



County of Placer

Mental Health Services Evaluations – May 2014

SURVEY RESULTS

Data in this report was extracted from the California Department of Mental Health Consumer Perception Survey, April 28th through May 2nd, 2014
253 questionnaires were collected.

Numbers below indicate how many individuals chose a given response.

Consumer	
Adult & Older Adult Consumers:	253
Total:	253

Sex	
Male:	74
Female:	82
Other:	0
Not Indicated:	97

Race/Ethnicity			
Caucasian/White:	138	Hawaiian or Other Pacific Islander:	3
Latino/Hispanic/Mexican:	18	Other:	8
American Indian/Alaska Native:	7	Unknown:	1
Asian	4	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:	5		

How long in counseling?	
This is my first visit	10
More than one visit but less than one month	13
1 to 2 months	17
3 to 5 months	22
6 Months to 1 Year	27
More Than 1 Year	71
Missing	93

Services in Preferred Language			
	YES	NO	NO RESPONSE
Adult & Older Adult Consumer:	144	37	72

Written Materials in Preferred Language			
	YES	NO	NO RESPONSE
Adult & Older Adult Consumer:	144	36	73

In April and May 2014, 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 2013. 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 is administrated by self-identified consumers, including the Consumer Affairs Liaison, Peer Advocates, Peer navigators and consumer volunteers. Not only do individuals with life experience fulfill an important role within this survey process but they also have a vital role within the ongoing development of the service delivery model. Placer County’s peer navigators and advocates are contracted through Mental Health America (MHA) of Northern California and Advocates for Mentally Ill Housing (AMIH). Peer Advocates receive training on confidentiality and engagement from Placer County and through the Consumer Speakers Bureau. For the CPS, Peer Navigators/Advocates are scheduled and supervised to administer the survey to their peers. Prior to administration of the CPS, Peer Navigators/Advocates are coached by the Consumer Affairs Coordinator and Placer County staff on techniques of approaching their peers and supporting those peers in completing the survey. Peer Navigators/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. All consumers requesting services during the survey period are greeted in the reception area by the Peer Navigators/Advocates. The unique client number is assigned by the clinic reception staff when individuals are welcomed. This unique client number is the same number that is reported to the Department of Health Care Services (DHCS) 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 or who do not have a unique client number are given a nine-digit number that is not on the master list. 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 welcome and engage each consumer as they entered the clinic site.

In addition to the Roseville clinic, data collection also took place at the site of our Organizational Providers including Sierra Mental Wellness Group, with offices in Roseville, Auburn and Tahoe, and Turning Point Community Programs located 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. Throughout the survey period, completed surveys are collected in confidential survey boxes that located within the Organizational Providers 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 received instruction that they could not interpret questions, but could 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 received training on how to access interpreter services through the language line. 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.

NOTE: 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, similar to the previous year, showed a slight **decrease** in consumer satisfaction.

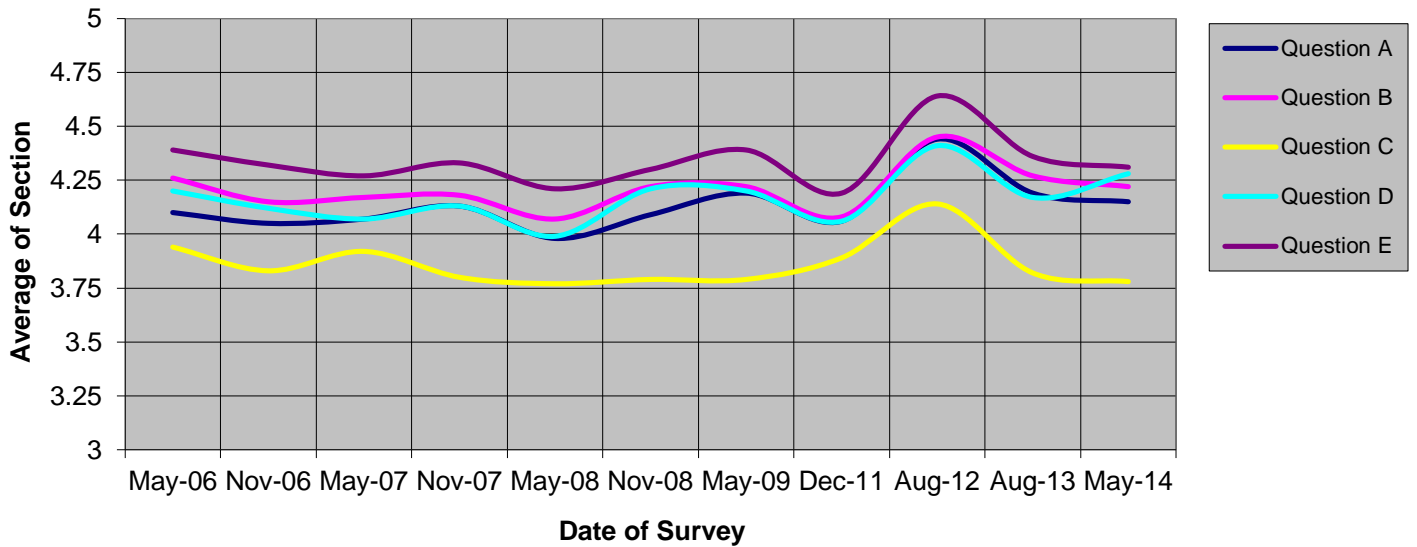
<u>Section</u>	May 2006	Nov 2006	May 2007	Nov 2007	May 2008	Nov 2008	May 2009	Dec 2011	Aug 2012	Aug 2013	May 2014
Total Number of Surveys	335	338	196	170	225	159	166	175	179	243	253

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	Aug 2013	May 2014
A. Perception of Access	4.10	4.05	4.07	4.13	3.98	4.09	4.19	4.06	4.44	4.19	4.15
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	4.22
C. Perception of Outcomes	3.94	3.83	3.92	3.80	3.77	3.79	3.79	3.89	4.14	3.82	3.78
D. Perception of Participation in	4.20	4.12	4.07	4.13	3.99	4.21	4.20	4.06	4.41	4.17	4.28

Treatment Planning											
E. General Satisfaction	4.39	4.32	4.27	4.33	4.21	4.30	4.39	4.19	4.64	4.36	4.31

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>	<u>May 2014</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	4.30
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	4.13
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	4.05
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	4.26
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	4.10
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	4.05

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	Aug 2013	May 2014
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	4.20
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	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	4.29
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	4.28
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	4.06
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	4.37
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	4.21
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	4.22
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	4.14

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	Aug 2013	May 2014
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	3.94
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	4.02
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	3.83
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	3.89
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	3.75
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	3.68
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	3.63
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	3.61
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	3.74
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	3.78
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	3.70
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	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	3.78
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	3.88
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	3.69
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	3.87

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	Aug 2013	May 2014
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	4.38
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	4.19

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	Aug 2013	May 2014
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	4.41
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	4.29
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	4.24

Recommended Actions:

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

Prior Action Items:

1. Continue to include all organizational providers who have face-to-face contact with consumer clients in the survey. Surveys completed prior to 2013 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 seek out additional methodologies to reach the broader client base through discussions with the Consumer Affairs Liaison and workgroups at Cirby Club House.
3. A major barrier for the consumer’s completion of the survey still appears to be the perception that the survey is too long, requiring 20-30 minutes to complete and not having the time necessary to do so. In 2006, the County was able to include a raffle as an incentive for consumers to complete the survey yielded the most successful survey period (highest yield of completed surveys). The use of incentives may have contributed to the high number of completed surveys. Each day during the 2006 Survey, a raffle ticket was drawn for a selection of donated gifts from a local retailer. Future survey periods might benefit from a similar incentive process should economic realities improve.

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.
6. On-going training occurs with all surveyors to ensure that as many consumers as possible are given the opportunity to complete the surveys.
7. 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.
8. 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.
9. 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.
10. 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.

New Action Items:

1. Consider developing a consumer workgroup to identify a strategy that will alert consumers to the upcoming survey.
2. Explore the use of incentive such as Raffle prizes.
3. Train staff to encourage clients to complete survey.

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	May 2014
Number of surveys turned in	97	80	70	No Collection	No Collection	No Collection	No Collection
Number of surveys left blank	37	44	33	No Collection	No Collection	No Collection	No Collection
Percentage left blank	38%	55%	47%	No Collection	No Collection	No Collection	No Collection

Roseville Cirby Hills

Survey Period	May 2008	November 2008	May 2009	December 2011	August 2012	August 2013	May 2014
Number of surveys turned in	104	52	75	121	93	146	160
Number of surveys left blank	38	12	19	39	N/A	64	40
Percentage left blank	37%	23%	25%	32%	N/A	44%	25%

Auburn – SMWG

Survey Period	May 2008	November 2008	May 2009	December 2011	August 2012	August 2013	May 2014
Number of surveys turned in	N/A	11	4	4	1	4	5
Number of surveys left blank	N/A	0	1	1	N/A	0	3
Percentage left blank	N/A	0%	25%	25%	N/A	0	60%

Roseville – SMWG

Survey Period	May 2008	November 2008	May 2009	December 2011	August 2012	August 2013	May 2014
Number of surveys turned in	N/A	16	7	12	12	16	21
Number of surveys left blank	N/A	3	2	0	N/A	6	4
Percentage left blank	N/A	19%	29%	0%	N/A	37.5%	19%

Tahoe – SMWG

Survey Period	May 2008	November 2008	May 2009	December 2011	August 2012	August 2013	May 2014
Number of surveys turned in	24	0	10	3	8	3	0
Number of surveys left blank	2	0	0	0	N/A	0	0
Percentage left blank	8%	0%	0%	0%	N/A	0	0

Roseville – Turning Point

Survey Period	May 2008	November 2008	May 2009	December 2011	August 2012	August 2013	May 2014
Number of surveys turned in	N/A	N/A	N/A	35	65	74	67
Number of surveys left blank	N/A	N/A	N/A	12	N/A	29	30
Percentage left blank	N/A	N/A	N/A	34%	N/A	39%	45%

Totals for May 2008 and November 2008 and May 2009 and December 2011 and August 2012 and August 2013 and May 2014

Survey Period	May 2008	November 2008	May 2009	December 2011	August 2012	August 2013	May 2014
Number of surveys turned in	225	159	166	175	179	243	253
Number of surveys left blank	77	59	55	52	84	99	77
Percentage left blank	34%	37%	33%	30%	47%	41%	30%

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.*

- Parenting Tue nites w/Melissa excellent! Stephen Simonson-Great psy. Very compassionate. Make you work. Awesome.
- Thanks for all services provided.
- I am doing much better, mentally, emotionally and physically, since I started coming to Turing Point.
- I like the turning point program and their help.
- Like the staff and I've been helped and rescued several times. People at Turning Point care about me that I'm well. They are professional and nice most always giving that help I need.
- Nothing I am with my services here and the questions were fine. Happy Good about access to doctor. Access needing to go back on a same med if having problem taken off.
- Client suffers both physical and mental health disabilities and was unable to complete entire survey at this time.
- I feel that I am now getting the help I need, but there as a six month gap that I wasn't.
- I don't think I could have made it through the whole thing without support from my case manager.
- Everyone here from the front desk to drs and nurses are helpful and will go out of their way to help.
- The medicine that was prescribed seems to be helping my Bipolar illness and anxiety and depression.
- I am doing better however something is still really wrong. I'm really a man on the edge. I just really don't know how much longer I can just hold on waiting for things to improve. I keep doing everything I'm supposed to. I'm working my ass off to pull myself out of this. My meds just aren't there yet.

- This is only my 3rd visit. I was impressed with the courtesy and professionalism exhibited by all the staff, especially Dr. Curren. He went out of his way to make availability when I was in a crisis and the other doctor canceled!
- I had thought insertica 24/7 for @ 5 days and my psychiatrist said to wait 10 days till my appointment. I could have resulted in a worse mental condition than the past. I thought it was very irresponsible.
- My case manager is the most inefficient human BEING! Mike should not have a job and be fired immediately due to his lack of service to me! Any attempt made by me to communicate of have anything done was disregarded! All other services are well, were wonderful. Olga is a Saint sent from HEAVEN. She is put here because she believes in people and helping them get well. Stewart Rawlings kept his place in ORDER! Now it's a mess. Had an appointment with N.P. Marla last week... She's a gem! Keep HER here! We need her. She's very intelligent, resource ready, full of vigor (spirit) and just what the patients here need to see, just saying! I should know. Thank you. (Name and phone number given)
- Prior to my last visit I got shuffled around a lot and had extreme difficulty receiving the services I needed. The last visit I was uncooperative and preoccupied with current living circumstances.
- I refute needing psychiatric care.
- They change my doctors to much and they still haven't provided me a case worker.
- Want cannabis.
- Has been a good experience.
- Live it or live with it.
- Good company, good people, good services. Good ☺ Job.
- Since staying at Gathering Inn – Police treat me like a transient and a low-life.
- I am and always have been very happy with the services I receive here.
- This was the longest survey I have ever even seen. I have filled out job applications shorter than this.
- Thanks go to those who talked to me.
- Everyone is very encouraging. Thank you! Sharon
- I have had bad experiences with staff at Anka...They have been documented/reported.
- Health.
- I need a stimulant to control my A.D.D. and I can't get what helps the most here.
- Good services. I'm satisfied.
- I feel I have friends and doctors who care about me and teachers who care for me. I am very grateful for there help and cooperation. (Thanks a lot).
- When I am in a crisis and need help emotionally, why isn't a psychiatrist available at that time, that I could call? Why must I wait for office hours, in line, for an appt. only? If I get upset, no mental health is on call. That's way the mentally-ill get killed by police. The police are not equipped to help them.
- I have always had positive, great service here.
- The service I received here almost perfect. I have no compliant.
- I think the county needs to rethink their lowering of the medications available. I have a severe anxiety problem and I don't think I am getting enough medication.
- Having trouble getting paperwork correctly to EDD temp disability.
- I appreciate the staff who do take their time to listen and compromise with my needs. Thanks guys. W/o you I wouldn't be the woman I am today.
- I enjoy Cirby Clubhouse. The staff is friendly. Would like to get more involved.