


Project Overview



**Stakeholders Working Together:
Oklahoma's Constituent
Survey Evaluation Initiative**

Oklahoma Department of Mental Health
and Substance Abuse Services

Venita Johnson, B.BA
Mental Health Block Grant Technical Assistance Conference
Washington, D.C., May 30, 2002

Oklahoma's constituent survey initiative is an example of stakeholders working together to link service improvements with quality measures while optimizing the use of shrinking financial resources.

To coordinate the assessment of stakeholder opinions about mental health, substance abuse or domestic violence services, the state mental health authority is partnering with consumers, caregivers, and providers.

I will give an overview of the survey initiative, its significance and its main features. Two of the field coordinators, Karen Landolfi and Mary McCormick, will talk about some of the practical aspects of the survey field work.

Triangulating and centralizing the constituent survey process among consumers/caregivers, providers and the state mental health authority, can reduce provider burden, safeguard respondent identities, and optimize the use of shrinking financial resources.

ACKNOWLEDGEMENTS

Center for Mental Health Services:
MHSIP and State Mental Health Block Grants

Oklahoma Mental Health Consumer Council

National Alliance for the Mentally Ill - Oklahoma Child & Adolescent Programs

Community Mental Health Service Providers

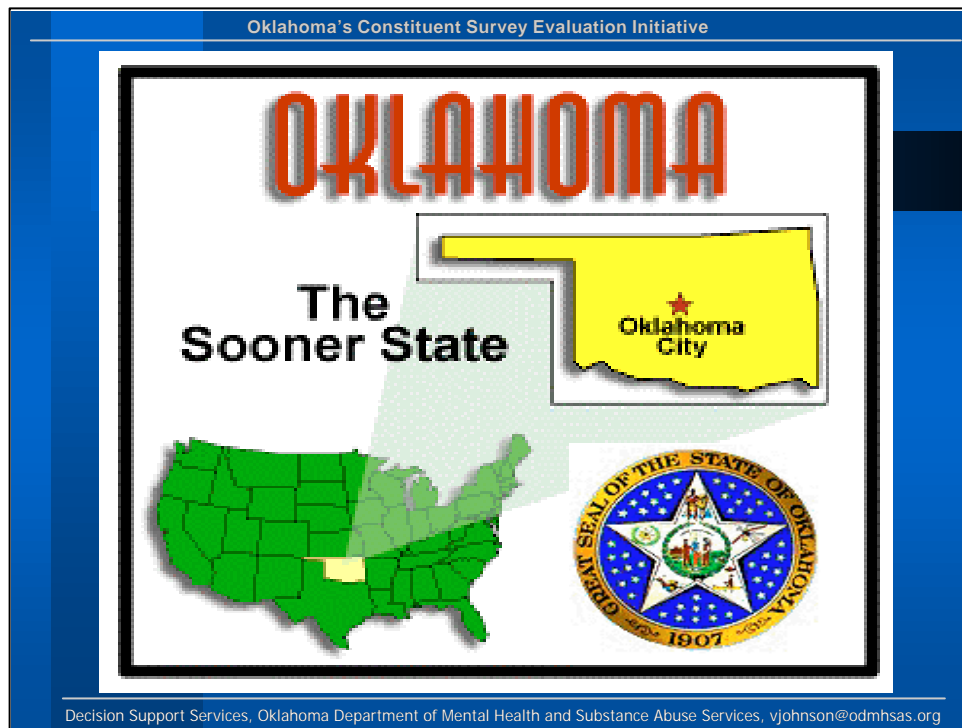
Substance Abuse Treatment Service Providers

Domestic Violence/Sexual Assault Service Providers

Oklahoma Department of Mental Health and Substance Abuse Services

I want to first acknowledge the Center for Mental Health Services because approximately two-thirds of the funding for the survey initiative has come from various MHSIP grants and the Mental Health Block Grant funds.

In addition, I want to acknowledge the Oklahoma Mental Health Consumer Council and NAMI-Oklahoma's Child and Adolescent Programs for their participation and determination to make the initiative successful -- along with the various service providers and my employer, the ODMHSAS.



Oklahoma has a unique history of which some of the highlights are included among your handouts.

To briefly describe Oklahoma, the state's culture is mainly southern (with okra and chicken fried steak being the official state meal).

In the urban areas, the population is very diverse. However, with an average of 50 persons per square mile, compared to 80 nationally, Oklahoma is primarily a rural state.

If you took the 3.5 million people from the DFW Metroplex and distributed them over an area roughly the size of New Hampshire + Vermont + Massachusetts + Rhode Island + Connecticut you get rough picture of Oklahoma's population dispersion.

Our state motto, "Labor conquers all things," reflects Oklahoma's strong work ethic.

Project Description

Partnering to build system capacity to routinely evaluate the system's performance from the perspective of persons being served

FOR MORE INFO...

Contact: ODMHSAS Decision Support Services
P.O. Box 53277, OKC, OK 73152-3277
or vjohnson@odmhsas.org

Oklahoma's constituent survey initiative can best be described as:

“Partnering to build the system’s capacity to routinely evaluate system performance from the perspective of persons being served.”

Significant Features

- ✍ Standardization by agency type
- ✍ Peer data collection
- ✍ Defies the myth that consumers are “too low-functioning”

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This survey initiative is significant in at least three ways:

It is the first time that standardization of consumer survey data across like-provider agencies has been attempted for all DMHSAS service areas.

It is the first time that consumers and family members have been involved in making the personal contacts and collecting the data as peers.

It defies the conventional wisdom that consumers were “too low-functioning” to be able to fill-out the self-administered questionnaires.

What to expect:

- ✍ **Project Goals**
- ✍ **Comparative Analysis of Strategies**
- ✍ **The Role of technology**
- ✍ **Resource Requirements**
- ✍ **Current Status of the Initiative**
- ✍ **Summary & Recommendations**

Now, I want to briefly discuss the:

- ✍ **Project Goals**
- ✍ **A Comparative Analysis of Implementation Strategies**
- ✍ **The Role Technology has played in the project**
- ✍ **Resource Requirements**
- ✍ **The Current Status of the Initiative, and**
- ✍ **Recommendations for the field**

Project Goals

- Make consumer satisfaction surveys customer-centered.
- Standardize measurement across agencies.
- Meaningfully involve constituents in system evaluation.
- Facilitate informed choices by consumers and their families.
- Provide focus and incentives to enhance employee performance.
- Inform system stakeholders about achievements and needs.
- Facilitate continuous quality improvement.
- Promote effective communication among system stakeholders.

Decision Support Services, Oklahoma Department of Mental Health and Substance Abuse Services, vjohnson@odmhsas.org

Eight major project goals are to:

- Make consumer satisfaction surveys customer-centered.
- Standardize measurement across agencies.
- Meaningfully involve constituents in system evaluation.
- Facilitate informed choices by consumers and their families.
- Provide focus and incentives to enhance employee performance.
- Inform system stakeholders about achievements and needs.
- Promote efficient utilization of scarce system resources (CQI/PI).
- Promote effective communication among system stakeholders.

Next I will present a comparative analysis of the three major survey implementation strategies that we examined.

- Provider-administered
- Survey Company-administered
- DMHSAS-administered

Provider Administered (Status Quo)

Major Characteristic: Fragmentation

More than 120 different providers' surveys

✍ DMHSAS Survey Weakness

Agency-specific concerns must be separately addressed

✍ DMHSAS Survey Strength

✍ Standardization of surveys across like-agencies

✍ Protection of participants' identities

Five years ago, when we began the development of the initiative, more than 100 different service providers were each administering their own, agency-specific surveys. Several others were not measuring customer satisfaction in any meaningful way. The major characteristic of the system was fragmentation.

Early piloting of the DMHSAS surveys via the provider staff still resulted in the survey being presented 120 different ways, which caused reliability challenges that were viewed as a significant detraction from system-wide reports of customer satisfaction.

Comparatively, implementing the DMHSAS initiative meant that agency-specific, managerial-type concerns would need to be separately assessed from the general concerns that are applicable to all system consumers of the specific agency type.

On the upside, the DMHSAS Customer Surveys yielded the two-fold advantages of 1- standardization and 2- increased security for survey respondents.

During repeated focus groups consumers and caregivers have told us they feel freer from potential retaliation by provider staff when their identities are safe-guarded as with the DMHSAS surveys.

Survey Company Administered

Major Characteristic: Less cost-effective

✍ DMHSAS Survey Weakness

Plain paper or simplified web reports
instead of glossy documents

✍ DMHSAS Survey Strength

- ✍ Usable statewide and agency data
- ✍ Highly reliable and valid
- ✍ 75% cost savings

Survey Company administered surveys when compared to centralization were determined to be less cost-effective.

We looked at this two ways. When examined with each agency contracting with a separate Survey Company, the costs were prohibitive. Even with the option of the Department contracting with one central Survey Company, the costs exceed those of in-house survey deployment.

During SFY2001, the equivalent value of the surveys deployed, collected, analyzed and reported centrally was estimated to be roughly \$800,000. The domestic violence and sexual assault services were not included.

The DMHSAS Customer Surveys were administered at an approximate cost of \$175,000. That is a system wide cost savings of more than a 75 percent.

DMHSAS Administered

Major Characteristics: Innovative

Weaknesses (Need to add):

- ✍ Core program area identifiers
- ✍ Respondent year-end discharge status match
- ✍ Respondent index year service duration match

Strengths (Present):

- ✍ Standardization
- ✍ Paperwork reduction
- ✍ Provider Certification assistance
- ✍ Triangulation of consumer survey process (response privacy)
- ✍ Demonstrates Commitment to quality
- ✍ Cost-effectiveness
- ✍ Survey infrastructure supports multiple other studies

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The estimated cost of operation for the coming fiscal year with full expansion to include all state-funded substance abuse and domestic violence agencies, in addition to the mental health services, is approximately \$200,000.

The estimated annual cost savings is approximately a half a million dollars.

The basic reasons for the cost-savings:

1. The DMHSAS already has the required expertise in-house between the Decision Support and the Information Services staff to accomplish the work.
2. We are not paying the Survey Company's profit margins, nor for specialized forms and inks.
3. Image scanners generally cost less than dedicated OMR readers - even though the system can work with such readers.
4. The new technology reduces keystrokes and storage requirements.
5. The infrastructure supports multiple, additional in-house studies. Such as employee satisfaction, partner satisfaction, HRD training preferences surveys, etc.

As you can see on the slide, we have identified the need to add three factors that will increase the utility of the survey data to assist the certification efforts of providers:

- ✍ Add core program area identifiers
- ✍ Identify respondent year-end discharge status (matching data)
- ✍ Identify respondent index year service duration (matching data)

Technology

Use of new technology decreases data reduction activities by at least 50% and reduces costs

- ✍ Survey software eases the design of scannable questionnaires, database management, descriptive analysis, and reporting
- ✍ Optimal Mark Reading software reduces data entry and verification time and effort by over 50%
- ✍ Image scanning reduces storage space requirements and scanner costs

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Here, I want to specifically identify the contributions of the technology applications utilized in the Oklahoma survey initiative.

First of all, it is the use of the Survey software that eases the design of scannable questionnaires, database management, descriptive analysis, and reporting. In Oklahoma, we used Survey Pro 2.0, but there are many others on the market.

Secondly, it is the use of the Optimal Mark Reading software that cuts the data entry and verification effort in half. In Oklahoma, we used Remark Office OMR software.

Thirdly, it is the use of document imaging that reduces scanner costs and decreases the needed space for storing paper surveys. Many scanners are suitable. One needs an image scanner with a document feeders and workgroup or production-level capabilities.

Team/Resources

- ✍ **Locations**
- ✍ **People**
- ✍ **Equipment**
- ✍ **Supports**
- ✍ **Other**

Your handouts include breakouts of the other project resource requirements that are shown on the following slides.

Locations:

- ✍ 80 to 90 adult mental health service sites
- ✍ 50 to 60 child-serving mental health sites
- ✍ 60 substance abuse treatment site
- ✍ 30 domestic violence programs

Approximately 230 survey sites

We expect to survey approximately 230 sites in the coming fiscal year compared to about 190 this year.

Of the anticipated sites:

- 80-90 are adult mental health service sites
- 50-60 are child-serving mental health sites
- approximately 60 substance abuse treatment sites are included as are
- about 30 domestic violence program sites.

People: 8 FTE

- ✍ Project manager (1 FTE)
- ✍ Support Staff (1.5 FTE)
Administrative Support & Data Processing Technician
- ✍ Two half-time field coordinators (1 FTE)
- ✍ Contract survey teams (4.5 FTE)
Two teams of two plus alternate surveyors (PT)
for semi-supervised self-administered paper surveys
(> 35 consumers/caregivers trained to date)

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The human resource requirements average 8 full-time equivalent employees. The break-out is as follows:

- 1 full time project manager DMHSAS central office (myself)
- 1.5 fte support staff
(the part-time support of 2 central office employees)
- 2 half-time field coordinators
(through contracts with our partner organizations
and who are present here today), and a total of
approximately
- 4.5 full-time-equivalent contract surveyors including
two teams of two part-time employees plus alternates.

In the past four years, more than 35 consumers and caregivers have been trained to assist with the survey project.

Hardware/Software/Other Equipment

- ✍ Two image scanners w/ Remark OMR software
- ✍ One individual Survey Pro software license
- ✍ SAS software license (pre-existing)
- ✍ Typical office equipment:
(i.e., phone, fax, Microsoft Office, printers, copiers)
- ✍ E-mail
- ✍ Ground Transportation

The hardware, software and other equipment requirements are included in your handouts. Again, I want to emphasize that ground transportation is required in the form of cars, trucks, vans, etc. in Oklahoma for the survey teams to get from site to site because the population is widely dispersed.

Other Support and Resources

- ✍ **Executive Directors**
- ✍ **Performance Improvement Coordinators**
- ✍ **Clinical or Social Work Directors**
- ✍ **Receptionists/Scheduling Clerks**
- ✍ **Postal/Mail Room Support**
- ✍ **Software vendor support**

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The partner organizations and I maintain working relationships with the executive directors and performance improvement coordinators of the provider agencies -- some of whom sit on the expert panel for this project and on the mental health planning council.

The other central office employees and I work closely with the mail room staff and software vendors.

My co-presenters will discuss more about their relationships with the receptionists, scheduling clerks, clinical and social work directors of the provider agencies.

Current Status

- ✍ **Stakeholder Buy-In slower than anticipated**
- ✍ **Still operating with only English translations**

Domestic Violence: Starting Over in SFY2003
Sexual assault is still excluded

Substance Abuse: On verge of full implementation
Expect contract requirement in SFY2003

Adult Mental Health: Full Implementation - Consumer Teams

Children's Mental Health: Switched from mail to on-site teams

Five years into the development of the evaluation initiative, I have two major observations to share:

- First of all, stakeholder buy-in has been much slower than expected.
- We are still operating in only English translations because of continuous survey instrument refinements.

In terms of the specific surveys:

Domestic Violence: Two previous questionnaires have been merged into one instrument. We are starting over with the field implementation. Sexual assault service recipients are still excluded.




Substance Abuse: On the verge of full implementation. Whereas agency participation was previously optional, we are expecting the DMHSAS survey participation to be made a contract requirement for the coming year.

Adult Mental Health: Full implementation with consumer teams

Children's Mental Health: Recently switched from direct mail to on-site teams

Recommendations

PARTNER, PARTNER, PARTNER

-  **to accomplish multiple objectives**
-  **enhance stakeholder relationships**
-  **to maximize scarce resources**

Finally, I have three recommendations for the field:

PARTNER, PARTNER, PARTNER.

1. Partner to accomplish competing objectives
2. Partner to enhance stakeholder relationships, and
3. Partner to optimize the use of scarce resources

Related Information



Principia Products:

<http://www.principiaproducts.com/office/features.html>



Survey Pro Software Demonstrations:

<http://apian.com/demos/flash.html>



Survey Reports: <http://ww1.odmhsas.org/eda/>



MHSIP Surveys: <http://www.mhsip.org/surveylink.htm>

Your handout also includes web addresses where you can access software demos, samples of the survey reports generated by this project, and the MHSIP survey linking page.

This concludes my portion of the presentation. Now you will be in the hands of Mary McCormick, who will discuss practical aspects of the survey field coordination and the effect of using peer surveyors from a consumer perspective. Following Mary, Karen Landolfi will discuss several of the tactical considerations involved in the everyday field coordination of the parent and youth surveys.

**Oklahoma
Mental Health
Consumer
Council**

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Coordinator

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FAX 405-840-4177

E-mail omhcc@sbcglobal.net (new)



**Oklahoma
Mental Health
Consumer
Council**

**We Care Because
We Have Been There**

**A Statewide Organization
For Persons Who Have Used Any
Mental Health Services**



MEMORANDUM

Date: May 30th, 2002

To: Executive Director of Community Mental Health Center

From: Mary McCormick
Oklahoma Mental Health Consumer Council
Program Director

Hello. My name is Mary McCormick, under contract with the Oklahoma Department of Mental Health and Substance Abuse Services, the Oklahoma Mental Health Consumer Council (OMHCC) is conducting a program to aid the measurement of consumer satisfaction with the services adults received from community mental health centers in Oklahoma. With your help, this program will save your staff time and save you as a provider, money.

This project is a big step. It is part of a nationwide movement to meaningfully involve consumers in the evaluation of their own treatment and outcomes. OMHCC is very excited to be involved. We believe you will be pleased with the outcome of this project.

Please help us in assisting you with meeting the needs of those we both serve. We want to make sure this program is a great success.

You can expect a phone call from me in about one week to discuss the scheduling of survey time at your agency. In the mean while, please examine your calendar of events to determine times that are best for you and accessible for the adults who receive non-inpatient mental health services from your agency, (med clinic, day treatment, psy-soc rehab, club house, ect).

If you have preliminary questions, please call me. You can reach me at (405)-840-0607 or, 1-888-424-1305 ext 102. I look forward to working with you.

Thanks,

Mary McCormick

OKLAHOMA MENTAL HEALTH CONSUMER COUNCIL

QUALIFIED SERVICE ORGANIZATION AGREEMENT

This is a MEMORANDUM OF UNDERSTANDING between:

OMHCC

5131 N. Classen Blvd Ste 200
Oklahoma City, Oklahoma 73118

-AND-

In order to promote the health, safety and the provision of social services in the least restrictive environment, promote appropriate, accessible, humane care and promote the development of formal and informal resources in the community _____
_____ and Oklahoma Mental Health Consumer Council, agree to:

1. Inform one another regarding resources and services offered;
2. Exchange information on service gaps and duplication;
3. Take prompt action on referrals and exchange information on action taken;
4. Require "Authorization to Release Information" forms to be signed by the client or responsible party before any exchange of information to insure client confidentiality to be in compliance with 42 CFR, Part 2.
5. The execution of this Qualified Service Agreement permits the exchange of confidential information between the OMHCC and the Contractor, and between/among only the Department, OMHCC and those Contractors having executed, a Qualified Service Agreement.

CMHC/ Executive Director

Date

Authorized Signature/Title

Date

Consumer Survey 2002



We will be at:

On:

From:

**CONSUMER COUNCIL
Motel Advance Request**

DATE OF ADVANCE: _____ DATE USED: _____

ADVANCE: _____ ACTUAL AMOUNT: _____

DIFFERENCE TO/FROM CONSUMER COUNCIL: _____

TO: _____

MOTEL NAME: _____

CITY: _____

PURPOSE: _____

PROJECT COORDINATOR: _____

BY: _____

CHECK # _____
(Or PO #)

CONSUMER COUNCIL
Check Request

DATE RECEIVED: _____ DATE REQUIRED: _____

PAYABLE TO: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PURPOSE: _____

BY: _____

IN THE AMOUNT OF: _____

APPROVED BY: _____

DATE PAID: _____ CHECK #: _____

DMHSAS SURVEY INFORMATION SHEET

(Keep this page for your own records.)

Project Title: DMHSAS Consumer/Customer Survey 2002

Project Purpose: The survey purpose is to provide a safe way for people who receive services at state-funded agencies to express their views about the system. It is designed to measure four areas: 1) access to care, 2) quality and fitness of care, 3) the outcome of care, and 4) general satisfaction.

The reason for the survey is to find out from you whether you received the services you needed and whether the services helped you. The feedback form is for you to rate whether the survey asked the right questions in a way you could understand and answer.

Benefits: Your honest views -- whether harsh, kind or other -- can help improve the care you and others receive in the future. The benefits from this project are long-term system improvements.

Your filling out the survey form is very important. Your ideas are one-of-a-kind. Only if you share your views, can we include your ideas in decisions about the system. Your answers count.

Risks: The project is designed to keep risks to a minimum for people who participate. You should experience no harm or discomfort beyond that of daily life. Survey answers may be matched to other files at the Oklahoma Department of Mental Health and Substance Abuse Services (DMHSAS) to evaluate services. Under no circumstances will anyone other than the researchers have access to the identities of participants.

Security/Confidentiality: Your personal responses will remain private. To help protect your privacy, you seal the filled-out survey and feedback form in the business envelope. Next, you mail the envelope to the DMHSAS Evaluation and Data Analysis (EDA) office using U.S. mail. Only the researchers will have access to the individual survey forms. EDA will secure the paper surveys in a locked file cabinet until they are scanned. After the forms are scanned, we will shred them. We will keep the answers, protected, on the hard drive of a personal computer -- not a network file. Only aggregate data, combined statistics, and sample comments will be reported.

~ Continued on Reverse ~

Comfort: We have worked to make answering the questions easy and comfortable for you. Please let us know any other concerns you have. You are the expert about your experiences.

Participation: Your participation is voluntary. Choose whether you want to answer the questions. Your choice will not affect your privileges or rights.

If you decide to withdraw, you can destroy the survey form. There are no penalties. However, once we combine your answers, we will not be able to take them out.

We ask that you:

1. Think about your experience with your provider for the past several months.
2. Take 10-20 minutes to fill out the survey forms.
3. Answer all the questions -- honestly and completely.
4. Tell us about any confusing words or questions on the feedback form.
5. Seal your answers in the business-reply envelope.
6. Mail the envelope to the DMHSAS EDA office. (You do not need a stamp.)

Questions: If you have questions about the surveys, data handling, or reporting, please call Venita Johnson at (405) 522-3819 between 9:00 a.m. and 4:00 p.m. central time Monday through Friday. If you reach voice mail, please leave a message. We will return your call. (Remember most pay phones no longer receive incoming calls.) Luanne Smith can answer questions about your rights as a survey participant. She also handles complaints. Her telephone number is (405) 522-3841. Steve Davis, Ph.D., is over the project. He can be reached at (405) 522-3813.

Survey Results: To obtain a copy of the survey results, contact Venita Johnson at (405) 522-3819, or send your written request to:

Venita Johnson (EDA)
DMHSAS Consumer Survey Results
P.O. Box 53277
Oklahoma City, Oklahoma 73152-3277

Be sure to include your complete return address so we can mail the results to you. Also remember to tell the name of the survey for which you want the results (Substance Abuse; Domestic Violence; Parent, Youth, or Adult Mental Health).

The Oklahoma Department of Mental Health and Substance Abuse Services developed the survey project as part of the Oklahoma Behavioral Health Report Card Initiative. Federal funds have been provided to help evaluate the services.

DMHSAS CONSUMER SURVEY 2002 (Adult)

Sub-level of Care: Outpatient Psy-soc Rehab/Day Progs Comm.Living/ Respite/ Residential Other

Survey event: Consumer Conference Survey Team Visit Other

	Client	Interviewer	
Completed by:	<input type="checkbox"/>	<input type="checkbox"/>	If not completed by client, provide interviewer name: _____

Your views can help improve the care you and others receive in the future. Please take 15-20 minutes to **share your ideas about your community mental health center** or private provider. Your answers will be kept private. Thank you for your time.

General Satisfaction:

Mark ONE box for your answer to each question.

	Strongly Agree	Agree	I am neutral.	Disagree	Strongly Disagree	Does not apply.
S.1. I liked the services I received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S.2. If I <i>could</i> go someplace else for services, I would still return.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S.3. I would send a friend or family member here for help if they had a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Access to Services:

Mark ONE box for your answer to each question.

	Strongly Agree	Agree	I am neutral.	Disagree	Strongly Disagree	Does not apply.
A.1. The location of services was convenient. (parking, bus, distance, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.2. For my first appointment, I had to wait about one week or less.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.3. Staff were willing to see me as often as I felt it was necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.4. My calls were returned within 24 hours. . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.5. Services were available at times that were good for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.6. I got all the services I thought I needed. . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appropriateness and Quality of Services:

Mark ONE box for your answer to each question.

	Strongly Agree	Agree	I am neutral.	Disagree	Strongly Disagree	Does not apply.
Q.1. Staff seems to believe that I can grow, change and recover.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q.2. The staff helped me get the information I needed to take charge of managing my illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q.3. I felt comfortable asking questions about my treatment and medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q.4. Staff told me what side effects to watch for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q.5. I felt free to complain if there was a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q.6. I, not staff, decided my treatment goals. . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q.7. I believe staff respected my wishes about who is, and is not, to be given information about my treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q.8. The staff seem to respect me as a person. (age, gender, race, religion, language, culture, etc...If not, please explain on the next page.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Treatment Outcome:

Mark ONE box for your answer to each question.

	Strongly Agree	Agree	I am neutral.	Disagree	Strongly Disagree	Does not apply.
O.1. I handle daily problems better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O.2. I am better able to control my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O.3. I am better able to cope with crises.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O.4. I get along better with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O.5. I do better in social settings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O.6. I do better in school and/or work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O.7. My symptoms are not bothering me as much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Health:

Mark ONE box for your answer to each question.

In the last year, did you see a doctor or a nurse for a health check-up or because you were sick?	Yes	No	I do not remember.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other than going to a hospital emergency room, did you see a medical doctor in the past year?			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a complete physical exam, including annual screening tests in the past 12 months?			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mark one box for the statement below to tell whether treatment has caused you harm.

N.1. The services I received had a negative effect on my life. (Please describe.)	Strongly Agree	Agree	Disagree	Strongly Disagree
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anything else? Please explain issues here.

Compliment Comment Suggestion Complaint:

My statement above is a:

What do you wish we had asked you?

The next items help us compare the survey group to the population. Please answer each question completely. Your answers will be kept private.

Are you	Female <input type="checkbox"/>	Male <input type="checkbox"/>	What is your birthdate? _____ month -- day -- year					
Which best describes your ethnicity? ..	Hispanic or Latino <input type="checkbox"/>	Not Hispanic or Latino <input type="checkbox"/>	Which best describes your race?					
			<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">American Indian or Alaska Native <input type="checkbox"/></td> <td style="text-align: center;">Asian <input type="checkbox"/></td> <td style="text-align: center;">Black or African American <input type="checkbox"/></td> <td style="text-align: center;">Native Hawaiian or Pacific Islander <input type="checkbox"/></td> <td style="text-align: center;">White <input type="checkbox"/></td> </tr> </table>	American Indian or Alaska Native <input type="checkbox"/>	Asian <input type="checkbox"/>	Black or African American <input type="checkbox"/>	Native Hawaiian or Pacific Islander <input type="checkbox"/>	White <input type="checkbox"/>
American Indian or Alaska Native <input type="checkbox"/>	Asian <input type="checkbox"/>	Black or African American <input type="checkbox"/>	Native Hawaiian or Pacific Islander <input type="checkbox"/>	White <input type="checkbox"/>				
I live in _____ county, Oklahoma.	Today's Date: _____ month / day / year							

Thank you for your help!

Only numbers and sample comments will be reported -- no names.

**Oklahoma Mental Health Consumer Council
SURVEY TEAM REVIEW FORM**

To help us better serve you, your staff, and your clients, we ask that you take a few moments to fill out this form regarding the survey team that visited your site today. Please place the completed survey in the envelope provided by your survey team. Seal and return it to the surveyors before they leave your site.

Names of Surveyors: _____

Date: _____ CMHC (and site) Name: _____

Your name and title: _____

Survey Team Arrival Time: _____ Departure Time: _____

1. Was a survey verification form confirming the appointment mailed to you or another agency person before today? **Yes** **I Don't Know** **No**
 2. Did survey team announce their arrival to the receptionist or other staff? **Yes** **No**
 3. Did survey team notify your staff that they were leaving? **Yes** **No**
-

4. Circle one number for each item listed below to rate today's survey team:

(1 = the worst, 10 = the best)

- | | | | | | | | | | | |
|--------------------|---|---|---|---|---|---|---|---|---|----|
| a. Promptness | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| b. Courtesy | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| c. Professionalism | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| d. Organization | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Comments: _____

5. Would you like to have the same survey team visit your site again? **Yes** **No**

Comment: _____

6. What might help us improve the quality of our survey services? _____

7. Would you like the OMHCC project coordinator to contact you? **Yes** **No**

Best time/day/phone number to reach you: _____

Thank you for your assistance and support of this important project!
Mary McCormick, Project Coordinator, OMHCC, 405-840-0607

ODMHSAS CONSUMER SURVEY 2001-2002

SURVEYS TURNED OVER TO THE EDA-

RECEIVED BY: _____

RELEASED BY: _____

DATE: _____

SITE VISIT REPORT
DMHSAS Adult Consumer Surveys

Site Visited (Description): _____

Sub/Agency Number: _____ - _____ Visit Date: _____

Agency Director: _____ Agency Contact Person: _____

Survey Team Members on-site (Names): _____

Adult Contact Count: _____ Adult Survey Count: _____

Please circle one number below to rate how the site staff received the survey team. Consider zero (0) the worst and ten (10) the best.

0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10. _____

Narrative: _____

New Issues Regarding Survey Design, Content or Methodology _____

General Impression or Concerns _____

Report prepared and submitted by: _____ Report Date: _____

Report received by (DMHSAS): _____ Date Rec'd: _____

MEMORANDUM

DATE: May 30th, 2002

TO: Executive Director of Oklahoma Community Mental Health Center

FROM: Mary McCormick

OKLAHOMA MENTAL HEALTH CONSUMER COUNCIL

Thank you for recently welcoming the OMHCC consumer survey team(s) Dan Smalley and Nancy Drew to your agency.

The OMHCC is delighted to be meaningfully involved in the measurement of consumer attitudes about their treatment and outcomes. We have forwarded the confidential survey replies to the Evaluation and Data Analysis (EDA) staff at the Oklahoma Department of Mental Health and Substance Abuse Services (DMHSAS). EDA will analyze the data and report. You can contact Venita Johnson (405) -522-3819

The DMHSAS will provide you a report of the findings from this study along with comparative statewide information. In addition, the findings will be utilized in program planning and to address the DMHSAS accountability for federal funds that help pay for mental health services in Oklahoma.

Again, thank you for providing your adult consumers the opportunity to participate in this evaluation initiative.

Mary McCormick

Program Director

CONSUMER SURVEY

OMHCC

MONTH	DATE	LOCATION VISITED	SURVEYS		TOTAL	ODMHSAS	
			COMPLETED	MAILED	SURVEYS	DATE	TOTALS
JULY	18	EUFAULA	33		33		
JULY	23	CTCS- EL RENO	24		24		
JULY	23	NCC- WILD FLOWER	31		31		
JULY	30	COCMHC- PURCELL	11		11		
SEPT	5	CACMHC-HUGO	7		7		
SEPT	6	CACMHC-IDABEL	4		4		
SEPT	19-21	OMHCC-CONFERENCE	155		155		
SEPT	25	MHSSO-SUPHUR	32		32		
SEPT	26	MHSSO-ADA	51		51		
SEPT	27	MHSSO-TISHOMINGO	31		31		
SEPT	28	CLUBHOUSE COALITIO	14		14		
OCT	2	MHSSO-MARRIETTA	17		17		
OCT	3	DURANT	38		38		
OCT	16	EFCMHC-PONCA CITY	38		38		
OCT	17	EFCMHC-STILLWATER	44		44		
OCT	24	MHSSO-MADILL	15		15		
OCT	25	MHSSO-ARDMORE	46		46		
OCT	29	COCMHC-PURCELL	8		8		
OCT	31	MHSSO-PAULSVALLEY	24		24		
		????????????????????	21		21		
NOV	6	CMHS-SAPULPA	31	4	35		
NOV	7	CMHS-OKMULGEE	22	8	30		
NOV	8	CMHS-OKEMAH	53		53	11/8/01	644
NOV	14	MHSSO-WEWOKA	16		16		
NOV	14	RRBHS-SEMINOLE	29		29		
NOV	15	CACMHC-HOLDENVILLE	27		27		
NOV	19	ACHIEVEMENT/LEAP	55		55		
NOV	20	NORTHCARE	28		28		
NOV	28	WSPC-FAIRVIEW	SNOW		0		
NOV	29	WCMHC-ENID	SNOW		0		
DEC	4	CTMHC-CHICKASHA	34		34		
DEC	5	WCHMC-GUTHRIE	24		24		
DEC	6	RRBHS-SHAWNEE	29		29		
DEC	10	RRBHS-CLINTON	31		31		
DEC	11	RRBHS-WATONGA	21		21		
DEC	12	CTCS-YUKON	27		27		
DEC	18	WSPC-FAIRVIEW	CANCEL		0		
DEC	19	WCMHC-ENID	CANCEL		0		
JAN	7-Jan	NORTH CARE-OKC	46		46		
JAN	8	NORTH CARE-OKC	37		37		
JAN	14	HOPE	50		50		
JAN	15	HOPE	59		59		
JAN	17	HOPE	22		22	1/18/02	653
JAN	23-24	CCC-HARVEY SITE	28		28		
JAN	28	RED ROCK-OKC	26		26		

CONSUMER SURVEY

OMHCC

JAN	29	RED ROCK-OKC	9	ICE STORM	9		
JAN	30	RED ROCK-OKC	13		13		
FEB	1	RED ROCK-OKC	12		12		
FEB	5	COMMUNITY-CC-OKC	70		70		
FEB	6	COMMUNITY-CC-OKC	42		42		
FEB	7	COMMUNITY-CC-OKC	26		26		
FEB	8	COMMUNITY-CC-OKC	31		31	2/21/02	257
FEB	19	COCMHC-NORMAN	86		86		
FEB	20	COCMHC-NORMAN	59		59		
FEB	21	COCMHC-NORMAN	46		46		
FEB	22	COCMHC-NORMAN	59		59		
FEB	22	CLUBHOUSE-MEETING	5		5		
FEB	27	WSCMHC-FAIRVIEW	11		11		
FEB	28	WCMHC-ENID	79		79		
SURVEYS FOR THE MONTH OF FEBRUARY TO THE EDA DEPT						3/11/02	345
MAR	12	CCC-OKC	52		52		
MAR	13	CCC-OKC	25		25		
MAR	19	CACMHC-HUGO	23		23		
MAR	20	CACMHC-IDABEL	26		26		
MAR	21	CACMHC-HEVENER	28		28		
MAR	27	CACMHC-MCALISTER	55		55		
MAR	28	CACMHC-MCALISTER	29		29		
MAR	29	NAMI-CONFERENCE	25		25		
MAR	30	NAMI-CONFERENCE	0		0		
SURVEYS FOR THE MONTH OF MARCH TO EDA DEPT						4/1/02	263
APRIL	1	GLMHC-MIAMI	19		19		
APRIL	2	GLMHC-MIAMI	15		15		
APRIL	3	GLMHC-BARTLESVILLE	49		49		
APRIL	4	GLMHC-NOWATA	18		18		
APRIL	10	GLMHC-GROVE	26		26		
APRIL	11	GLMHC-AFTON	114		114		
APRIL	12	CROSSROADS-TULSA	13		18		
APRIL	17	GLMHC-VINITA	65		65		
APRIL	18	ACT-SAND SPRINGS	20		20		
APRIL	22	F&C SERVICES-TULSA	61		61		
APRIL	23	ACT-DAY/MED CLINIC	46		46		
APRIL	24	ACT-MED CLINIC	38		38		
APRIL	25	GLMHC-TULSA	54		54		
APRIL	26	MHAT-TULSA	37		37		
APRIL	29	GLMHC-AFTON	33		33		
APRIL	30	GLMHC-PRYOR	44		44		
SURVEYS FOR THE MONTH OF APRIL TO EDA DEPT						5/1/02	656
MAY	6	GLMHC-CLAREMORE	23		23		
MAY	7	GLMHC-CLAREMORE	22		22		
MAY	8	GCBHS-MUSKOGEE	48		48		
MAY	9	GCBHS-MUSKOGEE	21		21		
MAY	13	CACMHC-STIGLER	18		18		
MAY	14	BWCMHC-SALLISAW	60		60		

CONSUMER SURVEY

OMHCC

MAY	15	BWCMHC-STILWELL	29			29			
MAY	16	BWCMHC-SALLISAW	11			11	SUB-232	3164	
MAY	20	JTCMHC-DUNCAN							
MAY	21	JTCMHC-ALTUS							
MAY	28	BWCMHC-TAHLEQUAH							
MAY	29	BWCMHC-TAHLEQUAH							
MAY	30	BWCMHC-WAGONER							
JUNE	3	WSCMHC-ALVA							
JUNE	4	WSCMHC-GUYMON							
JUNE	5	WSCMHC-WOODWARD							
JUNE	6	CTCS- NORMAN							
JUNE	11	JTCMHC-LAWTON							
JUNE	12	JTCMHC-LAWTON							
JUNE	13	RRBHS-ELK CITY							
JUNE	20	JTCMHC-ANADARKO							
JUNE	28	LAST DAY OF CONTRACT FOR THE END OF FISCAL YEAR							

Field Coordination of
Oklahoma Department of Mental Health
and Substance Abuse Services
Parent/Youth Surveys



Karen Landolfi, M.A.
Director, Child and Adolescent
Network (NAMI OK)



Practical Aspects of Field Coordination

- Selection of Survey Staff
- Training/Follow-up
- Scheduling
- Paperwork
- Incentives
- Communication
- On-Site Procedures
- Focus Group

Selection of Staff

- Consumer or Family Member
- NAMI member
- Reliable
- Flexible
- Sense of Humor
- Professionalism/Empathetic
- Attention to Detail
- Ability to Travel across state



Training/Follow-up

- Co-facilitated with Survey Coordinator at ODMHSAS
- Comfortable setting
- Compensation/refreshments
- Agreement form (Responsibilities of NAMI and survey staff)
- Role-Playing
- Q and A
- Site Assignment
- Periodic update training





Scheduling

- ***One team***

- on site NAMI office
- alternate surveyor
- can schedule at office (phone calls)
- consistency at sites
- less paperwork
- no accidental overlap of sites



Paperwork/Forms

- **Survey Staff Responsibility:**
 - verification form to site
 - surveys(YSS, FSS)
 - feedback forms
 - site visit report
 - surveyor accountability form
 - parent/youth sign-in logs
 - follow-up thank you note to site
 - expense reimbursement form/receipts

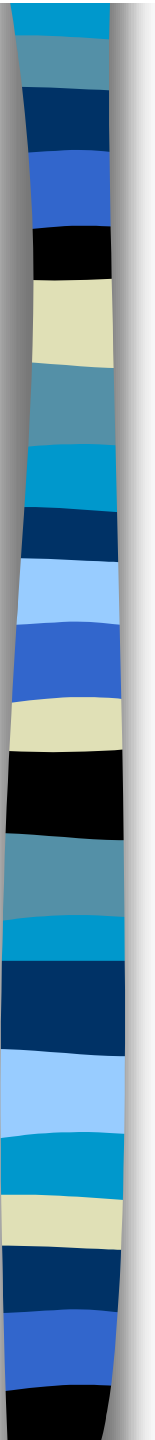


Paperwork/Forms

- **NAMI OK responsibility**
- initial contact of executive directors
- follow-up phone calls
- monthly survey report to ODMHSAS
- completed surveys, feedback forms, site visit reports, surveyor accountability forms
- information to survey teams
- appointments, notebook, calendar
- dissemination of materials to surveys

Monthly Survey Report

- sites visited (by cmhc)
- number surveys received
- mail-in surveys
- suggestions, recommendations
- target information
 - actual vs. anticipated
 - future scheduled sites



Incentives

■ Survey Staff:



- \$60.00 per site
- mileage reimbursement at 36 cents per mile
- meals (\$10.00 per day) unless overnight
- hotel accommodations for overnight

Incentives

■ Parent/Youth Participants and Site Staff

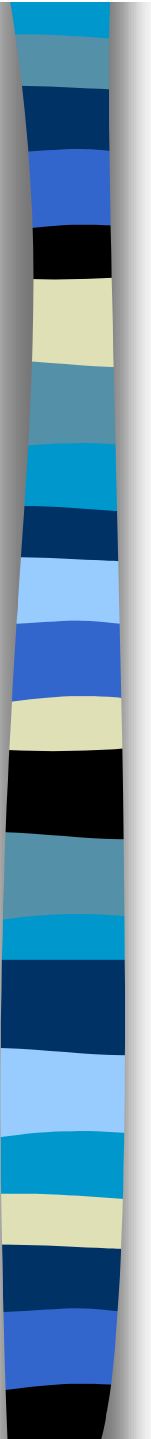
- cost per item/transportation
- mugs, water bottles
- candy
- toys (for kids)
- pens
- coloring books
- coupons for drinks, ice cream, hamburgers
- refreshments/after school luncheons
- good public relations for site



Communication

■ Responsibility of Surveyors

- communication with site staff
- weekly list of sites to office
- e-mail or phone call to office
- surveys turned in by end of the month to NAMI office
- any problems, concerns
- materials needed



Communication

■ Between NAMI OK and ODMHSAS

- phone calls/e-mails
- monthly survey report
- informal lunch meetings



On-Site Considerations

- quiet area conducive to surveys
- medication clinic day
- therapeutic nursery
- alternative school
- division of responsibility of surveyors
- assistance with survey -taking
- two surveyors per site (safety)
- identification(signs, t-shirts, buttons)



Focus Groups

- after yearly surveys completed
- parents/youth separate
- stipend and meal
- on-site sitting for siblings
- line-by-line item analysis
- positive feedback from participants
- updated form

