Consumer Perception Survey Data
EBP Symposium
April 3-April 4, 2017
Rikke Addis, M.A. and Steve Weatherbee, Ph.D.
TOPICS

• Consumer Perception Survey – California Data Collection
• Data analysis pilot – demonstration
• Feedback and data use examples
• Discussion:
  ✓ How do or should we use satisfaction data?
  ✓ What role does satisfaction data play in outcomes tracking?
  ✓ What are barriers/challenges with gathering satisfaction data?
Consumer Perception Data Collection in California

- Goal of the survey: To collect data for reporting on the federally determined National Outcomes Measures (NOMs)
- The Substance Abuse and Mental Health Services administration (SAMHSA) requires reporting on NOMs
- Receipt of federal Community Mental Health Services Block Grant (MHBG) funding is contingent upon the submission CPS data
- CIBHS oversees the data processing of the CPS data for the state of California
- Recently initiated a pilot to test the use of eBHS for CPS survey data

Reference: DHCS MHSUDS Information Notice 15-045
The National Outcome Measures (NOM) Purpose (SAMHSA)

“The Substance Abuse and Mental Health Services Administration (SAMHSA) has identified 10 domains for National Outcome Measures (NOM). The domains embody meaningful, real-life outcomes for people who are striving to attain and sustain recovery, build resilience, and work, learn, live, and participate fully in their communities. The NOMs matrix represents the beginning of a state-level reporting system that, in turn, will create an accurate and current national picture of substance-abuse and mental-health services.”

http://www.centerforebp.case.edu/resources/tools/national-outcomes-measures-nom
SAMHSA's National Outcome Measure Domains

1) Abstinence from drug use and alcohol abuse
   a) Decreasing symptoms of mental illness and improved functioning
2) Resilience and sustaining recovery
   a) Getting and keeping a job or enrolling and staying in school
3) Resilience and sustaining recovery
   a) Decreased involvement with the criminal justice system
4) Resilience and sustaining recovery
   a) Securing a safe, decent, and stable place to live
5) Resilience and sustaining recovery
   a) Social connectedness to and support from others in the community such as family, friends, co-workers, and classmates
6) Increased access to services for both mental health and substance abuse
7) Retention in services for substance abuse or decreased inpatient hospitalizations for mental health treatment

8) Quality of services provided
    a) Client perception of care
9) Quality of services provided
    a) Cost-effectiveness
10) Quality of services provided
    a) Use of evidence-based practices in treatment
Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely.

**Example:** Correct ☐  Incorrect ✗  ✔

### MHSIP Consumer Survey

Please answer the following questions based on the **LAST 6 MONTHS** OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree, are Neutral, Disagree, or Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for Not Applicable to indicate that this item does not apply to you.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>I am Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I like the services that I received here.</td>
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<td>2. If I had other choices, I would still get services from this agency.</td>
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<td>3. I would recommend this agency to a friend or family member.</td>
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<td>4. The location of services was convenient (parking, public transportation, distance, etc.).</td>
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<td>5. Staff were willing to see me as often as I felt it was necessary.</td>
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<td>6. Staff returned my calls within 24 hours.</td>
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<td>7. Services were available at times that were good for me.</td>
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<td>8. I was able to get all the services I thought I needed.</td>
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</tbody>
</table>
# Outcomes Domain

As a direct result of the services I received:

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>I am Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. I am better able to deal with crisis.</td>
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<tr>
<td>24. I am getting along better with my family.</td>
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<tr>
<td>25. I do better in social situations.</td>
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<td>26. I do better in school and/or work.</td>
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<tr>
<td>27. My housing situation has improved.</td>
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<tr>
<td>28. My symptoms are not bothering me as much.</td>
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<tr>
<td>29. I do things that are more meaningful to me.</td>
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<tr>
<td>30. I am better able to take care of my needs.</td>
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<td>31. I am better able to handle things when they go wrong.</td>
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<tr>
<td>32. I am better able to do things that I want to do.</td>
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</tr>
</tbody>
</table>

Questions that fall in the outcomes domain
Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose Not Applicable if the question does not apply to you.

### General Life Satisfaction

<table>
<thead>
<tr>
<th>Question</th>
<th>Terrible</th>
<th>Unhappy</th>
<th>Mostly Dissatisfied</th>
<th>Mixed</th>
<th>Mostly Satisfied</th>
<th>Pleased</th>
<th>Delighted</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How do you feel about your life in general?</td>
<td></td>
<td></td>
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</tbody>
</table>

### Living Situation

2. Think about your current living situation. How do you feel about:

<table>
<thead>
<tr>
<th></th>
<th>Terrible</th>
<th>Unhappy</th>
<th>Mostly Dissatisfied</th>
<th>Mixed</th>
<th>Mostly Satisfied</th>
<th>Pleased</th>
<th>Delighted</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. The living arrangements where you live?</td>
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<td>B. The privacy you have there?</td>
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<tr>
<td>C. The prospect of staying on where you currently live for a long period of time?</td>
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<td></td>
</tr>
</tbody>
</table>

### Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:

<table>
<thead>
<tr>
<th></th>
<th>Terrible</th>
<th>Unhappy</th>
<th>Mostly Dissatisfied</th>
<th>Mixed</th>
<th>Mostly Satisfied</th>
<th>Pleased</th>
<th>Delighted</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. The way you spend your spare time?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. The chance you have to enjoy pleasant or beautiful things?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. The amount of fun you have?</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. The amount of relaxation in your life?</td>
<td></td>
<td></td>
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</tbody>
</table>
Arrest Data

Please answer the following questions to let us know how you are doing.

1. Approximately, how long have you received services here?
   - ○ This is my first visit here.
   - ○ I have had more than one visit but I have received services for less than one month.
   - ○ 1 - 2 Months
   - ○ 3 - 5 Months
   - ○ 6 months to 1 year
   - ○ More than 1 year

Please answer Questions #2 - 4, below, if you have been receiving services for ONE YEAR OR LESS. If you have been receiving services for "MORE THAN ONE YEAR," please SKIP to Questions #5.

2. Were you arrested since you began to receive mental health services?  ○ Yes  ○ No

3. Were you arrested during the 12 months prior to that?  ○ Yes  ○ No

4. Since you began to receive mental health services, have your encounters with the police . . .
   - ○ been reduced (for example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program)
   - ○ stayed the same
   - ○ increased
   - ○ not applicable (I had no police encounters this year or last year)

Please answer Questions #5 - 7 only if you have been receiving mental health services for "MORE THAN ONE YEAR."

5. Were you arrested during the last 12 months?  ○ Yes  ○ No

6. Were you arrested during the 12 months prior to that?  ○ Yes  ○ No

7. Over the last year, have your encounters with the police . . .
# Demographics

Please answer the following questions to let us know a little about you.

8. What is your gender?  
   - Female  
   - Male  
   - Other

9. Are you of Mexican / Hispanic / Latino origin?  
   - Yes  
   - No  
   - Unknown

10. What is your race? (Please mark all that apply.)  
    - American Indian / Alaskan Native  
    - Native Hawaiian / Other Pacific Islander  
    - Asian  
    - White / Caucasian  
    - Black / African American  
    - Other

### DOB allows for age filtering option

Survey Dates: November 1-15, 2010

11. What is your date of birth? (Write it in the boxes AND fill in the circles that correspond. See Example.)

   **EXAMPLE:** Date of birth on April 30, 1967:

   Date of Birth (mm-dd-yyyy)
   
   1. Write in your date of birth
   2. Fill in the date of birth

CSI County Client Number

***Must be entered on EVERY page***

Page 4 of 5

CONTINUED ON NEXT PAGE...

CIBHS.ORG
12. Were the services you received provided in the language you prefer?  ○ Yes  ○ No

13. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer?  ○ Yes  ○ No

14. What was the primary reason you became involved with this program? (Mark one):
   ○ I decided to come in on my own.
   ○ Someone else recommended that I come in.
   ○ I came in against my will.

15. Please identify who helped you complete any part of this survey (Mark all that apply):
   ○ I did not need any help.
   ○ A professional interviewer helped me.
   ○ A mental health advocate / volunteer helped me.
   ○ My clinician / case manager helped me.
   ○ Another mental health consumer helped me.
   ○ A staff member other than my clinician or case manager helped me.
   ○ A member of my family helped me.
   ○ Someone else helped me. Who?: _________________________

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.

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Thank you for taking the time to answer these questions!
CPS Data – Demonstration

Two different types of analyses 1) Domain scores (Likert scale), 2) Percentage of clients who answered ‘agree’ or ‘strongly agree’

Ability to filter data based on data fields from the survey
CPS Survey Pilot

• Step 1: Build basic analytics in eBHS
  ✓ Likert Scale – average scores
  ✓ Satisfaction rates

• Step 2: Solicit county to assist in developing meaningful report templates

• Step 3: Open up system to interested counties for feedback and testing
Goal of CPS Pilot

• To use every piece of data collected
• Collect feedback from counties on system and analyses
• To continually improve the way data is reported based on given feedback
• To make data easily accessible to counties
<table>
<thead>
<tr>
<th>CPS Pilot Feedback</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Please rate the overall look of eBHS</td>
<td>Excellent 13%</td>
</tr>
<tr>
<td></td>
<td>Fair 13%</td>
</tr>
<tr>
<td></td>
<td>Good 75%</td>
</tr>
<tr>
<td>• For the most part the software is easy to use.</td>
<td></td>
</tr>
<tr>
<td>• Very user friendly and reacted quickly when forms</td>
<td></td>
</tr>
<tr>
<td>were submitted/updated during the live demo.</td>
<td></td>
</tr>
<tr>
<td>• had some problems with the print feature.</td>
<td></td>
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<tr>
<td>• The web service provided by CIBHS runs very quickly</td>
<td></td>
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<tr>
<td>considering the amount of data that must be</td>
<td></td>
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<tr>
<td>processed. The information that is presented is</td>
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<tr>
<td>color coded, which makes deciphering the data</td>
<td></td>
</tr>
<tr>
<td>simple.</td>
<td></td>
</tr>
<tr>
<td>How user friendly eBHS?</td>
<td>Somewhat 38%</td>
</tr>
<tr>
<td></td>
<td>Very 63%</td>
</tr>
<tr>
<td>• Enjoyed the direct-entry aspect for clients and</td>
<td></td>
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<tr>
<td>clinicians.</td>
<td></td>
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<tr>
<td>• Learning how to navigate through the different</td>
<td></td>
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<tr>
<td>menus of eBHS was straightforward. The webinars</td>
<td></td>
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<tr>
<td>available allowed me to better understand the</td>
<td></td>
</tr>
<tr>
<td>purpose of certain filters and tabs.</td>
<td></td>
</tr>
<tr>
<td>• it would be nice if errors were explained or not</td>
<td></td>
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<tr>
<td>allowed.</td>
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<tr>
<td>Please rate the usefulness of the CPS data in eBHs</td>
<td>Not very useful 13%</td>
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<tr>
<td></td>
<td>Somewhat useful 25%</td>
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<tr>
<td></td>
<td>Very useful 63%</td>
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<tr>
<td>• The sub-tabs take a little understanding to set up</td>
<td></td>
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<tr>
<td>each piece of the data pull, it would be nice for</td>
<td></td>
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<tr>
<td>it to default with all sessions of the survey</td>
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<tr>
<td>then be able to filter down from there.</td>
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</tbody>
</table>
If applicable, please let us know what external reporting requirements the CPS analyses in eBHS can help meet

• Beneficiary satisfaction (EQRO, DHCS, Title 9, etc.).
• The CPS analyses in eBHS can help our department better understand external issues regarding clients. They may have barriers such as their living situations that may prevent them from reaching their goals. The results of the CPS provided by eBHS will help us analyze what those barriers may be in order to further help in their recovery.
• DHCS Audits, EQRO.
• We will use the data/reports both internally and externally - results shared with staff, stakeholders, community, auditors, etc.
If applicable, please let us know what internal reporting requirements the CPS analyses in eBHS can help meet

- **Goal setting** around low client scores. Program planning around team success and needs.
- The CPS analyses in eBHS can help identify internal issues in our organization that can be improved in order to help clients receive the best level of care. The eBHS results could reveal that clients may be unhappy that staff members are not returning their calls within a certain time frame. This gives our organization the opportunity to discover why this is occurring and improve the process of returning calls.
- **Contract Compliance**, reporting of CPS data to clinics and contractors.
- We will be reviewing the data in our QIC meeting next week.
Data Use Example
Napa County

• Reviewed data and found lower scores in the ‘Perception of Social Connectedness’ domain
• Initiated a Performance Improvement Project (PIP) based on the results
• Conducted focus groups with stakeholders to better understand the data
eBHS is a flexible web-based platform that enables custom development to support unique organizational needs for data gathering, data management, and organizational work flow application development, individual and aggregate statistical reports with dynamic graphing and custom reporting.

Platform developed by Steve Weatherbee, Ph. D., founder of eCenter Research, Inc. – specializing exclusively in Software as a Service for mental health and addictions treatment providers.
Discussion – what do you think?

✓ How do or should we use satisfaction data?

✓ What role does satisfaction data play in outcomes tracking?

✓ What are barriers/challenges with gathering satisfaction data?
For More Information:

Rikke Addis
raddis@cibhs.org