



County of Placer

Mental Health Services Evaluations – August 2012

SURVEY RESULTS

Data in this report was extracted from the California Department of Mental Health Consumer Perception Survey, August 20th through the 24th, 2012
179 questionnaires were collected.

Numbers below indicate how many individuals chose a given response.

Consumer	
Adult & Older Adult Consumers:	179
Total:	179

Sex	
Male:	37
Female:	54
Other:	0
Not Indicated:	88

Race/Ethnicity			
Caucasian/White:	76	Hawaiian or Other Pacific Islander:	1
Latino/Hispanic/Mexican:	16	Other:	5
American Indian/Alaska Native:	2	Unknown:	1
Asian	1	The total number of answers may not equal the number of completed questionnaires. A consumer can mark all that apply or not answer at all.	
African American/Black:	2		

How long in counseling?	
This is my first visit	2
More than one visit but less than one month	4
1 to 2 months	9
3 to 5 months	10
6 Months to 1 Year	11
More Than 1 Year	54
Missing	89

Services in Preferred Language			
	YES	NO	NO RESPONSE
Adult & Older Adult Consumer:	83	1	95

Written Materials in Preferred Language			
	YES	NO	NO RESPONSE
Adult & Older Adult Consumer:	81	5	93

In August 2012 Placer County surveyed consumers of mental health services regarding the quality and timeliness of services delivered by Placer County and its contracted Providers. This survey, known as the Consumer Perception Survey (CPS) was last administered in 2011 under the name of Performance Outcome and Quality Improvement (POQI) Survey. Administration of this survey meets the annual reporting requirements of the Federal Government Substance Abuse Mental Health Services Administration (SAMSHA).

The CPS was administered to both Adults and older adults who received specialty mental health services during the survey period. Placer County has a State waiver excluding the Children's System of Care from participating in the State outcome process. This is due to the fact that Placer County has developed an internal Performance Outcomes and Quality Improvement survey with Outcome screens and reports. Results in this report are for adult consumers only.

Methodology: The Consumer Perception Surveys (CPS) in Placer County are administered by self-identified consumers, who hold positions of either a Consumer Navigator or Peer Advocate and fulfill an important role in the survey process. Navigators are self-identified consumers who have received training on confidentiality and engagement by Placer County and are assigned various paid positions within the Adult System of Care (ASOC). Peer Advocates are self-identified consumers who are employed by a community housing agency. For the CPS, Navigators are scheduled and supervised to administer the survey to their peers. Prior to administration of the CPS, Navigators are coached by identified staff on techniques of approaching their peers and supporting those peers in completing the survey. Navigators also work with other consumer volunteers. Navigators are responsible for set-up, handing out surveys, and collecting completed surveys at the end of the day. Surveyors (Navigators) ~~must~~ assign the client case number from a master consumer list. This unique client number is the same number that is reported to the DMH Client and Services Information (CSI) System. This number links the pages together during scanning when sent to the designated vendor; without this number, the data will not get into the database. Clients refusing to give their name are given a nine-digit number that is not on the master list. Typically, consumers have reported feeling comfortable giving out their names as they are assured of confidentiality by their peers. Surveyors in Roseville (ASOC) attempted to approach each consumer as they entered the clinic site. During this survey period, the surveys were collected by a Peer Advocate, a Navigator and one volunteer working at the ASOC site in Roseville as the majority of county delivered mental health clinic functions have been consolidated to this large population center.

Data collection also took place at the site of our Organizational Providers, Sierra Mental Wellness, with offices in Roseville, Auburn and Tahoe, and Turning Point in Roseville. Collection at these sites started

in 2008 and has continued for each administration. In these locations, Providers are given the same surveys with detailed attached instructions for the consumers. Providers have a confidential box available for completed surveys in their respective lobbies. The surveys are picked up by county staff at the end of the survey period.

Regardless of the survey site, consumers are assured of confidentiality, and given complete privacy to complete the survey. Navigators, or other surveyors, cannot interpret questions, but can read questions to someone who may be visually impaired, for example. Per the survey directions, consumers who refuse to take the survey are included in the survey data. The surveys are available in Adult and Older Adult versions of English, Spanish, Chinese, Russian, Tagalog, Hmong and Vietnamese. A Spanish-speaking Navigator worked most of the week at the ASOC site in Roseville, and the language line was available for other languages.

NOTE: Three Older Adult surveys were completed, so the results of the Adult surveys have been combined and are reflected in the survey results. Six Spanish surveys were captured. Most of our consumers who responded to the question on length of services have had services for more than one year. We have tracked this for many years, and this seems to be reflective of our system.

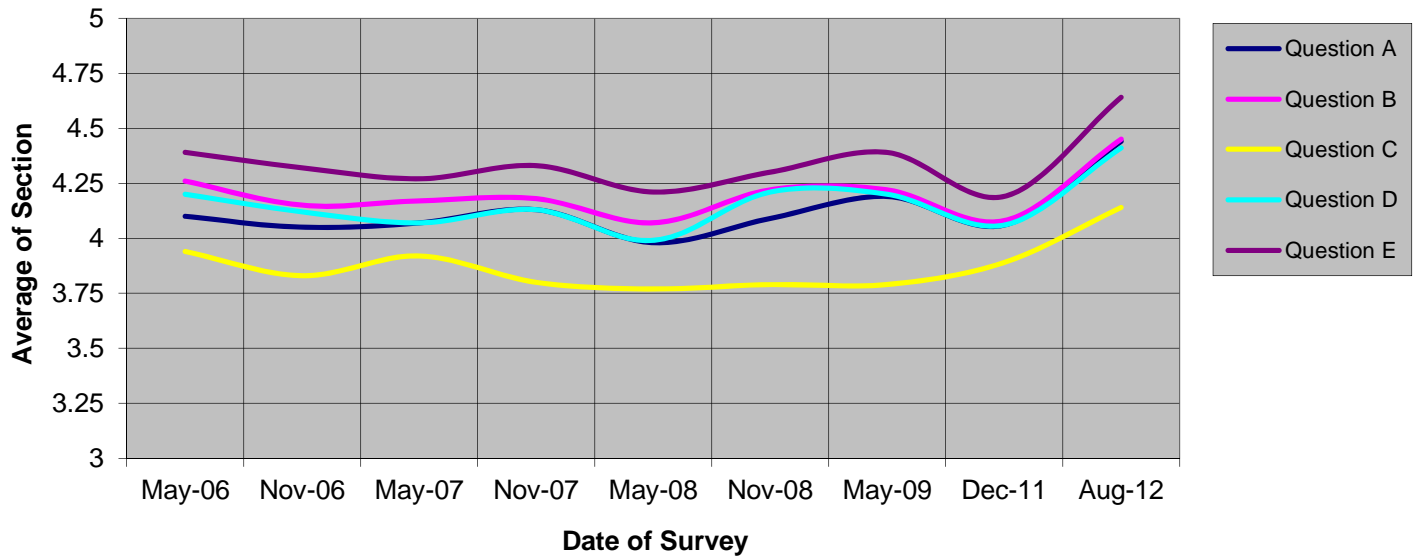
Outcomes: It should be noted that this survey period was only 1 week, and survey periods previous to December 2011 were 2 weeks in duration. Early survey year had shown overall decreasing trends in consumer satisfaction, but with additional survey results in more recent years, this trend has stabilized and has improved in many areas. In fact, the results from this 2012 survey indicate the highest ever satisfaction Placer County has received since 2006. Every single indicator improved, and every single indicator was rated as higher than in any past year.

<u>Section</u>	May 2006	Nov 2006	May 2007	Nov 2007	May 2008	Nov 2008	May 2009	Dec 2011	Aug 2012
Total Number of Surveys	335	338	196	170	225	159	166	175	179

Each section is based on a scale of 1 – 5; with 1 representing “Strongly Disagrees,” and 5 representing “Strongly Agrees.” Represented below is the average consumer response to the specific section.

<u>Section</u>	May 2006	Nov 2006	May 2007	Nov 2007	May 2008	Nov 2008	May 2009	Dec 2011	Aug 2012
A. Perception of Access	4.10	4.05	4.07	4.13	3.98	4.09	4.19	4.06	4.44
B. Perception of Quality and Appropriateness	4.26	4.15	4.17	4.18	4.07	4.22	4.22	4.08	4.44
C. Perception of Outcomes	3.94	3.83	3.92	3.80	3.77	3.79	3.79	3.89	4.14
D. Perception of Participation in Treatment Planning	4.20	4.12	4.07	4.13	3.99	4.21	4.20	4.06	4.41
E. General Satisfaction	4.39	4.32	4.27	4.33	4.21	4.30	4.39	4.19	4.64

Overall Perception of Service



Each question is based on a scale of 1 – 5; with 1 representing “Strongly Disagrees,” and 5 representing “Strongly Agrees.” Represented below is the average consumer response to the specific section.

This table represents Section A – Perception of Access

<u>Question</u>	May 2006	Nov 2006	May 2007	Nov 2007	May 2008	Nov 2008	May 2009	Dec 2011	Aug 2012
4. The location of services was convenient.	4.08	4.27	4.22	4.22	4.27	4.18	4.26	4.20	4.39
5. Staff were willing to see me as often as I felt it was necessary.	4.26	4.11	4.01	4.19	3.99	4.06	4.22	4.16	4.50
6. Staff returned my calls within 24 hours.	4.07	3.91	3.96	4.02	3.82	4.07	4.17	4.04	4.41
7. Services were available at times that were good for me.	4.30	4.25	4.19	4.27	4.16	4.23	4.33	4.18	4.59
8. I was able to get all the services I thought I needed.	4.21	4.06	4.12	4.16	3.92	4.13	4.25	4.01	4.45
9. I was able to see a psychiatrist when I wanted to.	3.71	3.67	3.89	3.89	3.73	3.86	3.92	3.78	4.32

This table represents Section B – Perception of Quality and Appropriateness

<u>Question</u>	May 2006	Nov 2006	May 2007	Nov 2007	May 2008	Nov 2008	May 2009	Dec 2011	Aug 2012
10. Staff believed that I could grow, change and recover.	4.38	4.23	4.20	4.23	4.18	4.44	4.32	4.21	4.59
12. I felt free to complain.	4.12	4.08	4.03	4.09	4.06	4.25	4.07	4.00	4.44
13. I was given information about my rights.	4.30	4.19	4.19	4.22	4.15	4.28	4.34	4.16	4.47
14. Staff encouraged me to take responsibility for how I live my life.	4.32	4.20	4.31	4.16	4.20	4.41	4.25	4.18	4.58
15. Staff told what side effects to watch for.	4.17	4.04	4.02	4.04	3.96	4.00	4.12	3.88	4.21
16. Staff respected my wishes about who is and is not to be given information about my treatment.	4.38	4.23	4.36	4.37	4.14	4.15	4.35	4.28	4.49
18. Staff were sensitive to my cultural/ethnic background.	4.28	4.17	4.17	4.18	4.01	4.25	4.20	3.99	4.45
19. Staff helped me obtain the information needed so I could take charge of managing my illness.	4.24	4.20	4.14	4.09	4.06	4.19	4.22	3.94	4.34
20. I was encouraged to use consumer run programs.	4.10	4.04	4.09	4.22	3.90	4.02	4.08	4.04	4.42

This table represents Section C – Perception of Quality and Outcomes

<u>Question</u>	May 2006	Nov 2006	May 2007	Nov 2007	May 2008	Nov 2008	May 2009	Dec 2011	Aug 2012
21. I deal more effectively with daily problems.	4.14	4.03	4.12	4.06	3.95	4.08	4.07	4.16	4.37
22. I am better able to control my life.	4.06	3.94	4.04	3.97	3.90	3.97	4.00	4.09	4.31
23. I am better able to deal with crisis.	4.02	3.85	3.97	3.94	3.85	3.96	3.99	3.92	4.19
24. I am getting along better with my family.	4.05	3.92	3.82	3.88	3.75	3.85	3.89	3.88	4.16
25. I do better in social situations.	3.84	3.76	3.89	3.75	3.68	3.69	3.78	3.81	4.01
26. I do better in school and/or work.	3.76	3.73	3.78	3.65	3.53	3.65	3.71	3.67	3.91
27. My housing situation has improved.	3.85	3.78	3.81	3.71	3.64	3.67	3.58	3.98	4.13
28. My symptoms are not bothering me as much.	3.78	3.63	3.85	3.63	3.61	3.54	3.70	3.82	4.04
29. I do things that are more meaningful to me.	N/A	N/A	3.94	3.73	3.82	3.85	3.82	3.89	4.15
30. I am better able to take care of my needs.	N/A	N/A	3.95	3.85	3.93	3.87	3.83	4.00	4.29
31. I am better able to handle things when they go wrong.	N/A	N/A	3.89	3.65	3.72	3.82	3.72	3.78	4.11
32. I am better able to do things that I want to do.	N/A	N/A	3.80	3.70	3.78	3.79	3.74	3.77	4.12
33. I am happy with the friendships I have.	N/A	N/A	4.01	3.93	3.85	3.76	3.64	3.90	4.11

34. I have people with whom I can do enjoyable things.	N/A	N/A	4.01	3.94	3.86	3.72	3.75	3.99	4.18
35. I feel I belong in my community.	N/A	N/A	3.87	3.59	3.60	3.49	3.60	3.68	3.94
36. In a crisis, I would have the support I need from family or friends	N/A	N/A	3.95	3.79	3.82	3.93	3.86	3.93	4.24

This table represents Section D – Perception of Participation in Treatment Planning

<u>Question</u>	May 2006	Nov 2006	May 2007	Nov 2007	May 2008	Nov 2008	May 2009	Dec 2011	Aug 2012
11. I felt comfortable asking questions about my treatment and medications.	4.42	4.32	4.25	4.34	4.20	4.41	4.37	4.28	4.55
17. I, not staff, decided my treatment goals.	3.98	3.92	3.89	3.93	3.78	4.00	4.03	3.84	4.27

This table represents Section E – General Satisfaction

<u>Question</u>	May 2006	Nov 2006	May 2007	Nov 2007	May 2008	Nov 2008	May 2009	Dec 2011	Aug 2012
1. I liked the services that I received here.	4.46	4.38	4.39	4.45	4.28	4.42	4.41	4.30	4.71
2. If I had other choices, I would still get services at this agency.	4.27	4.21	4.14	4.16	4.10	4.11	4.33	4.06	4.59
3. I would recommend this agency to a friend or family member.	4.44	4.38	4.29	4.37	4.26	4.36	4.42	4.21	4.61

Recommended Actions:

The following action items are methods used in past years and current efforts to improve survey results.

Prior Action Items:

1. On-going training occurs with Navigators and Peer Advocates to ensure that as many consumers as possible are given the opportunity to complete the surveys.
2. Navigators and Peer Advocates have been trained to watch more closely for the completion of surveys and that is helping the completion rate for those started, but not finished.
3. Navigators and Peer Advocates have been trained to ensure that even if a consumer refuses to take a survey that the appropriate sections of the survey are filled out so that the refusal is always reported along with completed surveys.
4. Staff continues to find creative means to thank our consumers for taking time out of their day to complete a lengthy survey.
6. There have been frequent suggestions that the survey could be set up as a mailer to consumers to ensure that all consumers have the opportunity to give feedback about their experience with Placer County Systems of Care. State directives call for surveys to be given to consumers receiving, “face-to-face mental health services,” within the two week (and this year – one week) window indicated. This methodology has not changed despite budgetary impacts, and the changing nature of service delivery systems. For example, consumers have decreased direct contact with county sites and service centers.

Continuing Action Items:

1. Consumers and staff have continued to be notified by the use of posters and flyers at least 1-2 weeks ahead of time that the survey is going to take place, with the hope of increasing the consumer participation. Typically caseworkers are also notified by e-mail to remind their consumers to take the survey during the timeframe, which occurred again for this survey administration.
2. Placer County evaluation team members continue to collect the consumer's verbiage that is written on the surveys. This is something that isn't collected by the State, but has been found to be most helpful in order to gain qualitative data about how some consumers really feel about services, or about particular service providers.
3. Continuing attempts have been made to obtain a higher volume of Spanish surveys completed. It is generally believed that this population has been reluctant to complete written surveys, even when presented in Spanish, and even when a Spanish language speaker was present in the clinic for the duration of the survey. Spanish survey completion has increased very slowly and is not equivalent with expectations as there are a number of mono-lingual Spanish speaking consumers receiving services in the Tahoe and Lincoln areas).
4. We continue to post the survey results so the consumers can view them, and publicize the results identifying the importance of consumer voice during the upcoming survey period.
5. We continue to review satisfaction survey results with the MHDAB QI committee and the SOC QIC committee in order to make suggestions for improvements.

New Action Items:

1. All organizational providers who have face to face contact with consumers were included in the survey this year. Prior years did not include all providers due to low numbers of consumers presenting at their clinic sites, but that was changed for this year.
2. It is recognized that the highest sampling comes from the Cirby Hills site, where the majority of consumers come for psychiatric or other medical-related appointments. This does not represent a broad sampling of our client base, so future survey administrations will use additional methodologies to reach the broader client base. This might include mailing an invitation to consumers to take part in the survey.
3. The most successful survey period (highest yield of completed surveys) occurred in 2006, and may have been partially due to the inclusion of an incentive for consumers to complete the survey in the form of a raffle ticket drawn each day for a selection of donated gifts from a local retailer. Future survey periods might benefit from a similar incentive process should economic realities improve. A major barrier for consumer's completion of the survey still appears to be a perception that the survey is too long and will take up too much time to complete. The survey was shortened this year, but anecdotal information indicates that time for completion was still from 20 to 30 minutes, which might be considered a daunting task for some individuals.

Disclaimer: The Consumer Perception state process does not capture any verbiage written by the consumers on the actual surveys. Placer County continues to be interested in how many surveys were processed at each location, and the verbiage associated with each location. The consumer's thoughts are often direct quotes. There are spelling errors that have not been corrected, and some items that are unclear as to the writer's intent. These comments are listed below as Attachment A to the survey results. Verbiage is a valuable component in the surveys administered, because it serves as a hint to questions and services the state product may have overlooked

Attachment A

Auburn Dewitt

Survey was not held at this location for this survey period.

Survey Period	May 2008	November 2008	May 2009	December 2011	August 2012
Number of surveys turned in	97	80	70	N/A	N/A
Number of surveys left blank	37	44	33	N/A	N/A
Percentage left blank	38%	55%	47%	N/A	N/A

Roseville Cirby Hills

Survey Period	May 2008	November 2008	May 2009	December 2011	August 2012
Number of surveys turned in	104	52	75	121	93
Number of surveys left blank	38	12	19	39	N/A
Percentage left blank	37%	23%	25%	32%	N/A

Auburn – SMWG

Survey Period	May 2008	November 2008	May 2009	December 2011	August 2012
Number of surveys turned in	N/A	11	4	4	1
Number of surveys left blank	N/A	0	1	1	N/A
Percentage left blank	N/A	0%	25%	25%	N/A

Roseville – SMWG

Survey Period	May 2008	November 2008	May 2009	December 2011	August 2012
Number of surveys turned in	N/A	16	7	12	12
Number of surveys left blank	N/A	3	2	0	N/A
Percentage left blank	N/A	19%	29%	0%	N/A

Tahoe – SMWG

Survey Period	May 2008	November 2008	May 2009	December 2011	August 2012
Number of surveys turned in	24	0	10	3	8
Number of surveys left blank	2	0	0	0	N/A
Percentage left blank	8%	0%	0%	0%	N/A

Roseville – Turning Point

Survey Period	May 2008	November 2008	May 2009	December 2011	August 2012
Number of surveys turned in	N/A	N/A	N/A	35	65
Number of surveys left blank	N/A	N/A	N/A	12	N/A
Percentage left blank	N/A	N/A	N/A	34%	N/A

Totals for May 2008 and November 2008 and May 2009 and December 2011 and August 2012

Survey Period	May 2008	November 2008	May 2009	December 2011	August 2012
Number of surveys turned in	225	159	166	175	179
Number of surveys left blank	77	59	55	52	84
Percentage left blank	34%	37%	33%	30%	47%

Verbiage by Question Number

16. *Please provide comments here and/or on the back of this form, if needed. We are interested in both positive and negative feedback. Also, if there are areas which were not covered by this questionnaire which you feel should have been, please write them here. Thank you for your time and cooperation in completing this questionnaire.*

- Staff has extreme tolerance for mentally ill (and annoying) clients and continues to help in spite of this, and encourages clients to get better and take control of their lives.
- I am very happy with the services provided so far and very excited to see what comes out of all the support I'm going to receive.
- Michael Henderson is very helpful to me.
- I really got a lot out of the Cirby Club House. Thanks!
- Program has come together. Workers and client basics have come together.
- My case manager has gone out of her way to get me to appts. And work. I feel my case manager has done a very good job.
- I am happy about Rochelle and Shannon's help.
- Anyone of these counselors or employees can sabotage you/your case by their own personal judgment of what they read in your report. And they tell you they know nothing about your case and haven't read it, but isn't that their job to know to judge or use their "professional" opinion?
- This is my 3rd time coming here. It's the only place I would receive services at.
- Sierra Mental Wellness Group provided me with Individual Counseling. In going in with an open mind my recovery for the disease of addiction has been sane and more comfortable.
- Jan Phillips has been a great help to me.
- Very comfortable environment. Thank you.
- Stopped by a cop only once for walking in the bike land. She wanted to make sure I wasn't a "crazy" person. Was in the bike lane because no side walk was available. She stopped harassing me when I spoke of physical disability and could not walk around in the gravel. This was my only encounter I did not request.
- It took too long to get mental health services this time. In the past the amount of time it took could have resulted in another hospital trip and possible admit.
- I love David and Katie Silva!
- Opportunities to spend time with a psychiatrist were surely lacking even before Dr. Nguyen left. Having a psychiatrist available for 20 minutes at a time only one day a week doesn't even come close to being able to address anyone's needs, let alone an entire community. Shameful!
- The staff are very friendly, and help when I need information on appointments and with the department of rehabilitation with their questions.
- I love this place great councilors, and staff, very helpful.
- So much help. Thank you for this service.
- Thank you.
- I would not be here.

- I love it here. I enjoy my therapist and psychiatrist. They've really helped me.
- I really like the doctors here and I hope that I will be well again.
- You should allow other medical providers like Indigear Healthcare.
- Having Cirby by my side has enabled me to be me!
- There are two comments in Spanish:
 - Que comprenden las situaciones por la que venimos y sean pasentes y comprensivos con nosotros (They understood the situations that we came in for and were patient and understanding with us)
 - Para mi' en lo personal me ayuda mucho (For me, the people who work here helped me a lot.)