

Macomb County Community Mental Health

Direct Provider 2013 Survey

PURPOSE

The purposes of the satisfaction survey are:

- To ensure that all consumers receiving services at the direct service providers are afforded quality customer and clinical services.
- To ensure that MCCMH consumers' satisfaction and the resultant outcomes, as a critical factor in evaluating and improving provider performance. Process improvement activities to occur when any aggregate score for responses falls below the threshold of 80% satisfaction.

SURVEY DESIGN

The survey is designed using a Likert-type format. It is designed to allow consumers to express varying degrees of satisfaction/agreement or dissatisfaction/disagreement. The survey utilized the following scale:

Very Satisfied	Satisfied	Neither Satisfied or Dissatisfied	Dissatisfied	Very Dissatisfied
-----------------------	------------------	--	---------------------	--------------------------

The dissatisfied and very dissatisfied represents a negative response, while the strongly satisfied and very satisfied represents a positive response.

“Neither Satisfied nor Dissatisfied” responses will not be included in any satisfied or dissatisfied counts.

METHOD OF CONSUMER SURVEY ADMINISTRATION

The process involved selecting a “convenience” sample of those consumers who came to clinics or were seen in the community by their case managers for a consecutive two-week period during the month. Consumers were asked to complete the survey (in some cases, parents or guardians were given the survey), and told that participation was voluntary and entirely confidential and anonymous. Consumers could add comments, and request a contact from the Ombudsman, but they did not need to self-identify, and there was no means of identifying the individual from the survey (although the programs were identified by the color coding).

Every consumer receiving services within the direct service provider network were given an opportunity to complete the satisfaction survey. One survey per consumer was offered.

The timeframe of survey distribution was a two week period in September 2013.

SURVEY

<i>Thinking about the services you or your child currently receive from Macomb County Community Mental Health, please rate your satisfaction with MCCMH staff or services in these areas:</i>					
Staff treat me with respect.	5	4	3	2	1
Staff answer my calls promptly.	5	4	3	2	1
Staff treat me courteously on the phone.	5	4	3	2	1
Staff explain what to expect from the services I am receiving.	5	4	3	2	1
I (or my child) was able to choose the goals to work on in treatment.	5	4	3	2	1
Staff make themselves available when I (or my child) need to talk to someone.	5	4	3	2	1
I am comfortable asking questions about my services.	5	4	3	2	1
Staff help me receive other services that I or my child may need.	5	4	3	2	1
I am able to invite people I want at service planning meetings.	5	4	3	2	1
I am able to choose the team members who work with me or my child. (Therapist, Case Manager, etc.)	5	4	3	2	1
MCCMH helps me or my child make connections in the community that matter to us.	5	4	3	2	1
I feel that my life (or, my child's life) is better because of MCCMH services.	5	4	3	2	1
I feel that the services that I am (or, my child is) receiving from Macomb CMH are helping.	5	4	3	2	1
I would tell a friend to call Macomb CMH if he/she had a concern like mine or my child's.	5	4	3	2	1
I will continue to seek help for myself or my child From Macomb CMH	5	4	3	2	1

What do you find most helpful about the services you or your child receive from Macomb CMH?

What do you find least helpful about the services you or your child receive from Macomb CMH?

What would you like to see Macomb CMH offer in the future?

Thank you for participating in this survey. When you are finished, put the completed survey into the envelope, seal it and give it back to the MCCMH Staff member who gave it to you. For your privacy, make sure the envelope is sealed. Please answer all questions honestly. Your responses will be kept private and you will not be identified.

If you want someone from MCCMH to call you back about a concern, write your name and telephone number in the space provided below. If you do not want anyone to contact you, leave the space blank.

[] Yes. I would like someone from MCCMH to contact me.

Name: ----- Phone: () -----

The following questions are optional, but are helpful to us in learning about our customers' needs. Please answer in reference to the person who is the primary user of MCCMH services.

Are You:	What is your age?	How long have you received services?	How did you hear about Macomb CMH?	Who filled out this form?
Female	0-4			Self/ primary consumer
Male	5-9	Less than 3 months	Referred by friend/ family	Parent Guardian of
	10-12	Between 3-6 Months	Referred by another agency	Adult consumer
	13-17	From 7-12 Months	Referred by Court	Parent Guardian of a
	18-26	From 13 Months to 2 years	Phone book	child consumer
	27-55	More than 2 years	Other: _____	Other:
	Over 55			

SURVEY RESULTS

Total number of
respondents: 234

Item #	Survey Item Description	Satisfied+ Highly Satisfied
1	<i>Staff treat me with respect.</i>	100%
2	<i>Staff answer my calls promptly</i>	100%
3	<i>Staff treat me courteously on the phone.</i>	100%
4	<i>Staff explain what to expect from the services I am receiving.</i>	100%
5	<i>I (or my child) was able to choose the goals to work in treatment.</i>	100%
6	<i>Staff make themselves available when I (or my child) need to talk to someone.</i>	100%
7	<i>I am comfortable asking questions about my services</i>	100%
8	<i>Staff help me receive other services that I or my child may need.</i>	100%
9	<i>I am able to invite people I want at service planning meetings.</i>	100%
10	<i>I am able to choose the team members who work with me or my child. (Therapist, Case Manager, etc.)</i>	100%
11	<i>MCCMH helps me or my child make connections in the community that matter to us.</i>	100%
12	<i>I feel that my life (or, my child's life) is better because of MCCMH services.</i>	100%
13	<i>I feel that the services that I am (or, my child is) receiving from Macomb CMH are helping.</i>	100%
14	<i>I would tell a friend to call Macomb CMH if he/she had a concern like mine or my child's.</i>	100%
15	<i>I will continue to seek help for myself or my child from Macomb CMH.</i>	100%

100% percent of responses reflected either a satisfied or very satisfied response. This reflects high consumer satisfaction in both staff and services provided within MCCMH.

Forty-one respondents requested a call following the completion of the survey. This was completed by the MCCMH Ombudsman. The return calls resulted in one of the following:

- Consumer not having additional comments or questions (error in requesting the call).
- Inability to reach the consumer via phone.
- Consumer reporting high satisfaction with services.

COMMENTS

Most Helpful:

- It helps my depression - it gets me out of the house.
- There always there when I need them.
- I find it most helpful at Crossroads because I can go somewhere I am not judged for having a mental illness. I also find it helpful here to get job training. It makes me feel good about myself and it makes me talk more - gets me out of my shell.
- I am able to find the best and accurate way of taking meds.
- The staff is very concerned and considerate of my child. They are willing to go out of their way to help.
- They make me feel hopeful about things I struggled with before that were hopeless, insurmountable problems. They actively seek answers to needs I have. Everyone treats everyone with respect (staff to staff, patients to staff, staff to patients). It is a comforting environment. As soon as I walk through the doors, I feel I will get help.

Least Helpful:

- Combining all doctor appointments, medical and psychiatric, to go toward spend down each month, they seem to count psychiatric appointments, but not medical.
- That you can't come to my house and stay on my porch 24 hours and look for these criminals.
- Nothing. "No coffee when I come"
- Having to travel to and from appts. with doctors - time and child care are limited. When the county "nit picks" about minor issues. This disturbs our lives and contributes to more stress in our home.

Offer/Comments:

- Personal finance class?
- Transportation to non doctor visits.
- A booklet for all covered programs, etc., Resources that parents can share with each other.
- Possibility of funding (all or partial) for additional therapies, such as music, horseback riding, etc.
- Better mentors that are younger, stable, trustworthy, with a little more background in mental health issues. Understanding different diagnoses. These mentors have a very hard job. They should be given more to increase retention at all costs!

- Home visits for family / marriage counseling and services for older children.