



# County of Placer

## Mental Health Services Evaluations – August 2013

### SURVEY RESULTS

Data in this report was extracted from the California Department of Mental Health Consumer Perception Survey, August 26<sup>th</sup> through the 30<sup>th</sup>, 2013  
243 questionnaires were collected.

Numbers below indicate how many individuals chose a given response.

<b>Consumer</b>	
Adult & Older Adult Consumers:	<b>243</b>
Total:	<b>243</b>

<b>Sex</b>	
Male:	<b>61</b>
Female:	<b>60</b>
Other:	<b>0</b>
Not Indicated:	<b>122</b>

<b>Race/Ethnicity</b>			
Caucasian/White:	<b>99</b>	Hawaiian or Other Pacific Islander:	<b>3</b>
Latino/Hispanic/Mexican:	<b>14</b>	Other:	<b>12</b>
American Indian/Alaska Native:	<b>3</b>	Unknown:	<b>1</b>
Asian	<b>1</b>	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:	<b>2</b>		

<b>How long in counseling?</b>	
This is my first visit	<b>3</b>
More than one visit but less than one month	<b>7</b>
1 to 2 months	<b>11</b>
3 to 5 months	<b>16</b>
6 Months to 1 Year	<b>21</b>
More Than 1 Year	<b>63</b>
Missing	<b>122</b>

### Services in Preferred Language

	YES	NO	NO RESPONSE
Adult & Older Adult Consumer:	108	1	134

### Written Materials in Preferred Language

	YES	NO	NO RESPONSE
Adult & Older Adult Consumer:	107	1	135

In August 2013, 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 August 2012. 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's Children's System of Care has developed an internal Performance Outcomes and Quality Improvement survey with Outcome screens and reports. Results in this report are for adult and older adult consumers only.

**Methodology:** The Consumer Perception Surveys (CPS) in Placer County are administered by self-identified consumers, who hold the position of a Peer Advocate contracted through NAMI California, and fulfill an important role in the survey process. Peer Advocates receive training on confidentiality and engagement by Placer County. For the CPS, Peer Advocates are scheduled and supervised to administer the survey to their peers. Prior to administration of the CPS, Peer Advocates are coached by identified staff on techniques of approaching their peers and supporting those peers in completing the survey. Peer Advocates also work with other trained consumer volunteers, and together they are responsible for set-up, handing out surveys, and collecting completed surveys at the end of the day. The Peer Advocates and consumer volunteers who act as the surveyors must assign the client case number from a master consumer list and are trained to do so. 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. Consumer 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, however, that was noted as a possible barrier during this survey period which will be noted further in this report. During this survey period, the surveys were collected at the ASOC site in Roseville as the majority of county delivered mental health clinic functions have been consolidated to this large population center. Surveyors in Roseville (ASOC) attempted to approach each consumer as they entered the clinic site.

Data collection also took place at the site of our Organizational Providers, Sierra Mental Wellness Group, 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. Peer Advocates, 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. As in past survey periods, Spanish speaking volunteers were available on most sites, and volunteers have been training on the language line for other languages. For this survey period, most consumer clients at the Roseville clinic location were on site for a medication appointment and it was noted that some refused to complete the survey as they were concerned they would miss their appointment if they did so. Others noted that they did not like having to give their name to even match to a number, as mentioned earlier.

NOTE: Four Older Adult surveys were completed, so the results of the Adult surveys have been combined and are reflected in the survey results. Two Spanish and one Tagalog surveys were captured. Many 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.

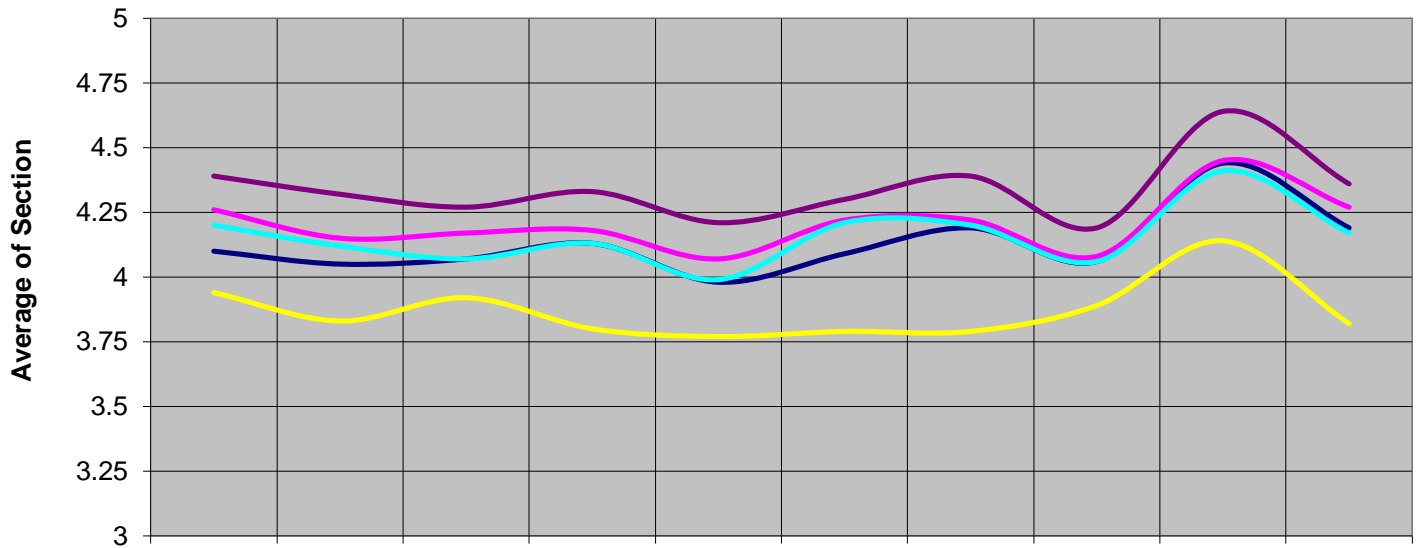
**Outcomes:** It should be noted that this survey period was only 1 week, and survey periods previous to December 2011 were 2 weeks in duration. Early survey years had shown overall decreasing trends in consumer satisfaction, but with additional survey results in more recent years, this trend has stabilized and has improved in many areas. This year showed a slight decrease in consumer satisfaction.

<b>Section</b>	<b>May 2006</b>	<b>Nov 2006</b>	<b>May 2007</b>	<b>Nov 2007</b>	<b>May 2008</b>	<b>Nov 2008</b>	<b>May 2009</b>	<b>Dec 2011</b>	<b>Aug 2012</b>	<b>Aug 2013</b>
Total Number of Surveys	335	338	196	170	225	159	166	175	179	243

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.

<b>Section</b>	<b>May 2006</b>	<b>Nov 2006</b>	<b>May 2007</b>	<b>Nov 2007</b>	<b>May 2008</b>	<b>Nov 2008</b>	<b>May 2009</b>	<b>Dec 2011</b>	<b>Aug 2012</b>	<b>Aug 2013</b>
A. Perception of Access	4.10	4.05	4.07	4.13	3.98	4.09	4.19	4.06	4.44	4.19
B. Perception of Quality and Appropriateness	4.26	4.15	4.17	4.18	4.07	4.22	4.22	4.08	4.44	4.27
C. Perception of Outcomes	3.94	3.83	3.92	3.80	3.77	3.79	3.79	3.89	4.14	3.82
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	4.17
E. General Satisfaction	4.39	4.32	4.27	4.33	4.21	4.30	4.39	4.19	4.64	4.36

## 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>	<u>May 2006</u>	<u>Nov 2006</u>	<u>May 2007</u>	<u>Nov 2007</u>	<u>May 2008</u>	<u>Nov 2008</u>	<u>May 2009</u>	<u>Dec 2011</u>	<u>Aug 2012</u>	<u>Aug 2013</u>
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	4.18
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	4.24
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	4.24
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	4.27
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	4.20
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	4.01

**This table represents Section B – Perception of Quality and Appropriateness**

<b><u>Question</u></b>	<b>May 2006</b>	<b>Nov 2006</b>	<b>May 2007</b>	<b>Nov 2007</b>	<b>May 2008</b>	<b>Nov 2008</b>	<b>May 2009</b>	<b>Dec 2011</b>	<b>Aug 2012</b>	<b>Aug 2013</b>
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	4.35
12. I felt free to complain.	4.12	4.08	4.03	4.09	4.06	4.25	4.07	4.00	4.44	4.20
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	4.36
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	4.41
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	4.08
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	4.41
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	4.24
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	4.25
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	4.17

**This table represents Section C – Perception of Quality and Outcomes**

<b><u>Question</u></b>	<b>May 2006</b>	<b>Nov 2006</b>	<b>May 2007</b>	<b>Nov 2007</b>	<b>May 2008</b>	<b>Nov 2008</b>	<b>May 2009</b>	<b>Dec 2011</b>	<b>Aug 2012</b>	<b>Aug 2013</b>
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	4.10
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	4.00
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	3.94
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	3.94
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	3.72
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	3.65
27. My housing situation has improved.	3.85	3.78	3.81	3.71	3.64	3.67	3.58	3.98	4.13	3.82
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	3.67
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	3.82
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	3.81
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	3.66
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	3.73
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	3.87
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	3.83
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	3.57
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	3.95

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

<b><u>Question</u></b>	<b>May 2006</b>	<b>Nov 2006</b>	<b>May 2007</b>	<b>Nov 2007</b>	<b>May 2008</b>	<b>Nov 2008</b>	<b>May 2009</b>	<b>Dec 2011</b>	<b>Aug 2012</b>	<b>Aug 2013</b>
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	4.39
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	3.96

**This table represents Section E – General Satisfaction**

<b><u>Question</u></b>	<b>May 2006</b>	<b>Nov 2006</b>	<b>May 2007</b>	<b>Nov 2007</b>	<b>May 2008</b>	<b>Nov 2008</b>	<b>May 2009</b>	<b>Dec 2011</b>	<b>Aug 2012</b>	<b>Aug 2013</b>
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	4.43
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	4.27
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	4.38

**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 all surveyors to ensure that as many consumers as possible are given the opportunity to complete the surveys.
2. Surveyors 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. Surveyors have been trained to ensure that even if a consumer client 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 and surveyors for taking time out of their day to complete a lengthy survey, and administer the survey.
5. 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 face-to-face 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. Survey results continue to be posted so the consumer's clients and volunteers can view them, and publicize the results identifying the importance of consumer voice during the upcoming survey period.
5. Satisfaction survey results continue to be reviewed with the MHDAB QI committee, the SOC QIC committee, and leadership groups in order to make suggestions for improvements.

### **New Action Items:**

1. All organizational providers who have face-to-face contact with consumer clients were included in the survey again this year. Prior years did not include all providers due to low numbers of consumers presenting at their clinic sites, but that was changed.
2. It is recognized that the highest internal county 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 if the state rules are changed.
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	August 2013
Number of surveys turned in	97	80	70	No Collection	No Collection	No Collection
Number of surveys left blank	37	44	33	No Collection	No Collection	No Collection
Percentage left blank	38%	55%	47%	No Collection	No Collection	No Collection

### Roseville Cirby Hills

Survey Period	May 2008	November 2008	May 2009	December 2011	August 2012	August 2013
Number of surveys turned in	104	52	75	121	93	146
Number of surveys left blank	38	12	19	39	N/A	64
Percentage left blank	37%	23%	25%	32%	N/A	44%

### Auburn – SMWG

Survey Period	May 2008	November 2008	May 2009	December 2011	August 2012	August 2013
Number of surveys turned in	N/A	11	4	4	1	4
Number of surveys left blank	N/A	0	1	1	N/A	0
Percentage left blank	N/A	0%	25%	25%	N/A	0

### Roseville – SMWG

Survey Period	May 2008	November 2008	May 2009	December 2011	August 2012	August 2013
Number of surveys turned in	N/A	16	7	12	12	16
Number of surveys left blank	N/A	3	2	0	N/A	6
Percentage left blank	N/A	19%	29%	0%	N/A	37.5%

### Tahoe – SMWG

Survey Period	May 2008	November 2008	May 2009	December 2011	August 2012	August 2013
Number of surveys turned in	24	0	10	3	8	3
Number of surveys left blank	2	0	0	0	N/A	0
Percentage left blank	8%	0%	0%	0%	N/A	0

### Roseville – Turning Point

Survey Period	May 2008	November 2008	May 2009	December 2011	August 2012	August 2013
Number of surveys turned in	N/A	N/A	N/A	35	65	74
Number of surveys left blank	N/A	N/A	N/A	12	N/A	29
Percentage left blank	N/A	N/A	N/A	34%	N/A	39%

**Totals for May 2008 and November 2008 and May 2009 and December 2011 and August 2012 and August 2013**

<b>Survey Period</b>	<b>May 2008</b>	<b>November 2008</b>	<b>May 2009</b>	<b>December 2011</b>	<b>August 2012</b>	<b>August 2013</b>
Number of surveys turned in	<b>225</b>	<b>159</b>	<b>166</b>	<b>175</b>	<b>179</b>	<b>243</b>
Number of surveys left blank	<b>77</b>	<b>59</b>	<b>55</b>	<b>52</b>	<b>84</b>	<b>99</b>
Percentage left blank	<b>34%</b>	<b>37%</b>	<b>33%</b>	<b>30%</b>	<b>47%</b>	<b>41%</b>

**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.*

- Everyday is a challenge but my therapist helps me get through it. One week is ok the next week crazy.
- I have been coming here for the past two years and look forward to my sessions, even if it hard I am learning boundaries and still working on myself.
- Thank you guy for everything. ☺
- Still kinda lost, don't know where therapy is headed.
- The nurse here at Cirby Hills, named "Shirley" is greatly lacking in compassion, empathy, and understanding, in my experience.
- I'm really happy with my overall treatment and my relationship with my case manager, Michael Henderson he's been so understanding and helpful over the years I've been seeing him. We relate and he has a good understanding – and is a man support person as well as other staff and people I've met here. The club house is also a main support—possible environment and people that care and understand and are willing to listen and talk.
- Very pleased with therapy they provide and with the scheduling and doctors.
- I LOVE the services I get here, from AMIH, PHF, and HHS. Scott Genschmer is THE VERY BEST!!
- Recent loss of prescription slip. Not willing to give new one to me. So upset with service from the nurses.
- Be more better about understanding me.
- I'm pleased with therapy I'm receiving in out sourcing giving by provider. –Maria Johnson-
- Ok ito! Ayos do! Masaya! (I think this is Tagalog)
- I feel safe here.
- Some questions were redundant. There should be a senior survey. (This person filled out the Older Adult Survey?)
- I think the help here is great-including clubhouse. I like the social workers and my nurse practitioner and doctors.
- I truly need help in many areas and have no clue what to do or where to go.
- I feel like I get the support I need here and I feel safe and can deal with any emergency I am having. I feel like they really care about me. ☺
- Coming here has been helpful and being able to talk to staff.
- Nurses and doctors that I've met are very compassionate and helpful in regards to my disease.
- My neutral answers are because I am a new patient here and have not met with the psychiatrist yet.
- I like the service provided here.

- Overall I feel it is a great place, just not for me. I am forced to come here do to what insurance I have which is ridiculous.
- It's actually helpful.
- Doctors need to ask the patient's what they think we need. As for as meds I want to take evgerta which I know will help me but since I had a drug problem past he wont.
- Even though this is my second time here for a doctor's appt I have meet some very responsive and kind people here. I enjoy the meetings and it's nice to see people that I have come across in my journey. Thank you for the helpful resources that were shared with me. I do appreciate!
- I enjoy the services I receive here.
- Sometimes I feel other patients are unjustly judging me. I like Cirby Clubhouse though I look forward to coming to Cirby Hills!
- Sometimes psych appointments are to fare apart. Why can't all psychiatrists be like Dr. Ignatowicz?
- Not enough psychiatrists meetings, appts.
- It is so great to be in a community program for evaluation and observation.
- Positive and regarding experience. Has helped me get my life on track.
- Their precision is good. The lessons and opinion are interesting. I'm safer with the panthlets they give.
- I feel like turning point can help me but I don't know or understand why I don't feel good all the time.
- Thank you.
- Well Turing Point trys to keep people out of the hospital.
- Why can't all psychiatrists be like Doc Ignatowicz/Need more psychiatrists.
- Court ordered.
- No thank you.
- Everything was asked in this questioner.
- I had a different case manager and things were really hard so I changed things and better!
- Problems and vehicles to appointments.
- I would like to go to the groups there but people there make fun of me. I don't like to show off my fat. If I looked as good as some of the staff there I would have the courage to go there more.
- Turning Point has helped me to try and think about present time.
- Everything was fine.
- Turning Point is the bomb.
- Turning Point has helped in my ways, and I'm very grateful to them all.
- Clients should be able to see the M.D once.
- I am lucky and fortunate to have the opportunity to go to "Turning Point" for service. The employees there are very nice, caring and helpful mostly all the time. Always have a good experience.