

County of Placer

Mental Health Services Evaluations - November 2014

SURVEY RESULTS

Data in this report was extracted from the California Department of Mental Health Consumer Perception Survey, November 17th through November 21nd, 2014 130 questionnaires were collected.

Numbers below indicate how many individuals chose a given response.

Consumer	
Adult & Older Adult Consumers:	130
Total:	130

Sex	
Male:	45
Female:	43
Other:	2
Not Indicated:	40

Race/Ethnicity										
Caucasian/White:	71	Hawaiian or Other Pacific Islander:	1							
Latino/Hispanic/Mexican:	11	Other:	6							
American Indian/Alaska Native:	7	Unknown:	2							
Asian	2	The total number of answers may not equal the number								
African American/Black:	4	completed questionnaires. A consumer can mark all t apply or not answer at all.	:hat							

How long in counseling?											
This is my first visit	1										
More than one visit but less than one month	6										
1 to 2 months	14										
3 to 5 months	9										
6 Months to 1 Year	13										
More Than 1 Year	46										
Missing	41										

Services in Preferred Language												
YES NO NO RESPONSE												
Adult & Older Adult Consumer:	83	2	45									

Written Materials in Preferred Language												
YES NO NO RESPONSE												
Adult & Older Adult Consumer:	78	2	50									

In November 2014, Placer County surveyed consumers of mental health services regarding the quality and timeliness of services delivered by Placer County and it's contracted Providers. This survey, known as the Consumer Perception Survey (CPS) was last administered in November 2014. 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 administrated by individual's with life experience who hold the position of either a Peer Advocate, Peer Navigator, Family Advocate or a volunteer through contracts with Advocates for Mental III Housing (AMIH) and Mental Health America-Placer (MHA). The use of individuals with life experience fulfills an important role in the survey process. MHA's Consumer Affairs Coordinator takes the lead on the recruitment of all people administering the survey and provides additional support and training, which includes training on confidentiality and client engagement. The Consumer Affairs Coordinator works with the Advocates and other trained consumer volunteers who are responsible for setting up, handing out surveys, and collecting completed surveys at the end of the day.

Individuals who arrive at the clinic are required to check in with the clinic receptionist. The clinic receptionist welcomes consumers to the clinic and records the unique client number on the survey form. For the CPS, the unique client number is the same number that is reported to the DHCS Client and Services Information (CSI) System. Advocates are present to assist service recipients in completing the forms and to offer additional support. 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.

Historically, consumers have reported feeling comfortable giving out their names as they are assured of confidentiality by their peers, however, this was noted as a possible barrier in previous survey results. Having the clinic receptionist complete this task may eliminate this concern as a potential barrier.

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. 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. As noted in previous survey results most consumer clients at the Roseville clinic location were either on site for a medication appointment or where relying on public transportation and it was noted that some refused to complete the survey as they were concerned they would miss their appointment or transportation if they took the time to complete a survey.

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 continues to show stable, overall positive and consistent results. In addition, this year showed a dramatic decrease in the number of completed surveys. This is due in part to a clarification with the organizational providers of how to administer the survey. In past years, they had been labelling and numbering surveys even if the client was not due in for an appointment which artificially inflated the numbers reported.

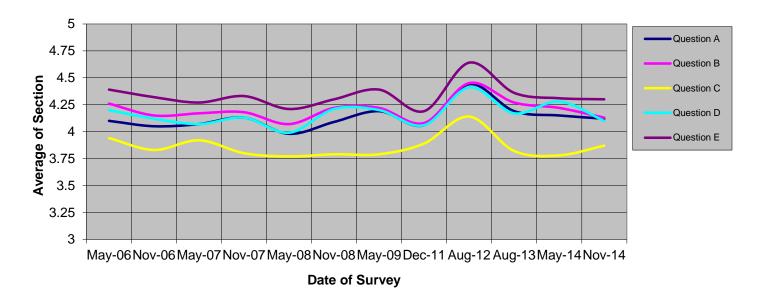
Results from the Quality of Life questions were not included on prior year's reports due to an oversight. They are included in this report and will be tracked over time in future years.

Section	May	Nov	May	Nov	May	Nov	May	Dec	Aug	Aug	May	Nov
	2006	2006	2007	2007	2008	2008	2009	2011	2012	2013	2014	2014
Total Number of Surveys	335	338	196	170	225	159	166	175	179	243	253	130

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	Nov 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	4.12
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	4.13
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	3.87
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	4.28	4.10
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	4.30

Overall Perception of Service



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	Aug 2013	May 2014	Nov 2014
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	4.20
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	4.19
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	4.16
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	4.23
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	4.07
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	3.84

This table represents Section B – Perception of Quality and Appropriateness

Question	May 2006	Nov 2006	May 2007	Nov 2007	May 2008	Nov 2008	May 2009	Dec 2011	Aug 2012	Aug 2013	May 2014	Nov 2014
10. Staff believed that I	4.00	4.00	4.00	4.00	4.40	4.44	4.00	4.04	4.50	4.05	4.00	4.00
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	4.23
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	4.09
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	4.24
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	4.21
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	3.95
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	4.23
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	4.15
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	4.00
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	4.09

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	Nov 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	4.03
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	3.88
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	3.85
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	3.88
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	3.82
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	3.78
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	3.89
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	3.80
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	3.87

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	4.00
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	3.85
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	3.85
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	3.85
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	3.90
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	3.67
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	3.96

<u>This table represents Section D – Perception of Participation in Treatment Planning</u>

Question	May 2006	Nov 2006	May 2007	Nov 2007	May 2008	Nov 2008	May 2009	Dec 2011	Aug 2012	Aug 2013	May 2014	Nov 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	4.27
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	3.93

This table represents Section E – General Satisfaction

Question	May 2006	Nov 2006	May 2007	Nov 2007	May 2008	Nov 2008	May 2009	Dec 2011	Aug 2012	Aug 2013	May 2014	Nov 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	4.38
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	4.24
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	4.28

This table represents Quality of Life Questions

Each of the Quality of Life questions section is based on a scale of 1 to 7;

- 1 representing "Terrible"
- 2 representing "Unhappy" 3 representing "Mostly Dissatisfied"
- 4 representing "Mixed"
- 5 representing "Mostly Satisfied" 6 representing "Pleased"
- 7 representing "Delighted"

Represented below is the average consumer response to the specific section.

Question	Nov 2014				
	Genera	al Life Satisfac	tion_		
1. How do you feel about your life in general?	4.60				
	Living Situatio	n – How do yo	u feel about		
2A. The Living arrangements where you live?	4.73				
2B. The privacy you have there?	5.06				
2C. The prospect of staying on where you currently live for a long period of time?	4.73				
Daily A	<u> Activities & Fun</u>	ctioning - Hov	<mark>v do you feel ak</mark>	<u>oout</u>	
3A. The way you spend your spare time?	4.71				
3B. The chance you have to enjoy pleasant or beautiful things?	5.05				
3C. The amount of fun you have?	4.66				
3D. The amount of relaxation in your life?	4.54				
	Family – F	low do you fee	el about		
5A. The way you and your family act toward each other?	4.78				
5B. The way things are in general between you and your family?	4.51				
	Social Relation	<u>ns – How do yo</u>	ou feel about		
7A. The things you do with other people?	4.78				
7B. The amount of time you spend with other people?	4.51				
7C. The people you see socially?	4.85				
7D. The amount of friendship in your life?	4.55				

Question		ov)14									
			v – How	do voi	l u feel ab	OUt					
11A. How safe you are on the streets in your neighborhood?		20	1.00	uo yo	1001 45	<u> </u>					
11B. How safe you are where you live?	5.	38									
11C. The protection you have against being robbed or attached?	5.36										
<u>Health – How do you feel about</u>											
12A. Your health in general?	4.	60									
12B. Your physical condition?	4.	52									
12C. Your emotional well-being?	4.	52									
Finances – During the past mo		d you go 2014	enerally	have e	enough r	money t	o cover	the foll	owing ite	<u>ems</u>	
	N	<u>Y</u>	N	<u>Y</u>	<u>N</u>	<u>Y</u>	<u>N</u>	<u>Y</u>	N	<u>Y</u>	
8A. Food?	17	73	_	_	_	† -		_		_	
8B. Clothing?	30	60									
8C. Housing?	20	71									
8D. Traveling around for things like shopping, Medical appointments, or visiting friend and relatives?	33	58									
8E. Social activities like movies or eating in restaurants?	44	46									

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 since 2011 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. 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.
- 2. 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.
- 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.
- 4. 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. .
- 2. It is recognized that the highest internal county sampling comes from the Cirby Hills site, where the majority of consumers come for psychiatric 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 several years ago, 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	Nov	May	Dec	Aug	Aug	May	Nov
	2008	2008	2009	2011	2012	2013	2014	2014
Number of surveys turned in	97	80	70	No Collection	No Collection	No Collection	No Collection	No Collection
Number of surveys left blank	37	44	33	No Collection	No Collection	No Collection	No Collection	No Collection
Percentage left blank	38%	55%	47%	No Collection	No Collection	No Collection	No Collection	No Collection

Roseville Cirby Hills

Survey Period	May 2008	Nov 2008	May 2009	Dec 2011	Aug 2012	Aug 2013	May 2014	Nov 2014
Number of surveys turned in	104	52	75	121	93	146	160	49
Number of surveys left blank	38	12	19	39	N/A	64	40	13
Percentage left blank	37%	23%	25%	32%	N/A	44%	25%	26.5%

Auburn – SMWG

Survey Period	May 2008	Nov 2008	May 2009	Dec 2011	Aug 2012	Aug 2013	May 2014	Nov 2014
Number of surveys turned in	N/A	11	4	4	1	4	5	2
Number of surveys left blank	N/A	0	1	1	N/A	0	3	0
Percentage left blank	N/A	0%	25%	25%	N/A	0%	60%	0%

Roseville - SMWG

Survey Period	May 2008	Nov 2008	May 2009	Dec 2011	Aug 2012	Aug 2013	May 2014	Nov 2014
Number of surveys turned in	N/A	16	7	12	12	16	21	20
Number of surveys left blank	N/A	3	2	0	N/A	6	4	0
Percentage left blank	N/A	19%	29%	0%	N/A	37.5%	19%	0%

Tahoe - SMWG

Survey Period	May 2008	Nov 2008	May 2009	Dec 2011	Aug 2012	Aug 2013	May 2014	Nov 2014
Number of surveys turned in	24	0	10	3	8	3	0	6
Number of surveys left blank	2	0	0	0	N/A	0	0	0
Percentage left blank	8%	0%	0%	0%	N/A	0%	0%	0%

Roseville – Turning Point

Survey Period	May	Nov	May	Dec	Aug	Aug	May	Nov
	2008	2008	2009	2011	2012	2013	2014	2014
Number of surveys	N/A	N/A	N/A	35	65	74	67	53
turned in	IN/A	IN/A	IN/A	33	03	/4	07	33
Number of surveys left	N/A	N/A	N/A	12	N/A	29	30	16
blank	IN/A	IN/A	IN/A	12	IN/A	29	30	10
Percentage left blank	N/A	N/A	N/A	34%	N/A	39%	45%	30%

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

Survey Period	May 2008	Nov 2008	May 2009	Dec 2011	Aug 2012	Aug 2013	May 2014	Nov 2014
Number of surveys turned in	225	159	166	175	179	243	253	130
Number of surveys left blank	77	59	55	52	84	99	77	29
Percentage left blank	34%	37%	33%	30%	47%	41%	30%	22%

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 fell should have been, please write them here. Thank you for your time and cooperation in completing this questionnaire.
 - I wish the state would get the hell out of my business! This includes Placer County Courts!
 - My <u>REAL</u> assessment has never been done. I never met my "case manager" and the ball on getting the assessment done has been dropped by Placer Mental Health, as a whole.
 - I love coming here. So helpful. I wish I had come here sooner.
 - Client refused to complete remainder of survey.
 - Client feels as if she is working towards goals.
 - I live in a place that I get along with people and have a life. I'm happy.
 - Thanks for all your help.
 - They help me with my medications.
 - Mental Health in CA worked fine.
 - Turning Point has helped me achieve some goals, so I can be more responsible and keep out of trouble.
 - Thanx!
 - Thank you for your help and cooperation.
 - I wish that you had like college classes and credit.
 - I fell much better now. I hope our doctor stays.
 - Thank you for the appointments and kindness.
 - I think bringing in an essential oil class would really help others.
 - Was assaulted by officer flood and arrested.
 - Thank you for all the help@

- "Male" and "Female" are not genders, they are biological sexes. More appropriate would be "man" and "woman" or something similar.
- Keep up the good work.
- I have felt comfortable from my intake visit up till getting to know my mental health provider (nurse practitioner.)
- I've had 3 different doctors in the last year and I have hard time adjusting to the changes but my last dr. was the best. I was really Happy with him.
- I am in need of therapy for a loss in family.
- They seem good.
- The staff here is friendly and kind. My therapist is wonderful. She has been very helpful to me and I appreciate it very much. I have suggested this place to several people.
- Melissa has been an excellent part of my recovery from domestic violence.
- I really enjoy the positive vibe I get when I come here. I also feel like the consoling I'm receiving is very helpful and is moving me forward.
- I appreciate having the service offered to me. I have been helped to recognize feeling and situations that have been repressing throughout the years. Facing these situations has been difficult, but rewarding.
- Invaluable services by kind people.
- Melissa has been a wonderful therapist. There has been a huge positive change as a result of therapy here!