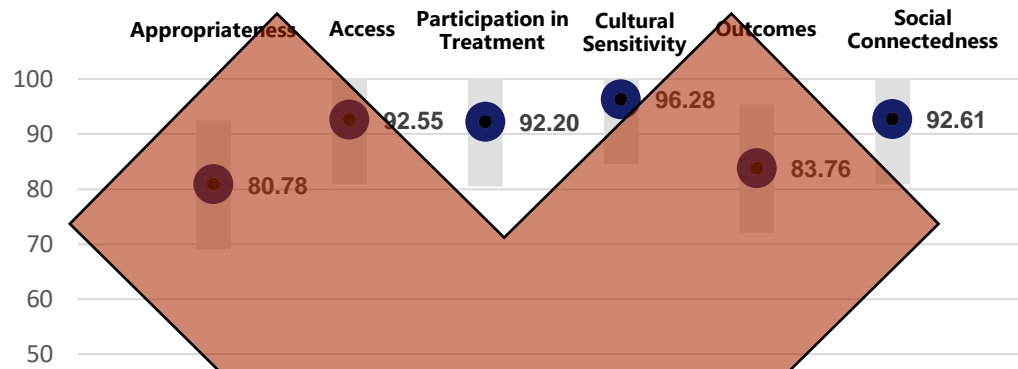
Numbers below feature emails provided for both MHSIP and YSS contacts



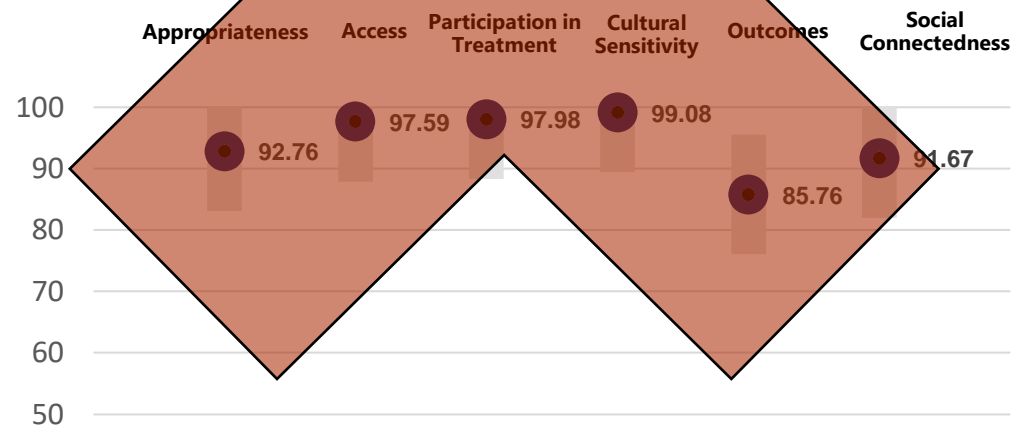
Overall, last year we had over double the emails to contact compared to this year.

Was there something different about how consumers' contact information was mined in 2021 that led to far fewer emails being accessible for survey distribution?

Barry: 2020 YSS scores by construct



Kalamazoo: 2020 YSS scores by construct



As a result of low response rates, we are unable to disaggregate the survey results by county like we were able to for 2020. The margins of error are too large to provide meaningful interpretation.

A statistical analysis (Kruskal-Wallis test) showed that there were not significant differences between the counties.

In other words, the overall findings are generalizable to the individual counties with few exceptions in this year's data.



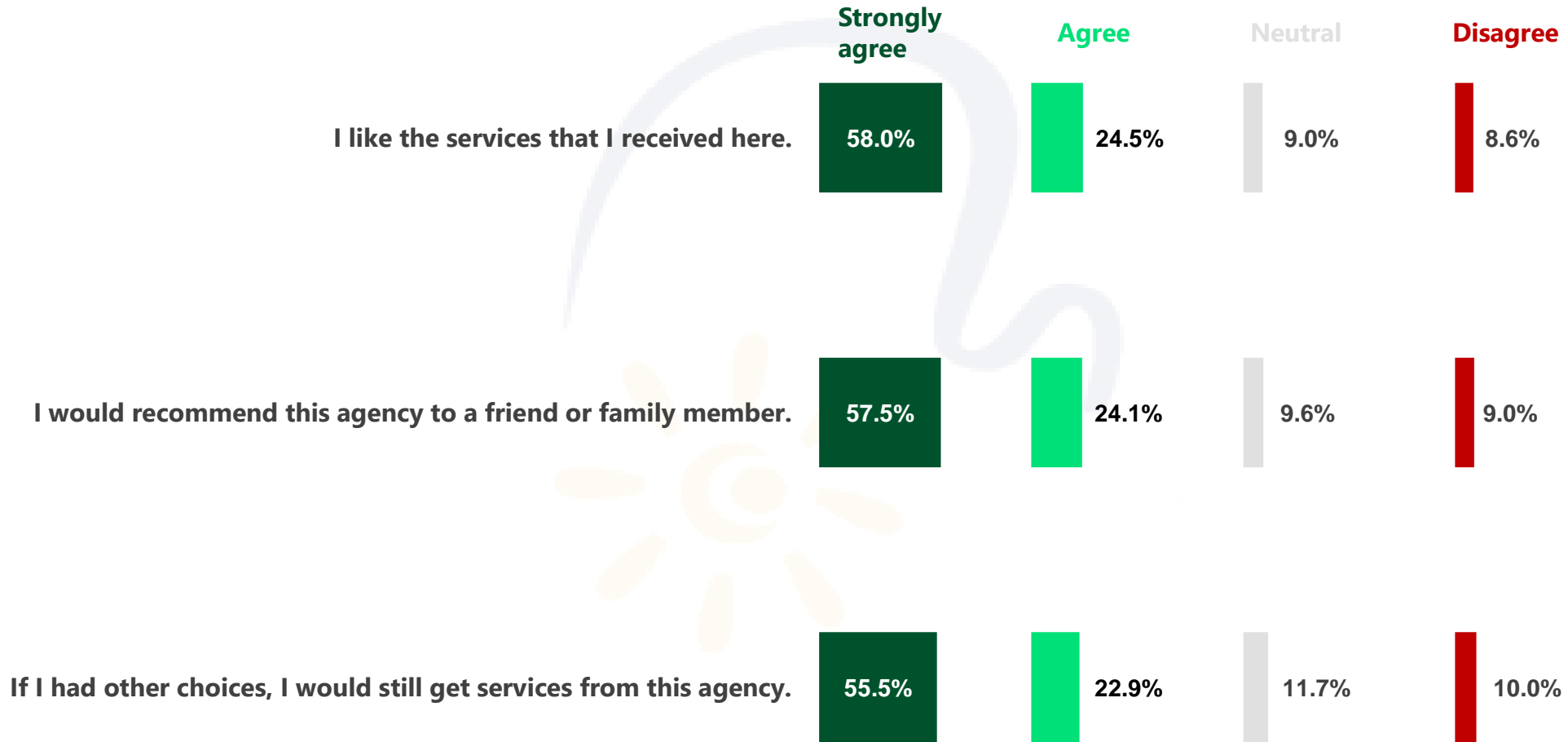
Mental Health Statistics Improvement Plan (MHSIP) 2021

Sample size: 425



General CMHSP satisfaction was consistent across all items

And positive – a majority of MHSIP respondents **strongly agreed** with each item measuring satisfaction



General CMHSP satisfaction **dropped marginally** in 2021

Percentage in agreement for the Satisfaction construct (Q1-Q3) of the MHSIP



Consumers had life-changing accounts of benefit from their CMHSPs

“Like a **home**, love the therapists.”

“Ever since I started seeing my doctor, **my life has changed in so many ways**. She was the first doctor to diagnose my illness and get me on the right medication so I could manage my life. All the other doctors I had seen before her were just experimenting, not finding and helping my diagnosis. She's also helped me to manage and deal with life - stand on my own 2 feet. **I don't know what I would do without her.**”

“I've made the most progress that I've ever made in my entire life.”

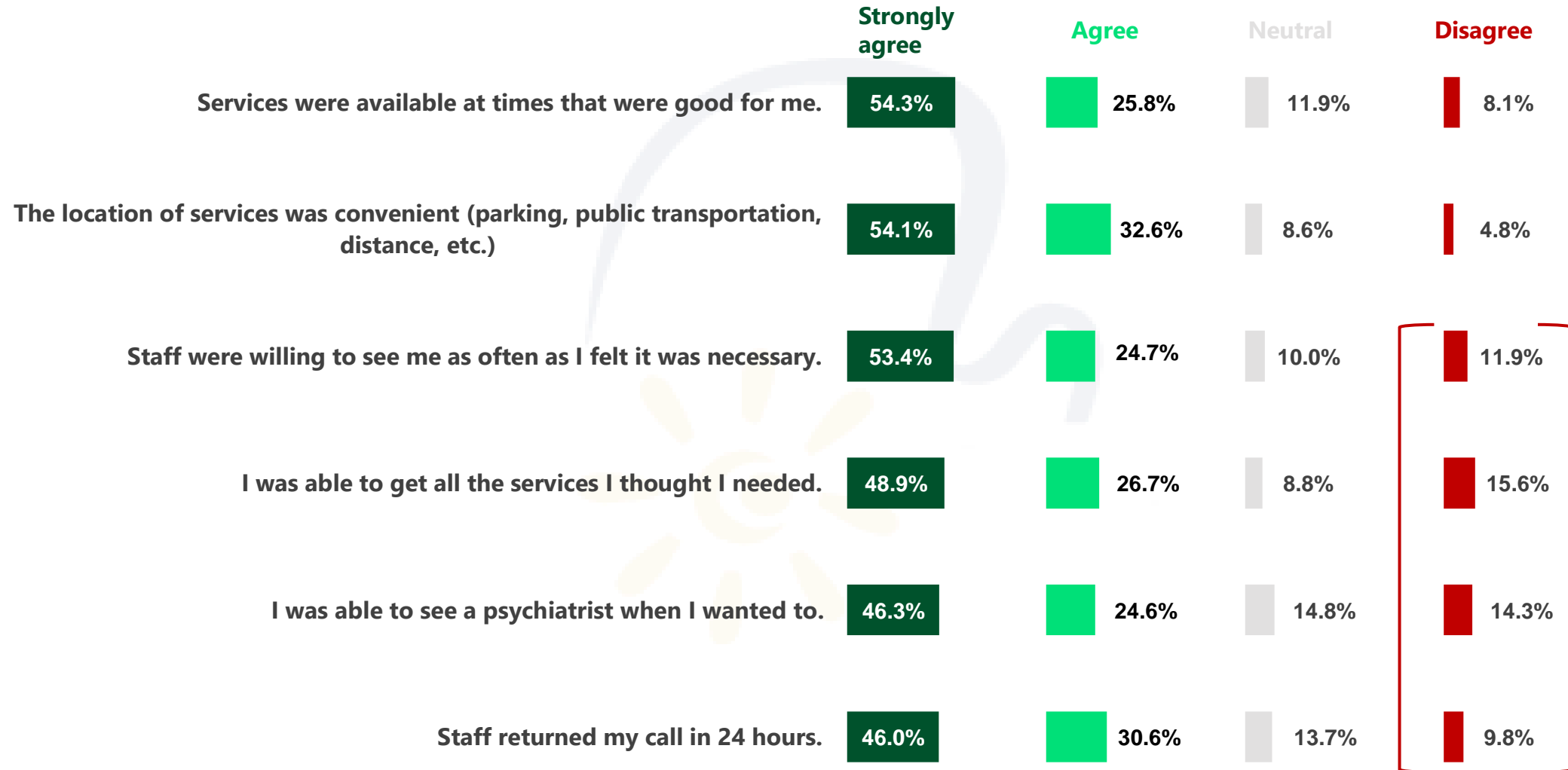
“**Virtual** meetings and support groups have been very beneficial for my situation. especially because **I don't drive.**”

“Yes, my counselor has helped me a lot in **looking at things different**, and I do **feel better about myself.**”



Consumer access to staff was a detractor for access ratings

Items related to accessibility of staff received the highest **disagreement** ratings for the MHSIP – this was also true in 2020



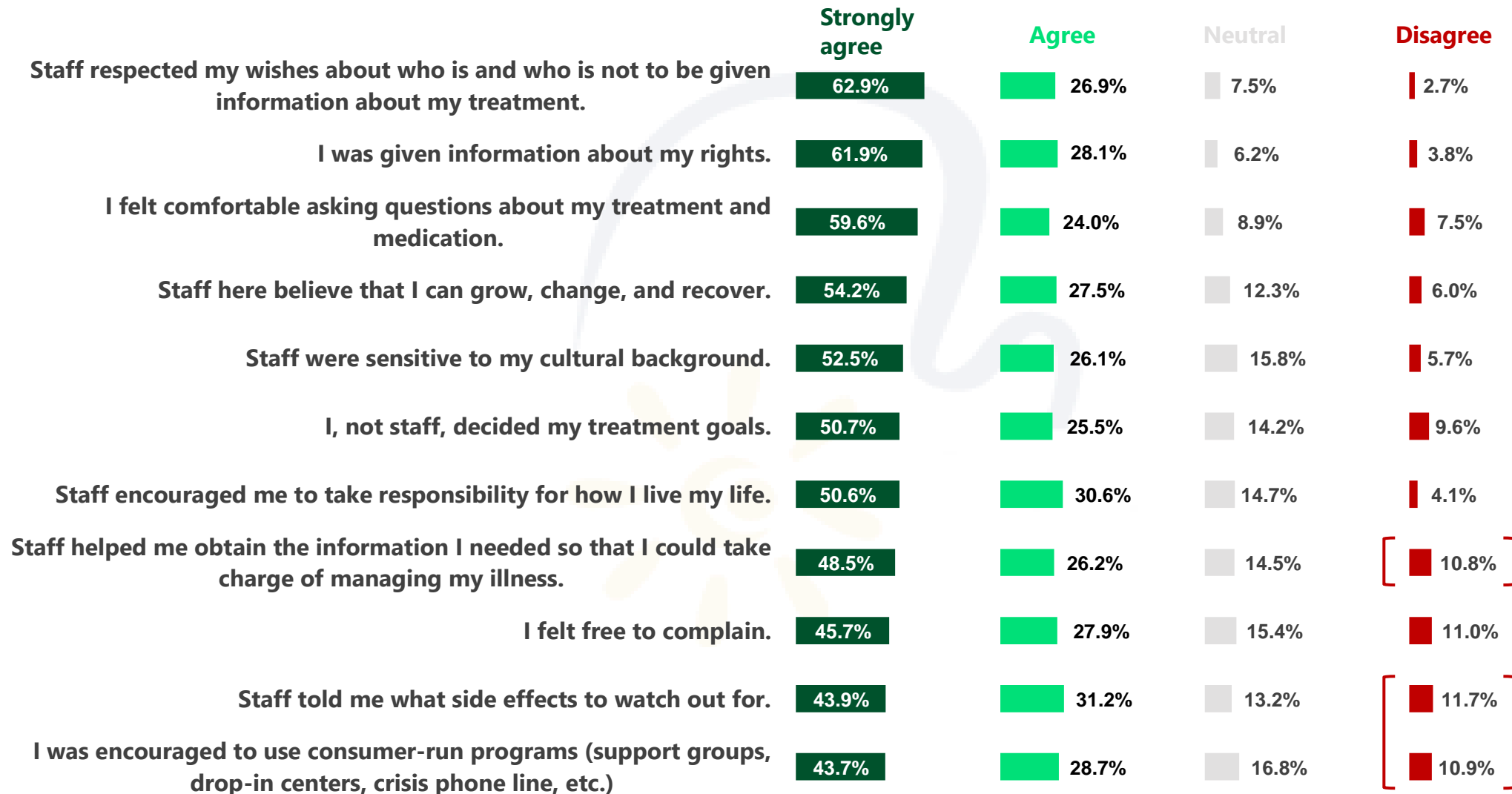
Consumer access to services was **unchanged** in 2021

Percentage in agreement for the Access construct (Q4-Q9) of the MHSIP



Staff not providing information biggest detractor for quality/appropriateness

3 of the highest 4 **disagree** percentages were related to staff giving consumers information



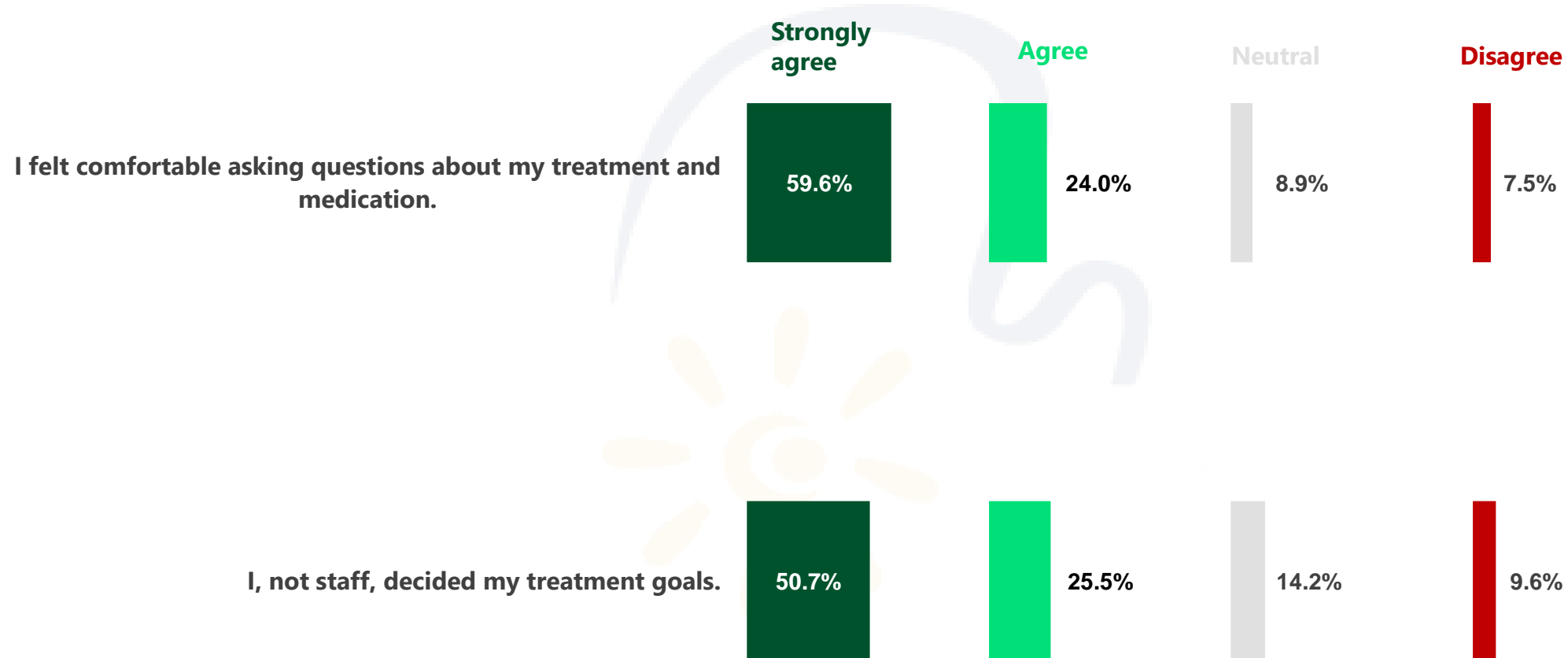
Quality/appropriateness of services was **similar** in 2021

Percentage in agreement for the Quality/Appropriateness construct (Q10-Q20) of the MHSIP



Consumers stated strong participation in treatment

MHSIP items showed consistently low **disagreement** ratings, signaling generally strong participation



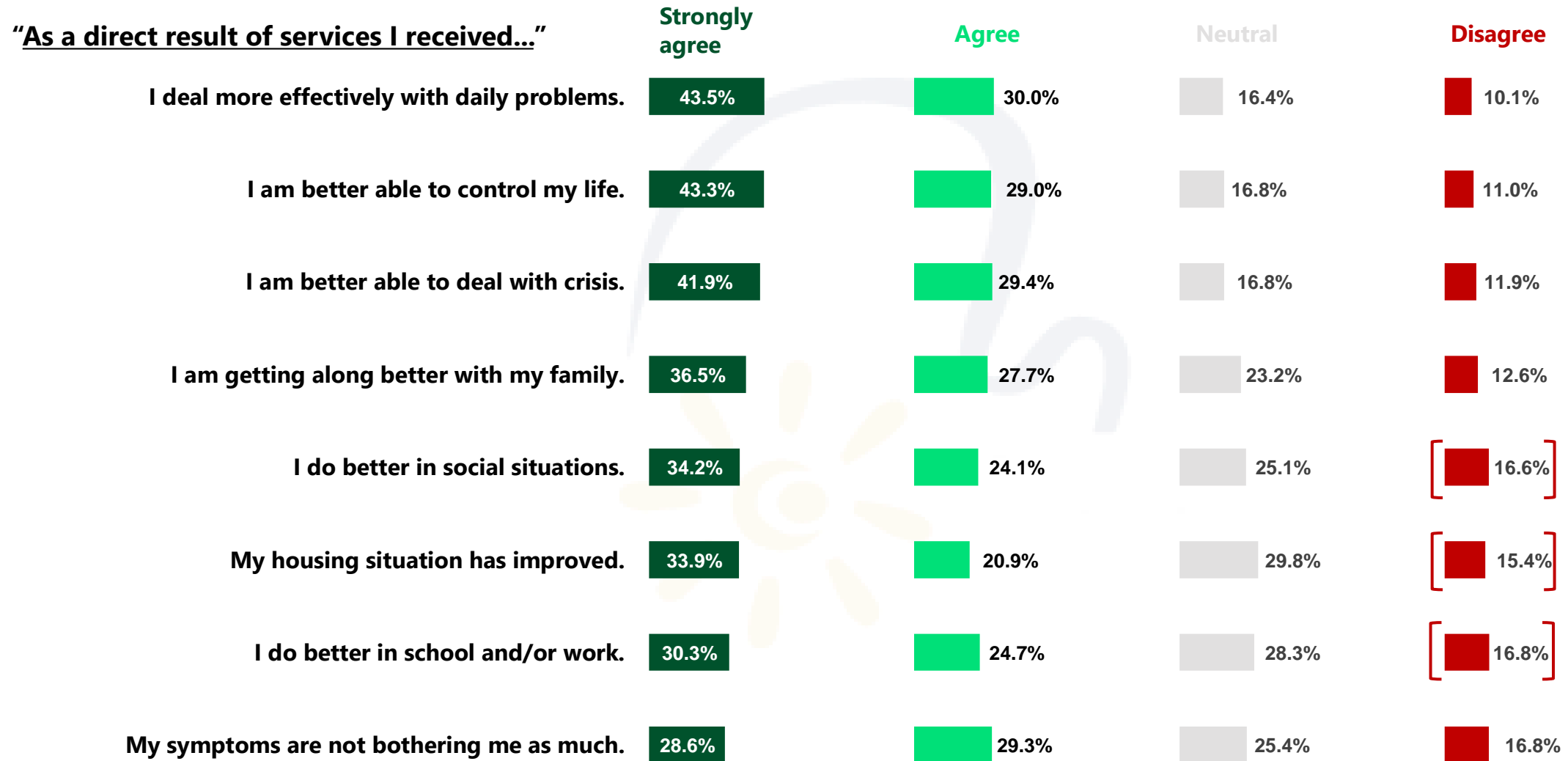
Consumer participation in treatment **dropped slightly in 2021**

Percentage in agreement for the Participation construct (Q11 & Q17) of the MHSIP



Consumer outcomes relatively consistent across all items

Disagreement ratings around social situations, school/work, and housing likely affected by the pandemic



Consumer outcomes **rose slightly** in 2021

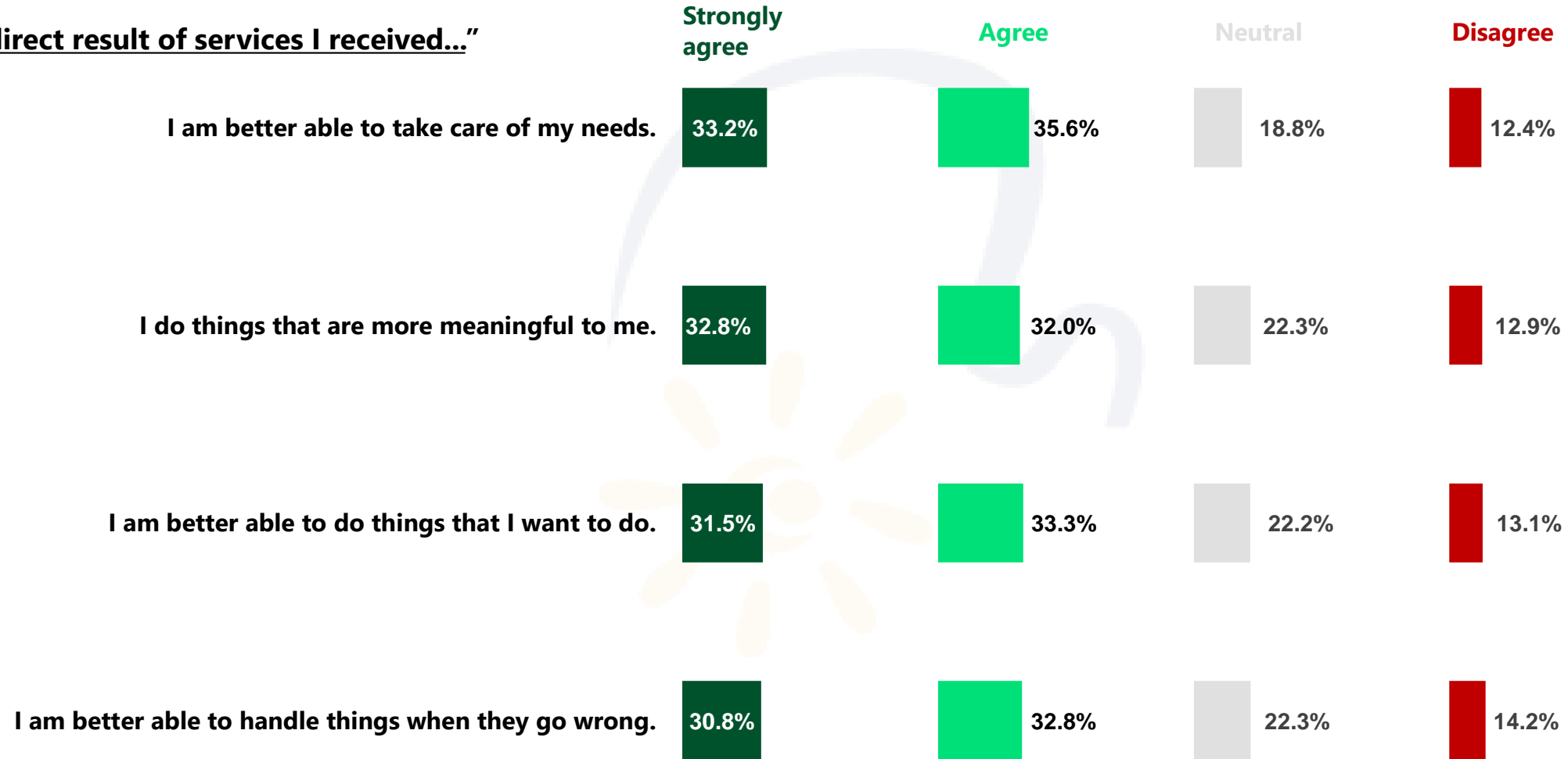
Percentage in agreement for the Outcome construct (Q21-Q28) of the MHSIP



Consumer improved functioning consistent across all items

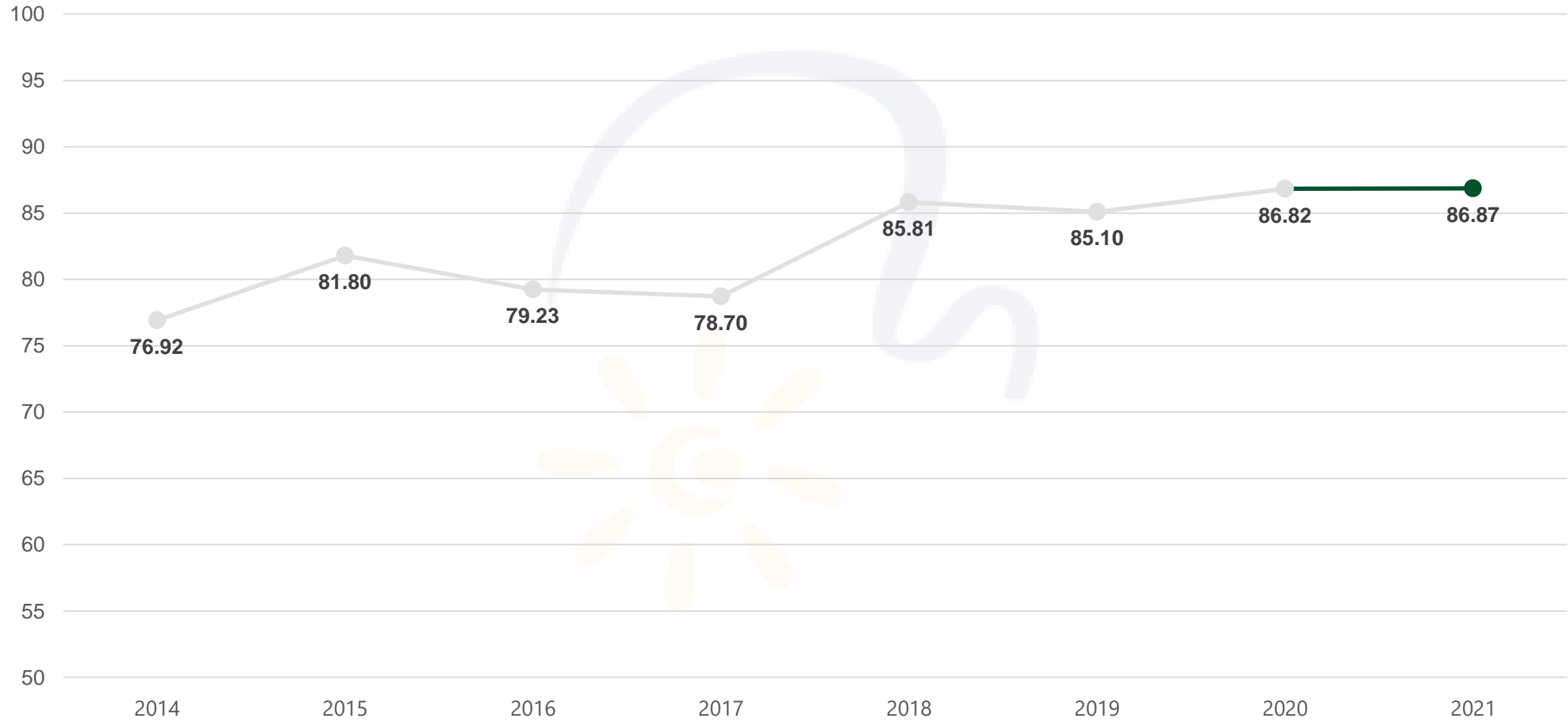
Around one third of consumers **strongly agreed** that services led to improved functioning, while just over 1 in 10 **disagreed**

"As a direct result of services I received..."



Consumer functioning ratings held steady in 2021

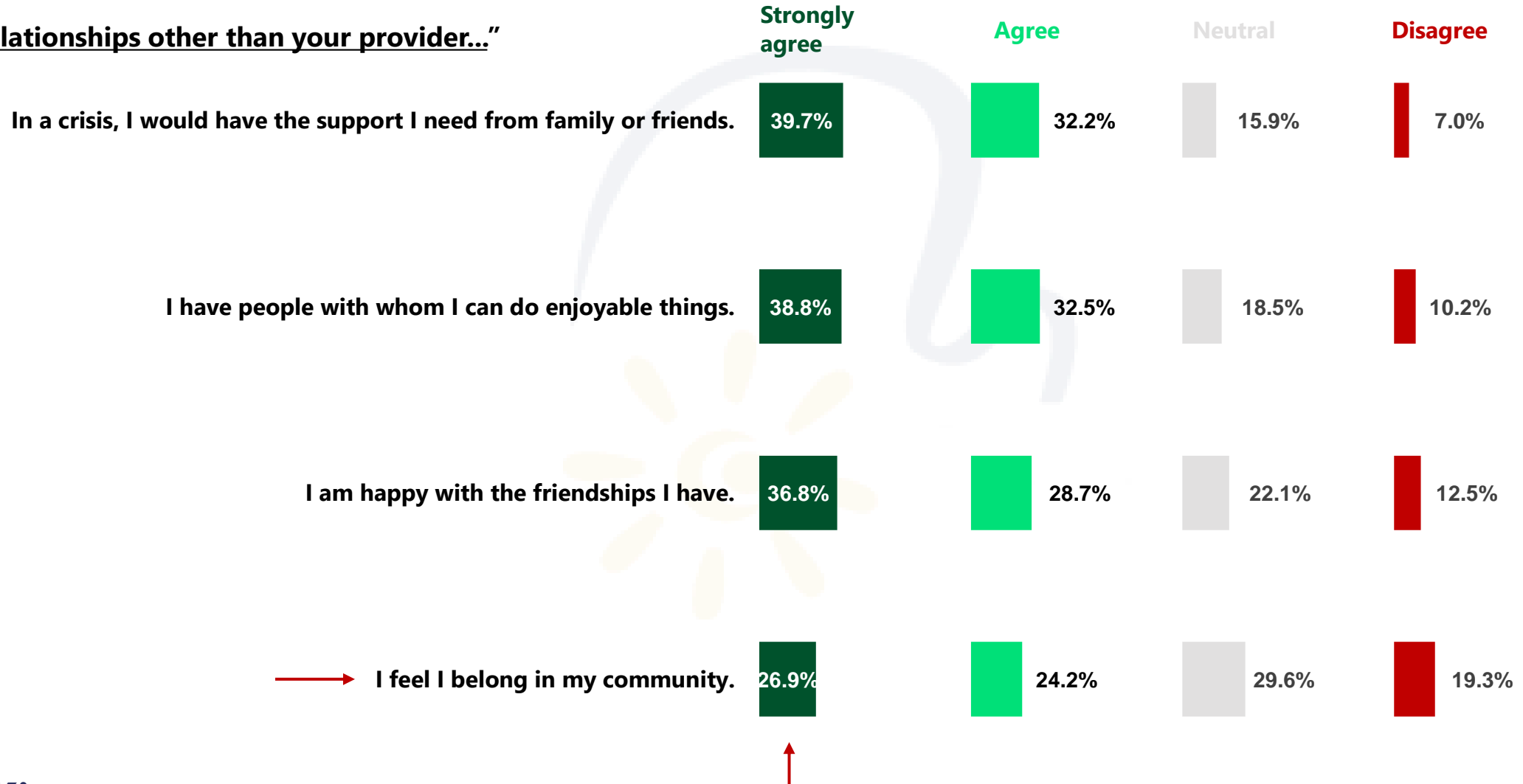
Percentage in agreement for the Functioning construct (Q29-Q32) of the MHSIP



Consumer social connectedness weakest of all constructs

Feeling belonging in community had the lowest percentage that **strongly agreed** among all MHSIP items

“For relationships other than your provider...”



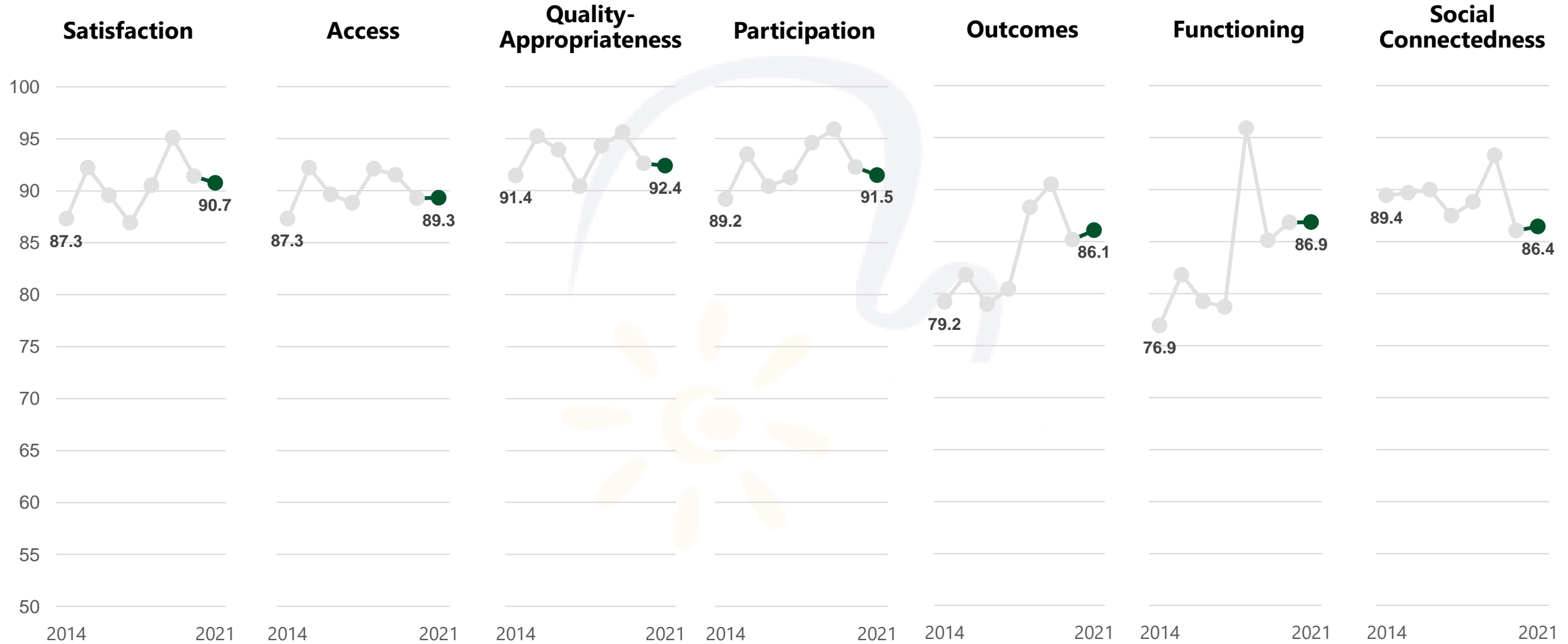
Social connectedness ratings **slightly increased** in 2021

Percentage in agreement for the Social Connectedness construct (Q33-Q36) of the MHSIP



Overall, scores were consistent with 2020 across all constructs

MHSIP scores by year across each construct show that 2021 broke the trend of consecutive yearly improvement for most of the categories



All SWMBH CMHSPs: 2021 MHSIP scores by construct

Dark green denotes the percentage in agreement for that construct's items

Gray bars denote the likely range where the true percentage for all SWMBH consumers might lie (i.e., margin of error*)

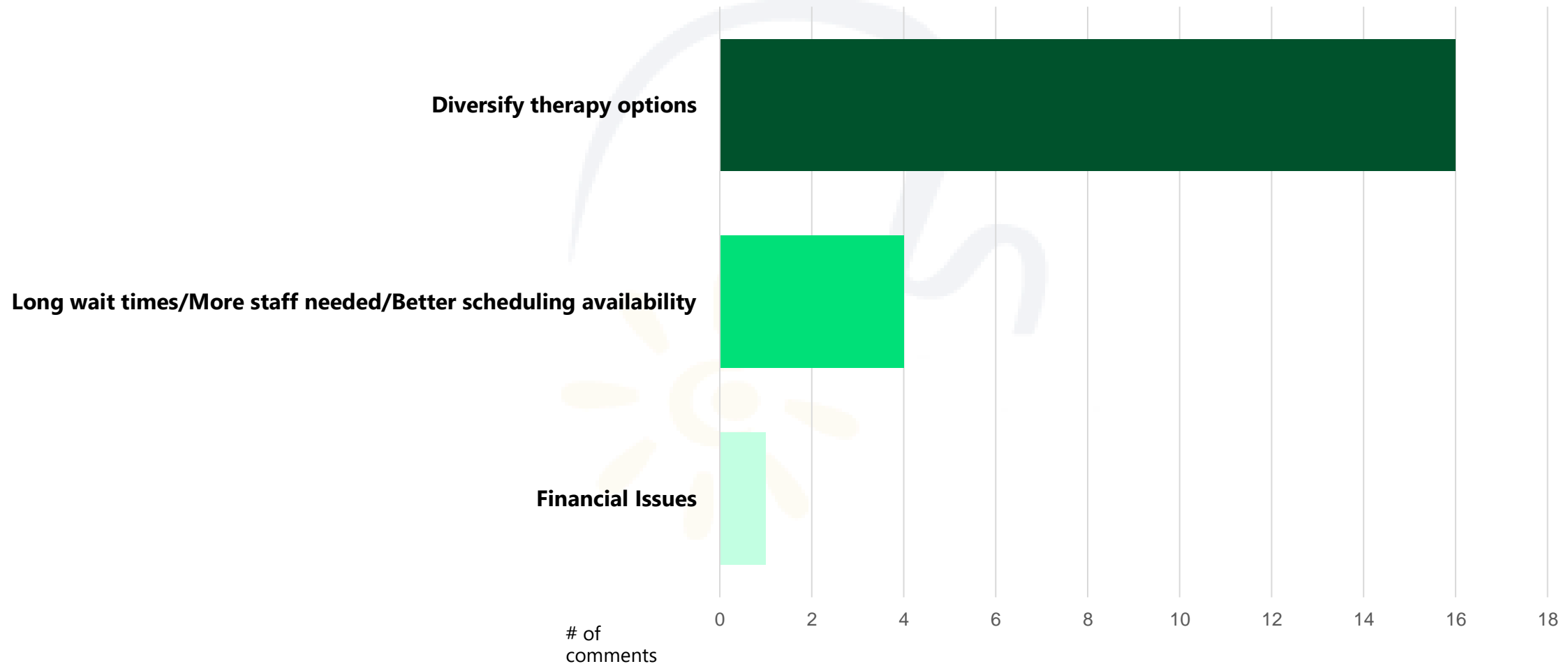


*margin of error for all CMHSPs: ± 4.75 pts

n = 425

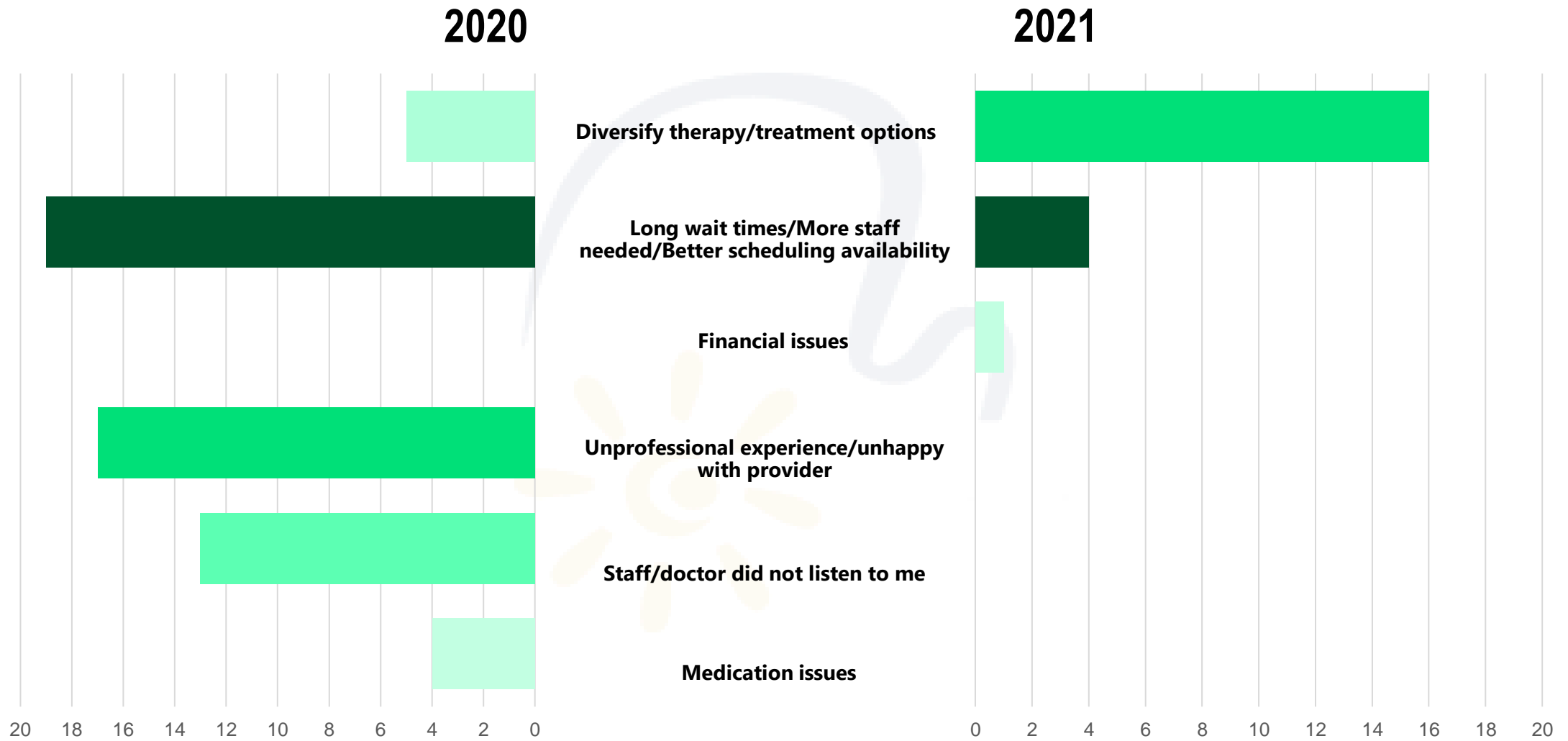
Opportunities for improvement in diversifying treatment options

Of respondents to the MHSIP who were dissatisfied with services, diversifying treatment options and having to wait to receive services were the most mentioned areas for improvement



In 2021, there were less overall areas for improvement than 2020

Many of the comments provided in the survey were vague or nondescript, making them hard to categorize





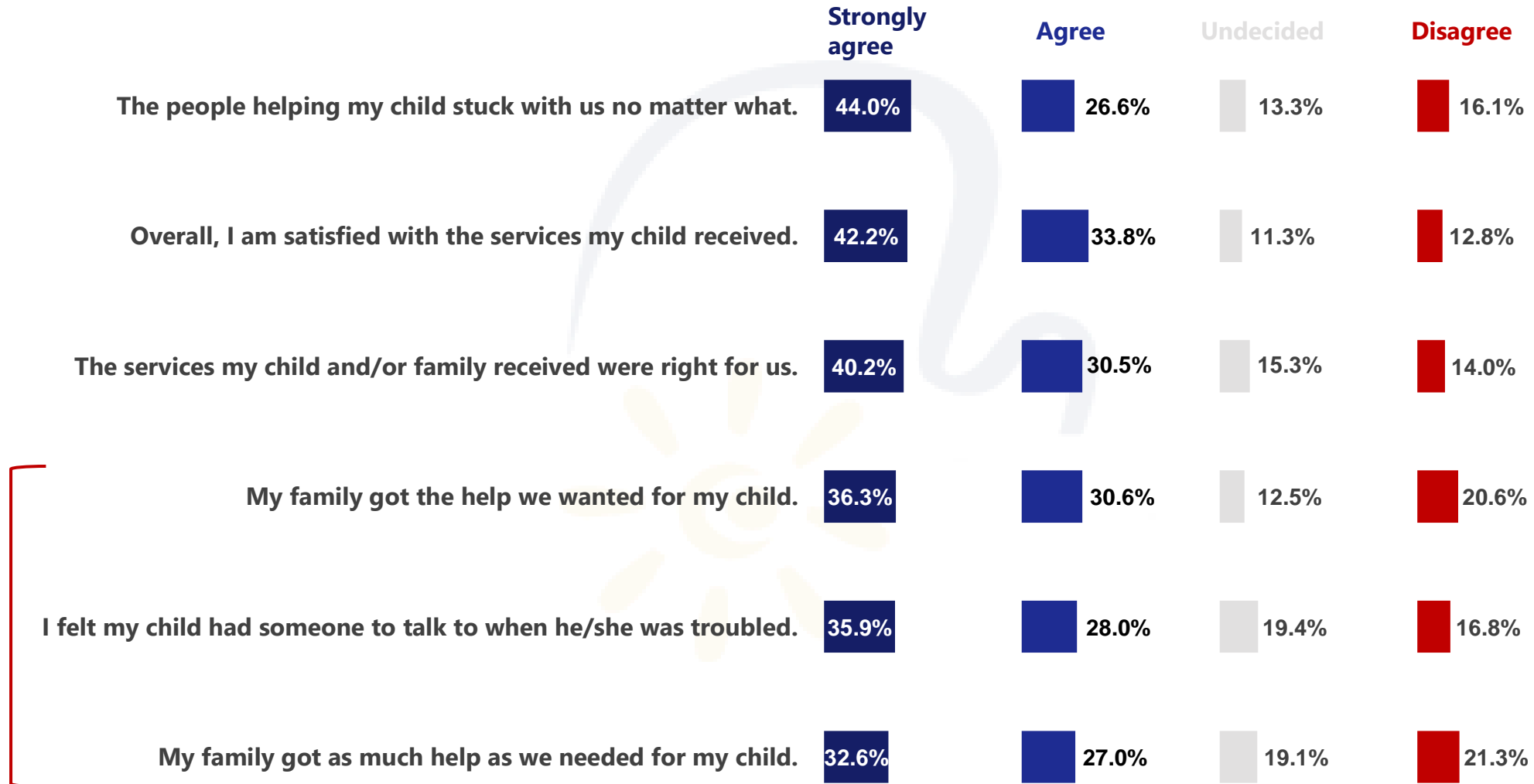
Youth Services Survey for Families (YSS) 2021

Sample size: 322



CMHSP appropriateness hindered by access to staff

YSS items relating to staff availability and amount of help received got lowest **strongly agree** ratings



General CMHSP appropriateness dropped slightly in 2021

Percentage in agreement for the Appropriateness construct (Q1, Q4, Q5, Q7, Q10, Q11) of the YSS



Positive highlights from the YSS comments section

“Our therapist and the case manager are **very nice and helpful**. They helped me to be able to think through things, and they're patient and flexible. They **stick with us** even when things aren't the greatest or if we miss an appointment and things like that. They're very **patient and flexible** with rescheduling and working with the schedule and everything.”

“Most helpful thing has been the consistent contact with the ISK worker. and the other thing has been just **their level of knowledge and understanding** about the resources to help my child with autism. So it's been good that they know about the resources and how things work.”

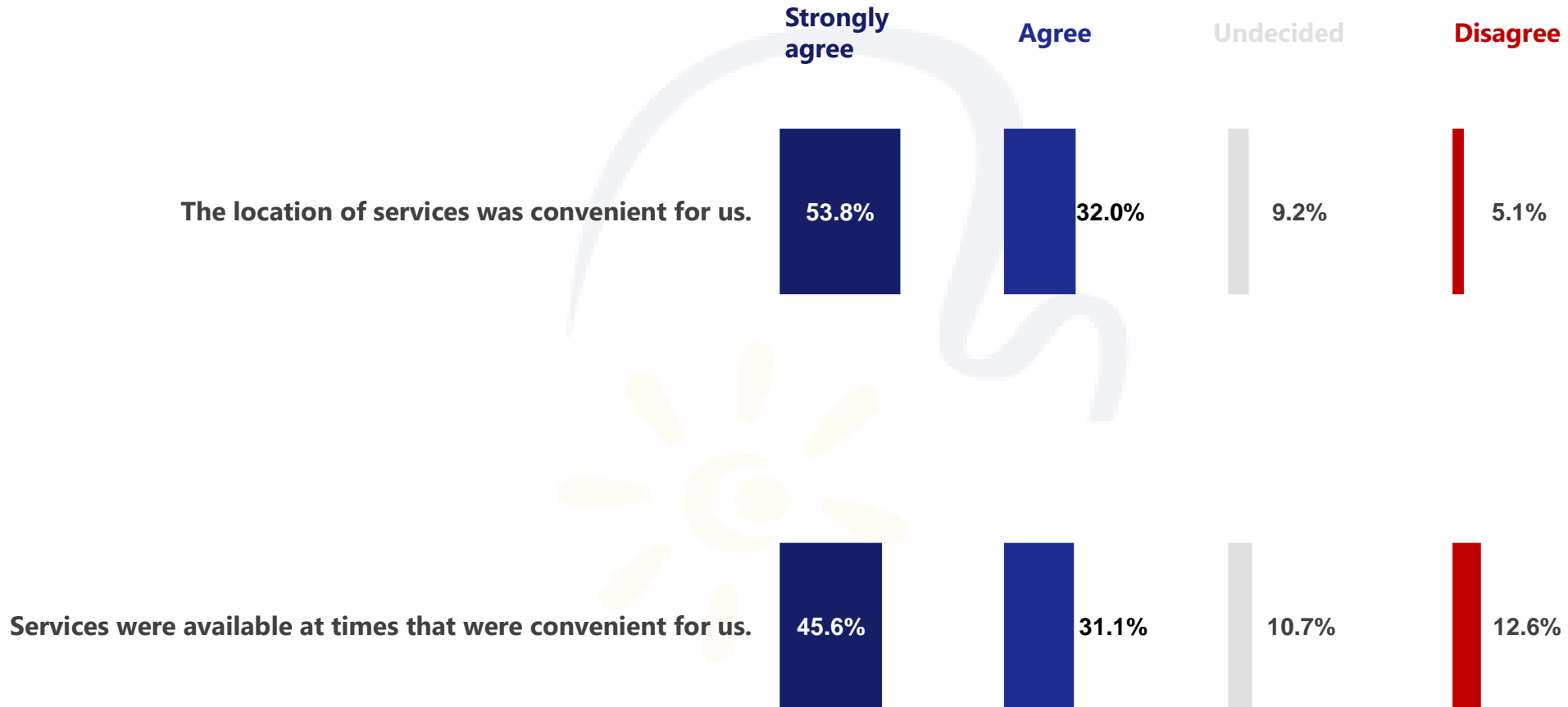
“We are very grateful for ISK and our provider. I am aware of what is available. **Her support** has been invaluable and helping to help my son **move forward in his disability** is very important to me. She has helped me to work through the system that can be tough for a layperson such as myself.”

“The most helpful part of our service experience has been the availability of our case manager to **accommodate our family's needs** when we had encountered issues as well as when there were no issues. The **availability** and the **constant support** are the most helpful.”



Access ratings demonstrate strong results

Around half of respondents **strongly agreed** that services were convenient for their family, few disagreed



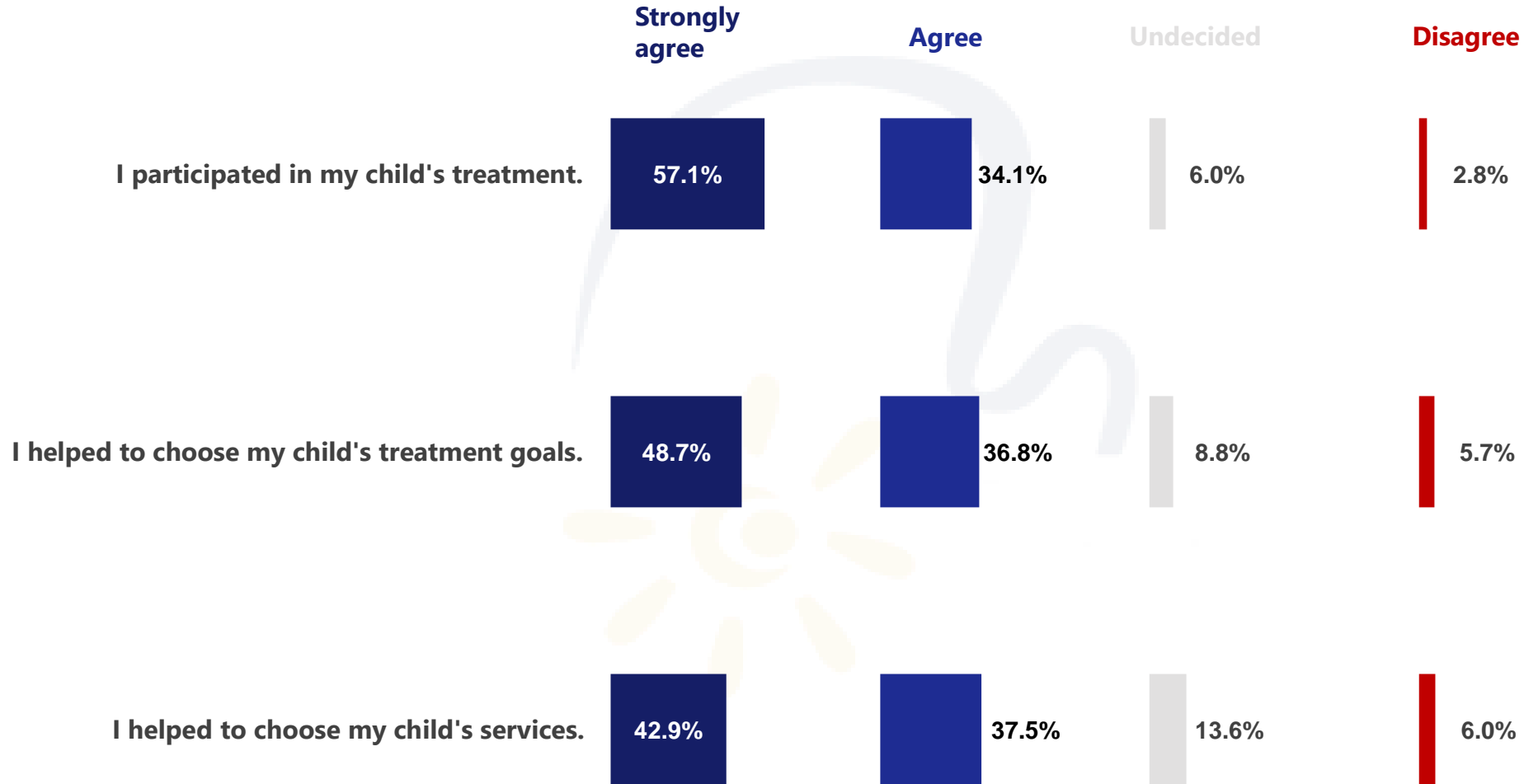
Ratings of access to services held steady in 2021

Percentage in agreement for the Access construct (Q8, Q9) of the YSS



Parents mostly felt very involved with their child's services

YSS items measuring parental involvement in childrens' services received very low **disagreement** ratings



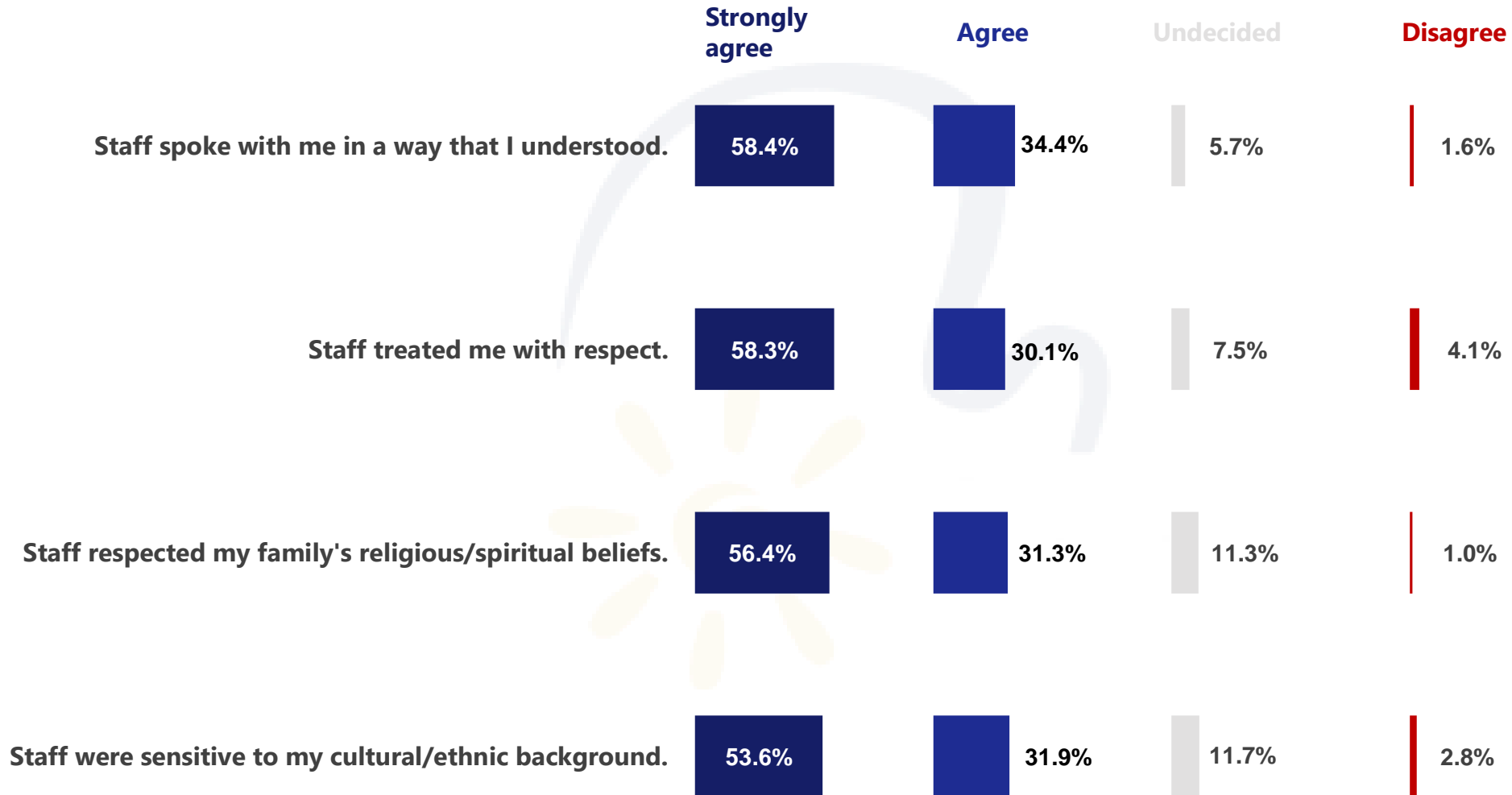
Participation in treatment reached **highest ever point in 2021**

Percentage in agreement for the Participation in Treatment construct (Q2, Q3, Q6) of the YSS



CMHSP cultural sensitivity received near perfect ratings

A majority of YSS respondents gave the cultural sensitivity items **strongly agree** ratings



Cultural sensitivity ratings remained consistent in 2021

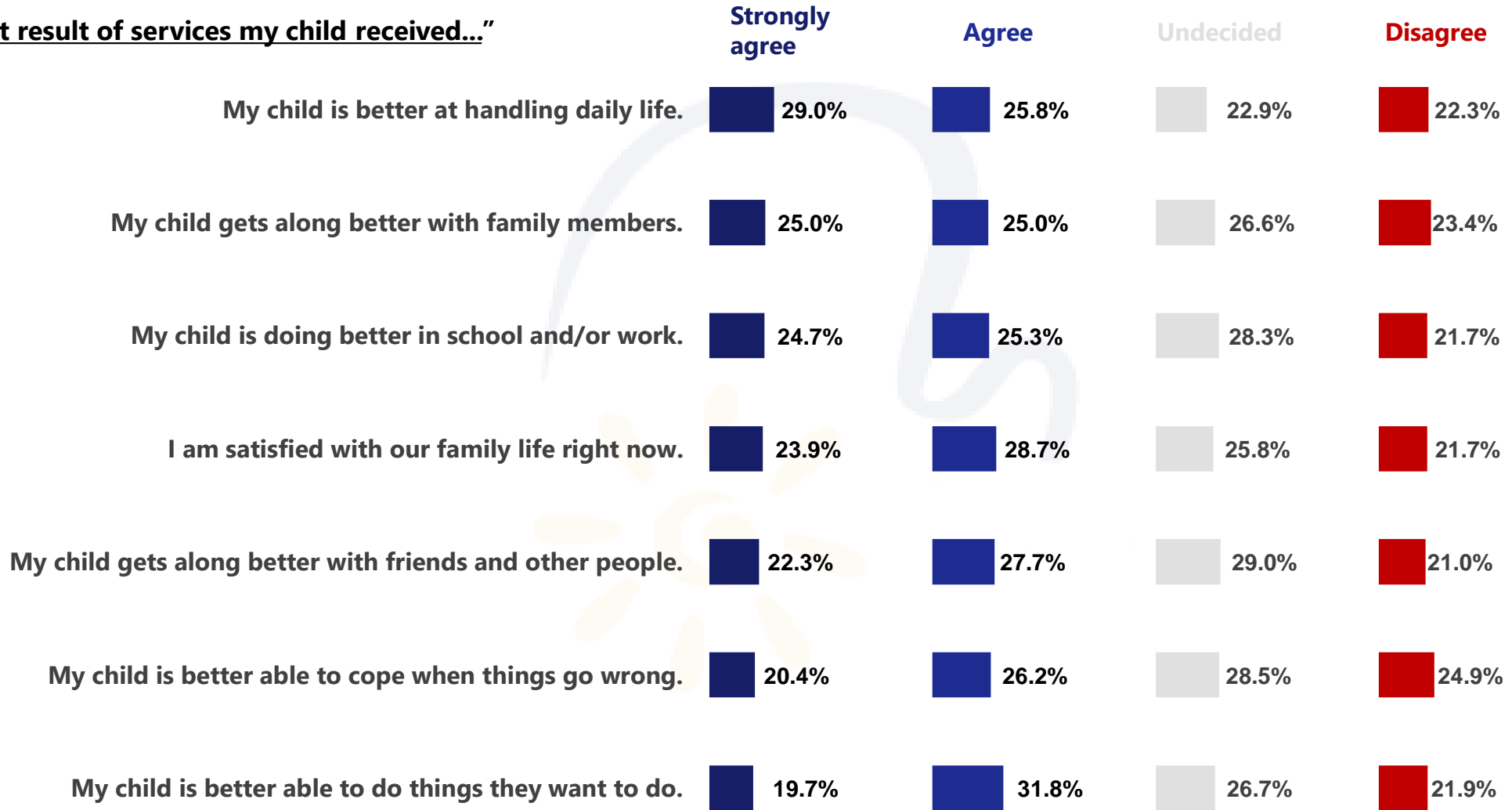
Percentage in agreement for the Cultural Sensitivity construct (Q12, Q13, Q14, Q15) of the YSS



Outcomes for youth were consistent across all items

YSS items relating to youth outcomes received near identical ratings

"As a direct result of services my child received..."



Youth outcome ratings **dropped** in 2021

Percentage in agreement for the Outcomes construct (Q16-Q22) of the YSS



Poor outcomes may stem from lack of access to services

“**We have received no support** from anyone, ever. No phone calls, followup or anything. Why even pretend to help? just tell people up front that you are not going to help at all. it just **gives people false hope.**”

“**Better communication.** They don't call back and nothing gets done.”

“You have to **constantly hound** to get services that you need. Over the last two years, my daughter who qualifies for CLS services has not received them. So **we've been approved for services** for the last two years **that we have not received** other than case management, and case management does not make a significant difference in one's life.”

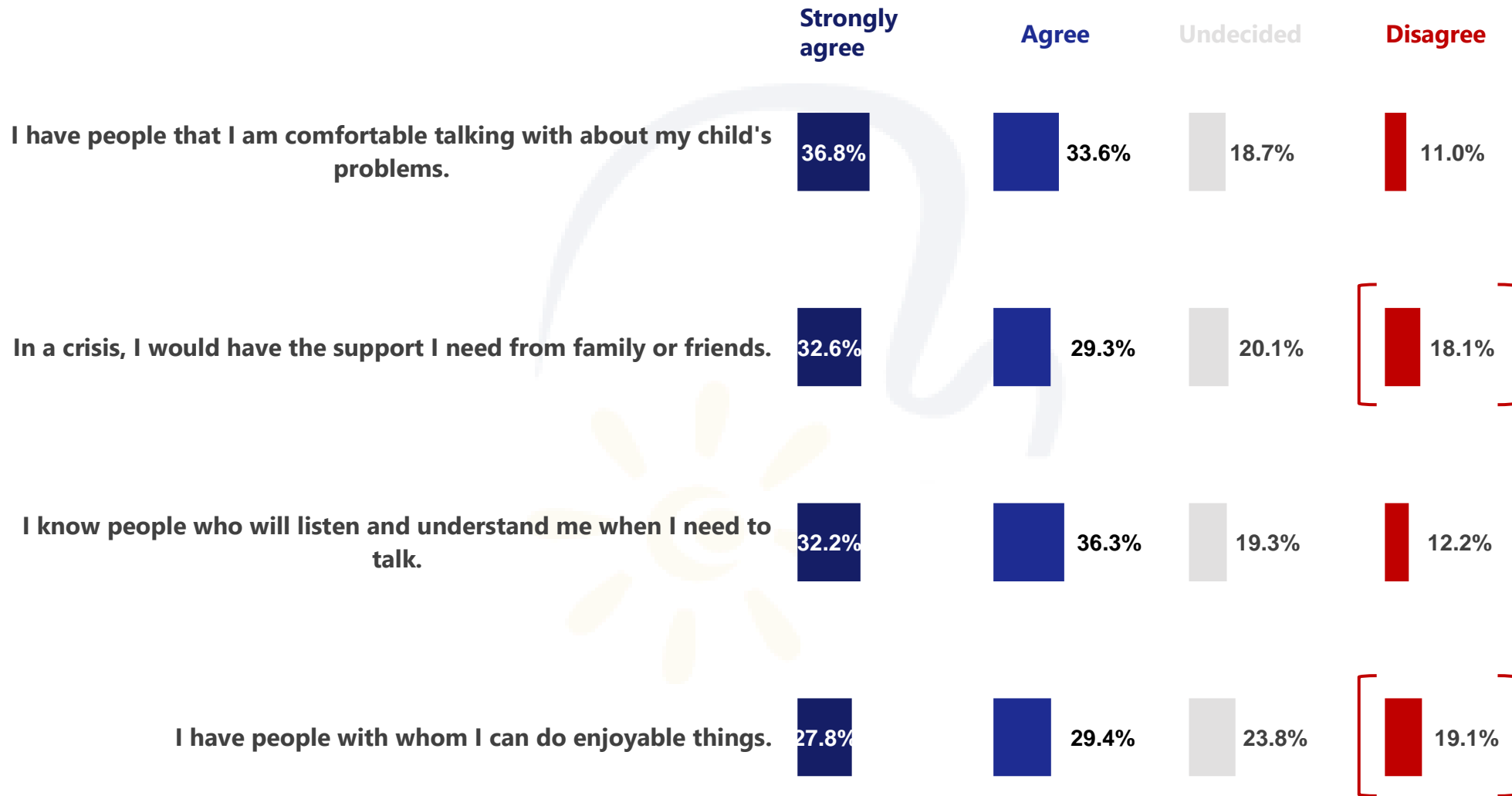
“The child has issues that this company is **not willing to help** with and we have been **turned away**. So when my child who is 13, autistic, with about 9 other confirmed things wrong and nobody is capable to handle her, **she is getting zero help**. She is not the first person to be turned away.”

“The **therapist is so heavily booked** his appointment usually prevents [my son] from attending school and he's not being seen as much as he should be.”

“Absolutely nothing was beneficial to my child. There was only one therapist available for home visits apparently and he and my child's mom severely butted heads so that wouldn't work. Then we got pushed to 20 minute zoom calls once a month that did absolutely nothing and he was kicked from treatment because he went over a month without an appointment, but that was due to the **therapist never having openings** that worked with our schedules. This therapy did absolutely nothing for my child.”

Parents' social connectedness less strong than in the past

The pandemic has eroded social support systems that families used to have in place



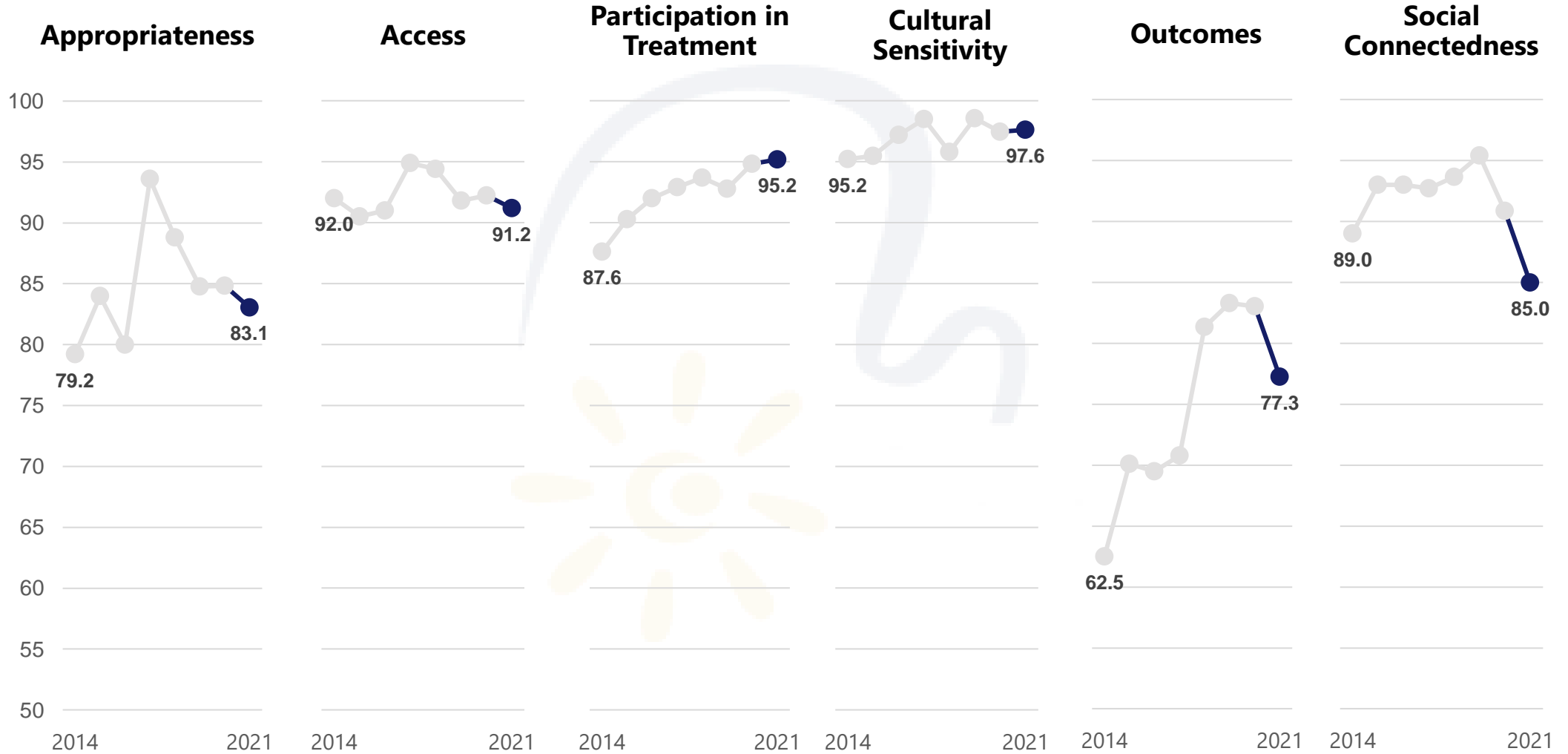
Parental social connectedness ratings dropped again in 2021

Percentage in agreement for the Social Connectedness construct (Q23-Q26) of the YSS



Significant drops seen in Outcomes and Social Connectedness

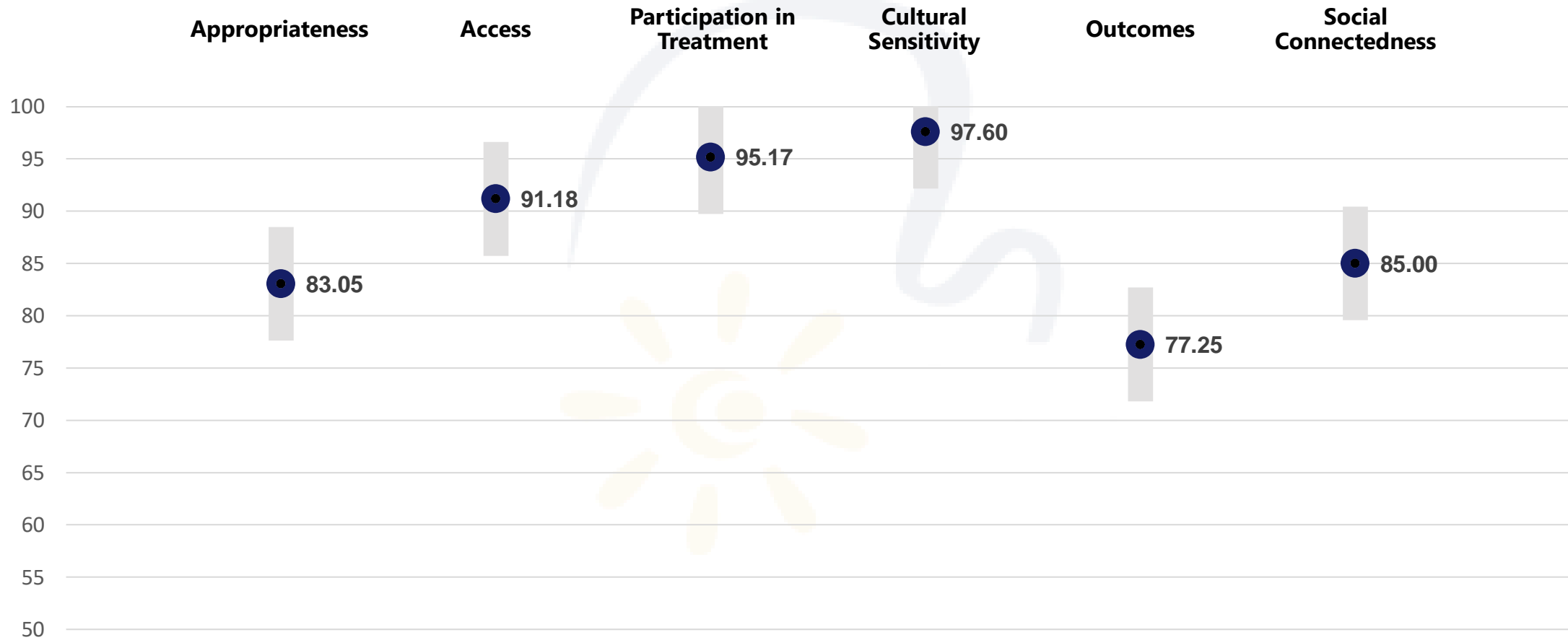
Outcomes refers to youth, Social Connectedness refers to parents.



All SWMBH CMHSPs: 2021 YSS scores by construct

Dark blue denotes the percentage in agreement for that construct's items

Gray bars denote the likely range where the true percentage for all the county's consumers might lie (i.e., margin of error*)

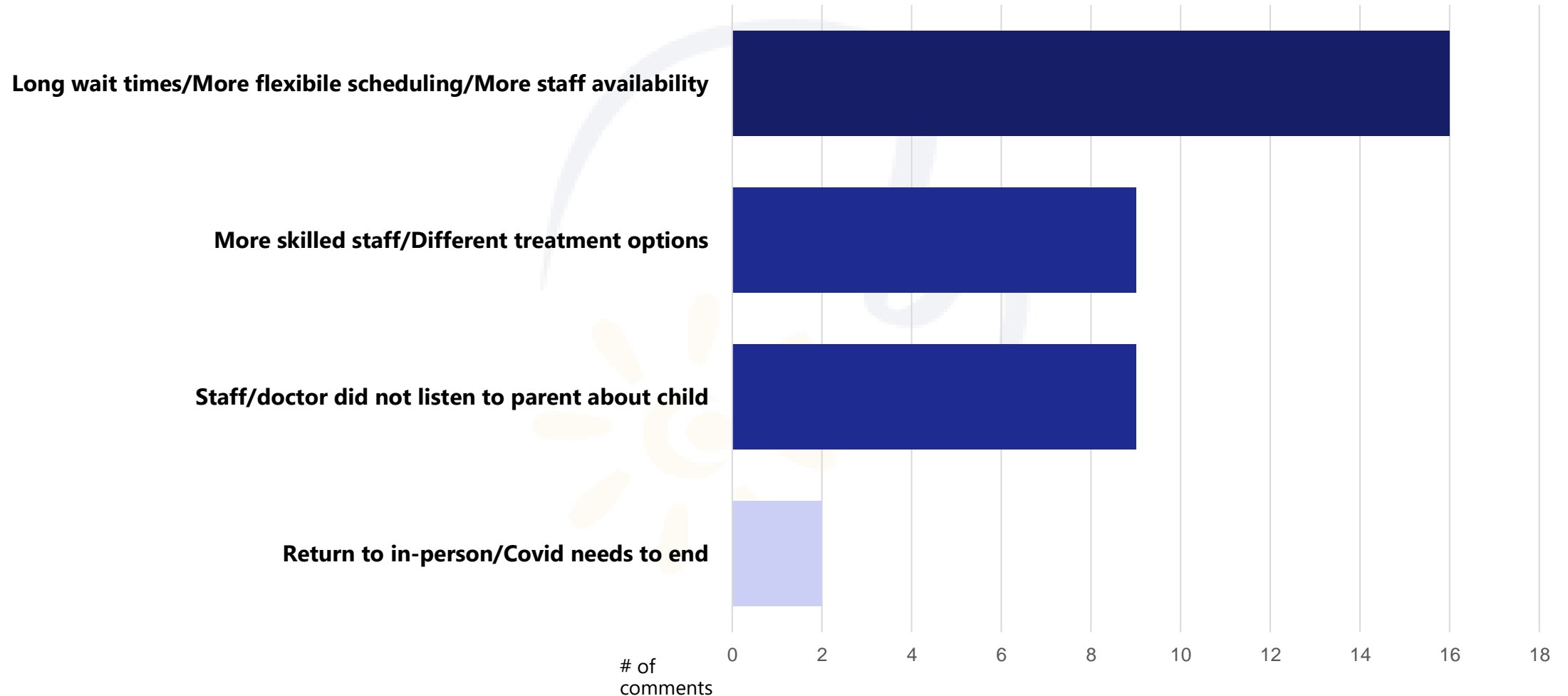


*margin of error for all CMHSPs: ± 5.44 pts

n = 322

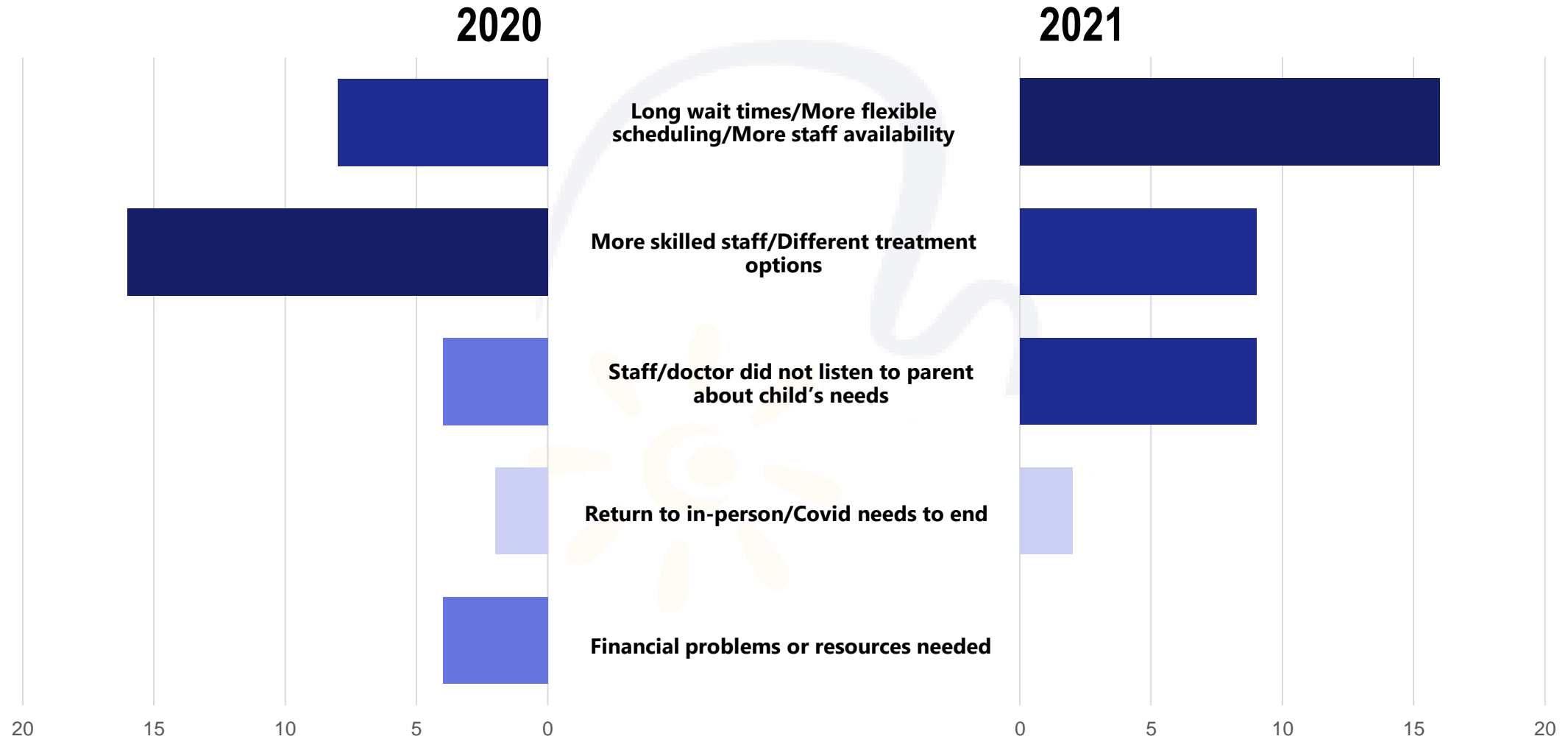
Opportunities for improvement in diversifying treatment, staffing

Of respondents to the YSS who were dissatisfied with services, frustrations included lacking staff skills & availability



In 2021, wait times and staff availability overtook staff skill as the biggest detractor

This relates to the stories seen in the outcomes section of the YSS



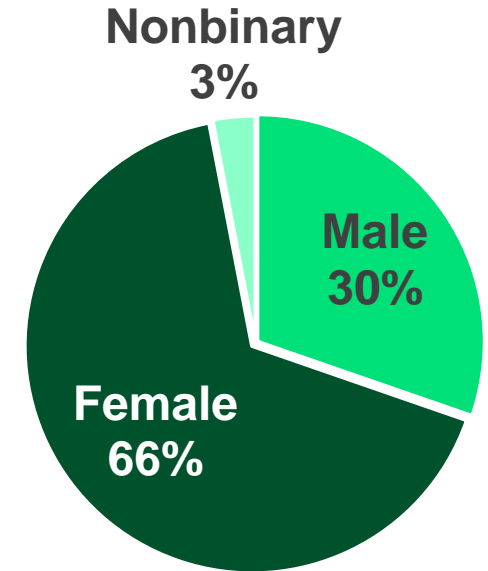
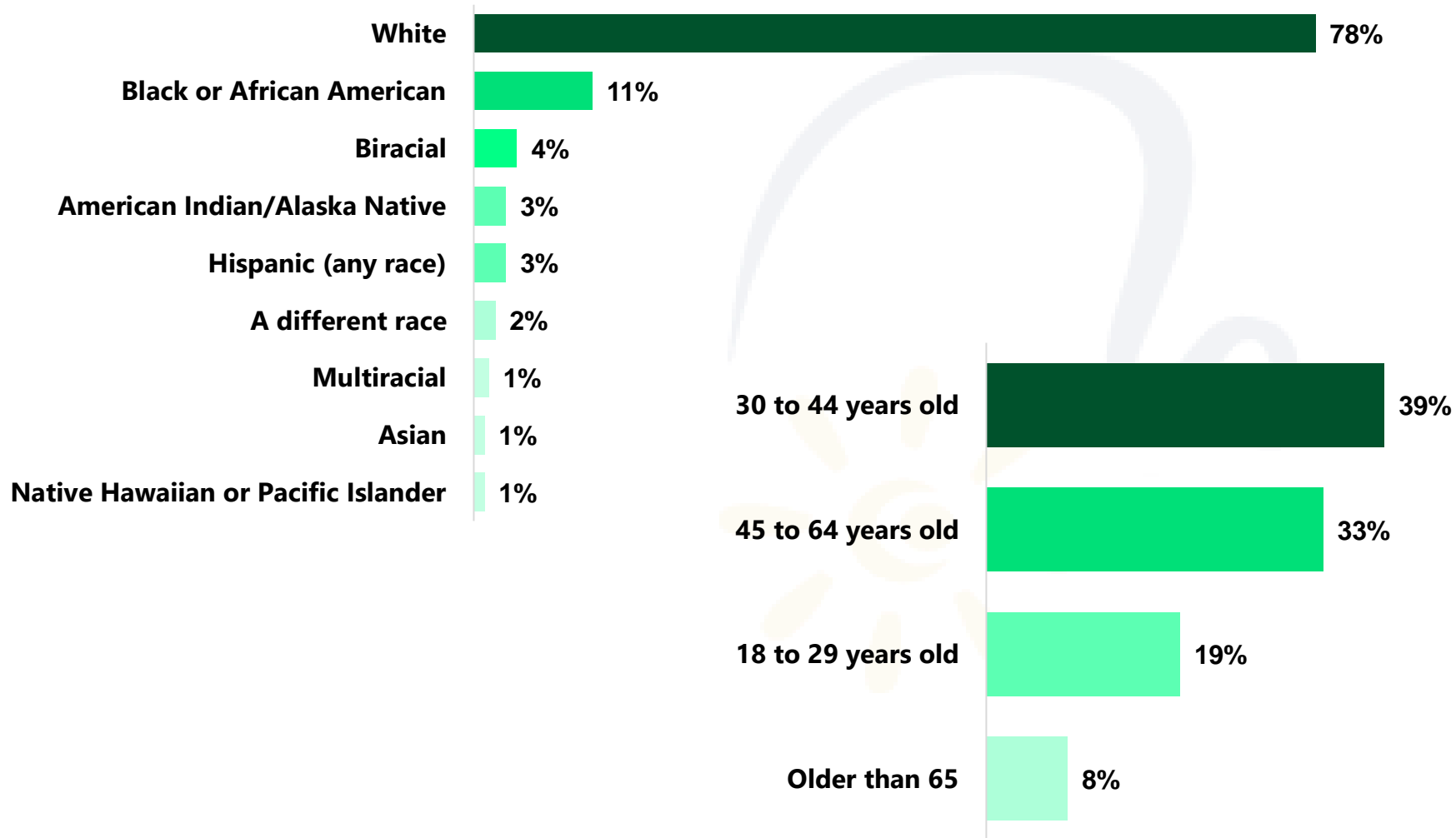


Survey Diagnostics, Analytics & Recommendations



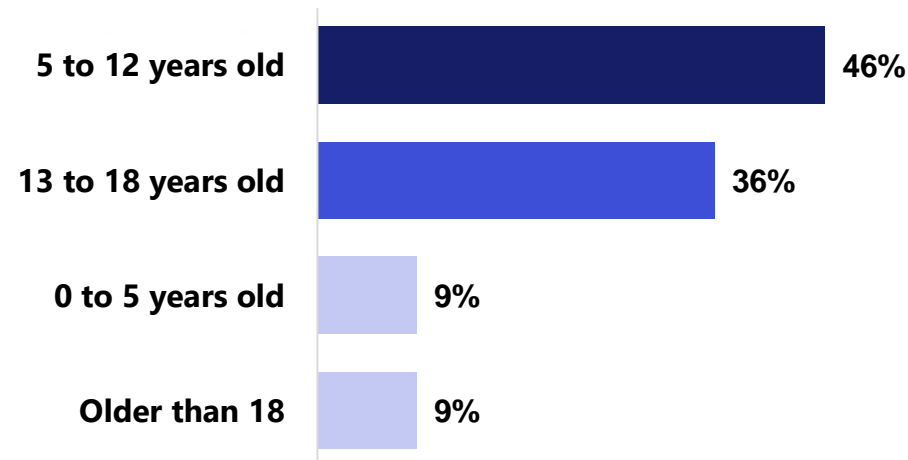
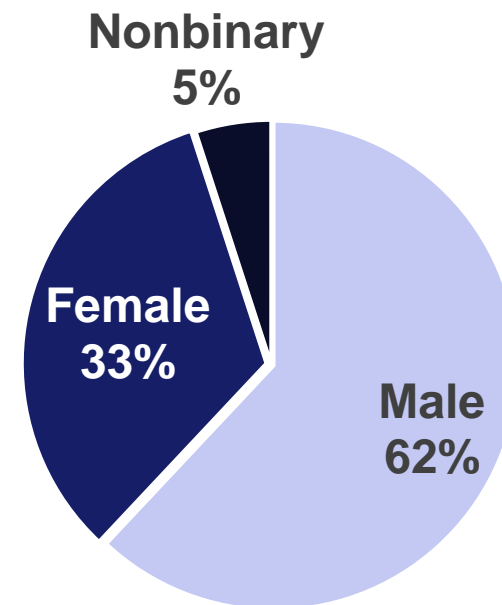
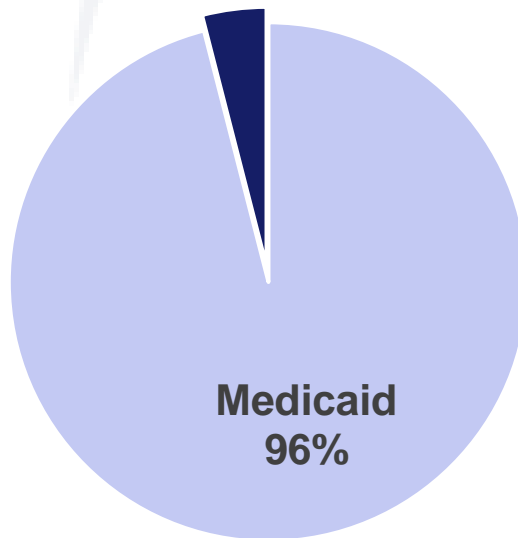
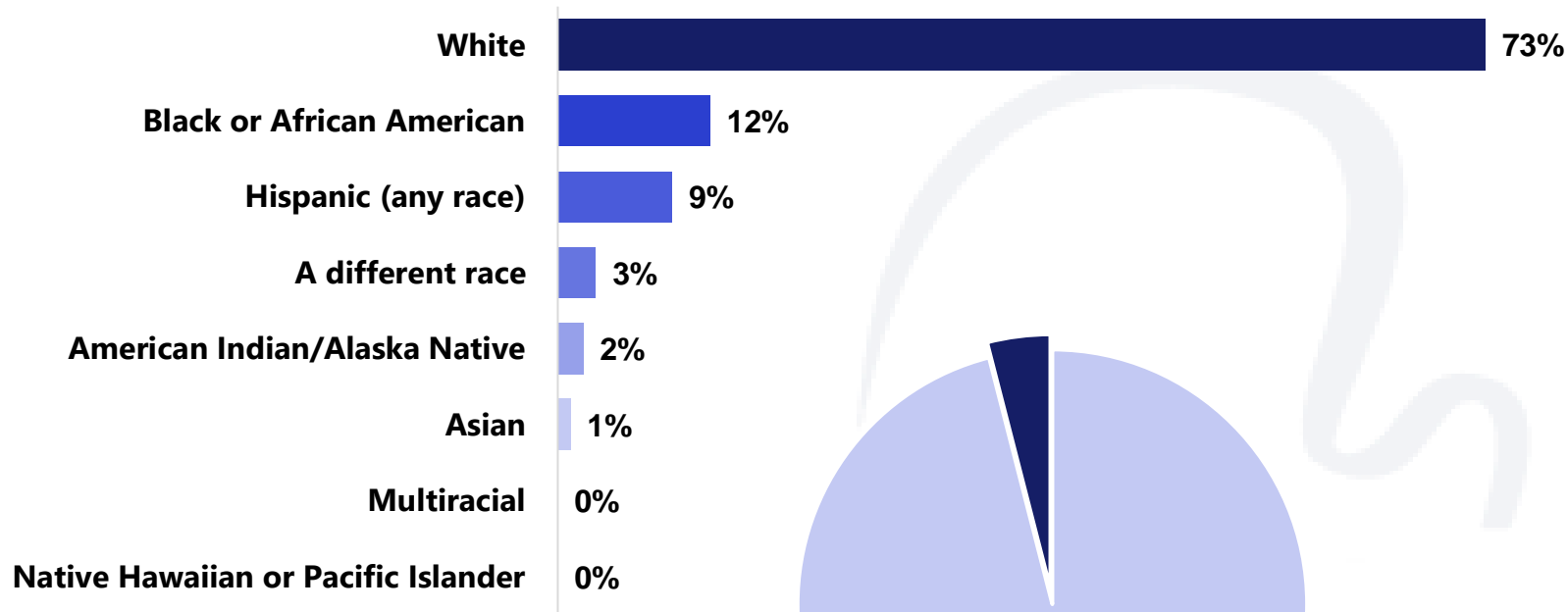
MHSIP 2021 survey takers were demographically diverse

Most respondents were women, but 3% were gender nonconforming (first year asking)



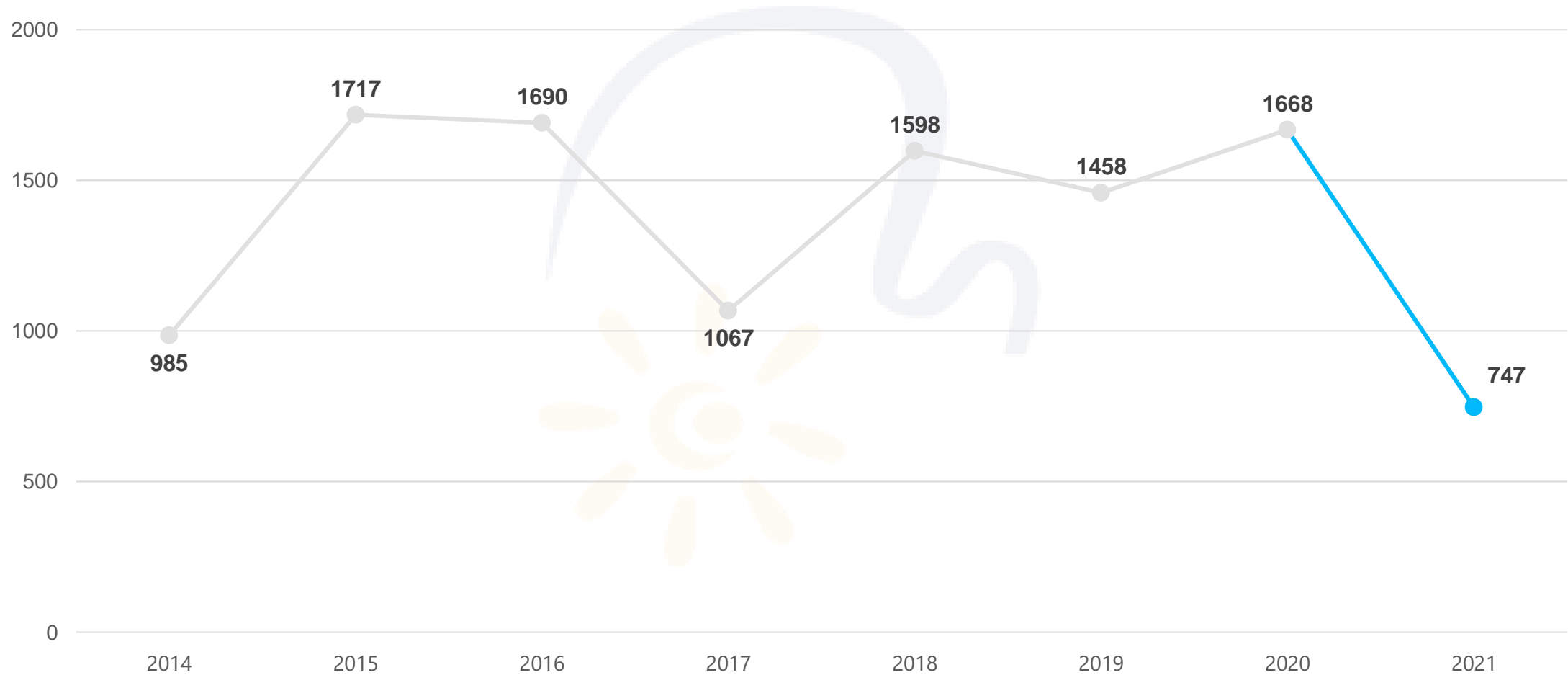
YSS 2021 youth were diverse in many categories

Many more boys than girls are receiving services, and a sizable percentage identify as nonbinary



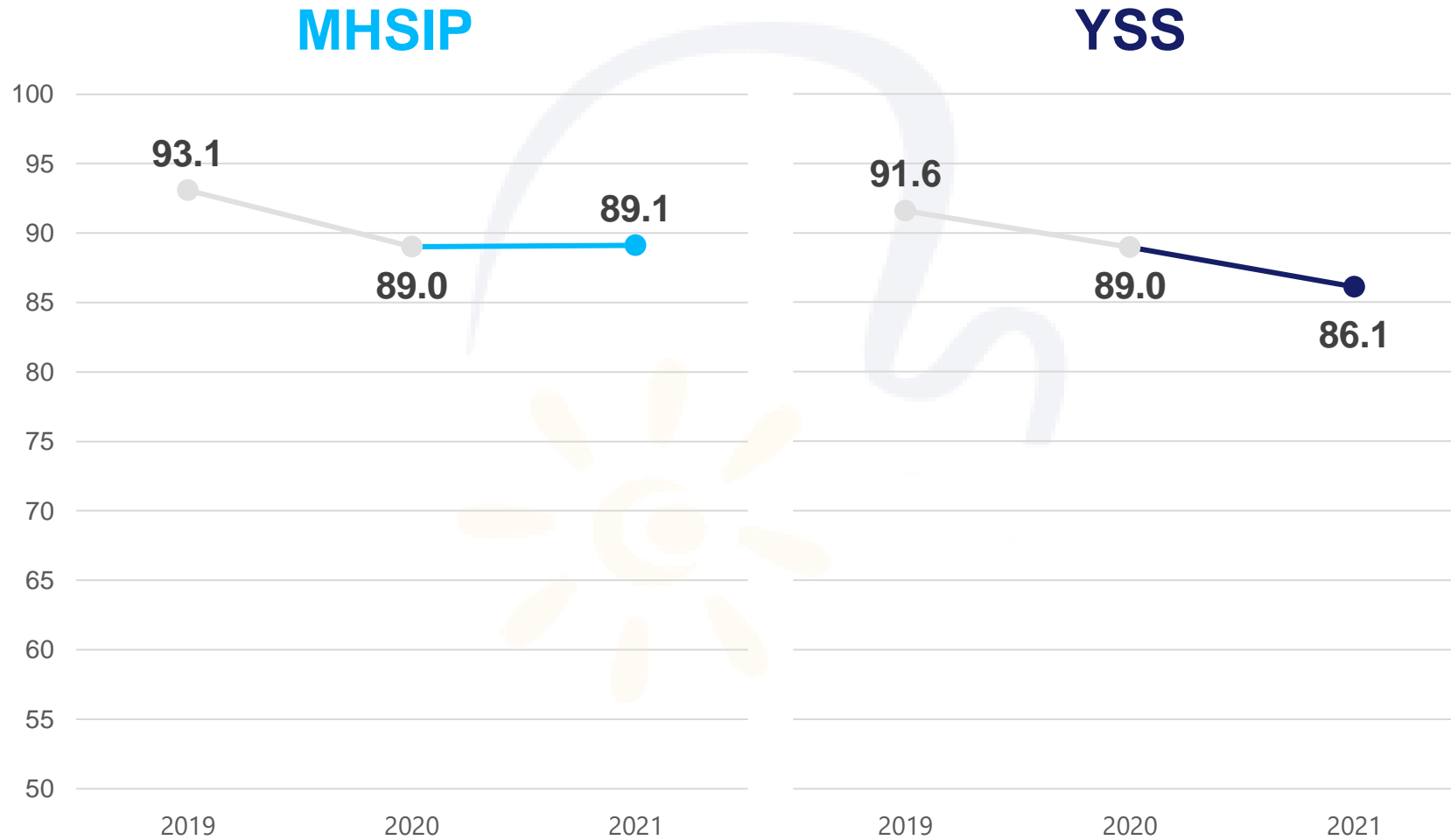
Total cumulative completions hit all time low in 2021

As outlined in beginning of report, lacking MHSIP responses, particularly from phone, led to this outcome



Total aggregate average scores **held steady** for MHSIP and **continued decline** for YSS in 2021

Data suggests that improvement on youth programs and services might return strongest yield on satisfaction



Survey methods employed in 2021

- Following the success of 2020's methodology, first an **email invitation** to participate was sent, then a **call-to-IVR** phone method was used
- Response rates via phone dropped to **critical lows**
- Our recommendation is to review all CMHSP intake forms/processes and mandate email collection of consumers. Phone response rates will not be recovering in subsequent years.
- In 2021, respondents were able to select whether they should take the MHSIP or the YSS, depending on their circumstances
- In 2021, after some complaints in 2020, we added nonbinary/gender nonconforming gender options to that question
- Data from both sources were cleaned and combined into one dataset



Recommendations for 2022 surveys

Reinforce and prioritize the email database for consumers – there was a email invites had vastly higher response rates than phone invites

Consider **incentivizing** every respondent (i.e., \$2 or \$5 for anyone that completes)

- Depending on the mode of delivery, this could make the survey more cost effective and more representative of the true consumer population
- Another option is to incentivize counties that have lower population and higher uncertainty (Cass, Branch)



Recommendations for 2022 surveys

Consider using a **different survey tool**

- The MHSIP and YSS are **long, repetitive surveys** (20+ minutes on the phone) and have **high attrition** as a result – response rates with another tool could be stronger and allow for stronger county-level assessments
- Historical data considers “neutral” to be a “positive” response for these surveys. Consider the following theoretical exchange from the MHSIP:

“Do staff here believe that you can grow, change, and recover?”
“I feel neutrally about that.”

Currently, this would be reported as a “positive” or satisfactory response, but at face value, it does not seem to be a positive assessment of the CMHSP staff.

- The tools are outdated, especially in the post-COVID era. For example, the YSS Access questions only include whether the location of services was convenient or if services were offered at convenient times – this leaves out critical access questions around virtual services, access to staff, etc. They also do not ask about non-binary genders (although we added the item this year) or sexual orientation, two critical diagnostic demographics.
- There are some strange quirks in the survey – the YSS for example asks about social connectedness, but of the parents, not of the youth receiving services. It doesn’t seem like a measure that tracks to CMH youth intervention.

Overall, using a different survey tool would more accurately portray the reality of consumers’ experiences, and would give better direction on how SWMBH could address problems.



“I thank everyone sincerely
at Southwest Michigan
Behavioral Health.”

- MHSIP respondent



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